

Circle Tax & Accounting
Client Information Worksheet

Return Copy Format: Do you want document returned?	Electronic Yes	Paper No
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Taxpayer's Name: _____
First Name M.I. Last Name

Taxpayer's SSN: _____ Taxpayer's birthday _____

Email address: _____

Occupation: _____

Home Address: _____

Spouse's Name _____
First Name M.I. Last Name

Spouse's SSN: _____ Spouse's birthday _____

Email address: _____

Occupation: _____

Phone 1: _____ Type of Phone: Cell Home Work

Phone 2: _____ Type of Phone: Cell Home Work

Phone 3: _____ Type of Phone: Cell Home Work

Dependents:

First Name	M.I.	Last Name	SSN	Birthday	Relationship <small>(ex. Son, daughter, grandchild)</small>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have anything you need to discuss before your return is finalized? If you're married please indicate if we want to file return separately.

<p>Did you have health insurance all year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where did you get your insurance</p> <p><input type="checkbox"/> Employer <input type="checkbox"/> healthcare.gov (Obamacare) <input type="checkbox"/> private <input type="checkbox"/> medicare/Medicaid/VA</p> <p>If you received insurance through the healthcare.gov you should have received Form 1095-A which we need to file your taxes. Did you include your 1095-A? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you did not have insurance all year long please list months you had insurance:</p>
