

DATE/INITIAL: _____

DROPOFF

MAIL

PORTAL

The Henderson Tharp Timmerman Group LLC
Client Data Sheet

TAXPAYER'S NAME: _____ DOB: _____ SSN: _____

SPOUSE'S NAME: _____ DOB: _____ SSN: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

MARITAL STATUS ON 12/31: MFJ MFS S HOH STUDENT, BUT DEPENDENT OF ANOTHER TAXPAYER

DEPENDENTS:

NAME: _____ DOB: _____ SSN: _____ F / M

NAME: _____ DOB: _____ SSN: _____ F / M

NAME: _____ DOB: _____ SSN: _____ F / M

NAME: _____ DOB: _____ SSN: _____ F / M

ARE ANY DEPENDENTS IN COLLEGE? YES NO

DIRECT DEPOSIT INFORMATION: ** Has any of your direct deposit information changed??

BANK NAME: _____ CHECKING _____ OR SAVINGS _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

HEALTH CARE COVERAGE: Did you have healthcare coverage through the Marketplace in 2025? ____ Yes ____ No

If yes, we MUST have a copy of the 1095-A from the insurance provider.

DOES THE CLIENT REQUEST AN APPOINTMENT? YES NO