

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

DID YOU HAVE OVERTIME IN 2025? YES NO

DID YOU PURCHASE A BRAND-NEW VEHICLE IN 2025? YES NO DID YOU PAY INTEREST ON IT? 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.