

Client Worksheet

Tax Time with Terri
961 Oak Street, Beloit, Wisconsin 53511-5116
Telephone: 608.346.3462 www.taxtimewithterri247.com



CLIENT INFORMATION

Full Name:	
Street Address:	
City, State and Zip:	
Mobile Number:	
Email Address:	

FILING STATUS

Single Married Filing Jointly Married Filing Separately Head of Household Qualifying Widower

HOUSEHOLD MEMBER INFORMATION

Name: _____ Name: _____
Gender: _____ Gender: _____
Marital Status: _____ Marital Status: _____
DOB: _____ DOB: _____
SS: _____ SS: _____

(Enter Dependent Information on Page 2 of 2)

DEPENDENT INFORMATION

How many months did your dependent(s) live with you throughout the year? _____

Do you have dependent(s) under 17? _____ Do you have dependent(s) over 18? _____

Are you or your spouse self-employed? _____ If so, did you receive 1099s? _____

Was anyone a student? _____ (some states allow a credit for elementary school education and other states allow a credit just for college)

How many years have you attended college? _____ Have you received college credits in the past? _____

Do you pay for daycare? _____

(If your provider is an individual, I will need their name and address phone and social security number. If it's a center, I will need the same phone number address and their EIN number)

How much did you pay for the year? _____

(If daycare was provided for more than one child, I will need the amount paid for each child and if you received daycare assistance?)

REFUND DEPOSIT INFORMATION

Please choose your refund options:

1. Direct deposit to your bank

(I would need your bank name and routing number and account number if you want to direct deposit when we're done with the tax return I don't need any of the information until the return is being filed. Bank withholds fees there's a \$55 processing fee. This option the bank charges to take your fees out.)

2. Paper check to be mailed to your address

CONFIDENTIALITY

Confidentiality Tax Time with Terri acknowledges that it will be necessary for the Client to disclose certain confidential information to Tax Time with Terri in order for Tax Time with Terri to perform tax preparation. Tax Time with Terri will not disclose or use any confidential information, except to the extent necessary to perform the Services on the Client's behalf.

Client's Printed Name _____ Date _____

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DEPENDENT INFORMATION

(Dependent 1)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 2)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 3)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 4)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 5)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 6)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 7)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

(Dependent 8)

Name: _____
Gender: _____
Marital Status: _____
DOB: _____
SS: _____

ADDITIONAL COMMENTS