

Stephens Tax Service Client Data Sheet

(Please include a copy of your last year's return)

This form is to assist you in gathering your income tax information.

TAXPAYER NAME _____ (M / F) SPOUSE NAME _____ (M / F)
 OCCUPATION _____ OCCUPATION _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 DRIVER'S LICENSE # _____ ISSUE DATE _____ EXP DATE _____ DRI. LICENSE # _____ ISSUE DATE _____ EXP DATE _____
 EMAIL _____ EMAIL _____
 ADDRESS _____ APT # _____
 CITY _____ STATE _____ ZIP _____
 MAIN PHONE _____ EXT. _____ CELL ALT. PHONE _____ CELL

Stephens Tax Service may occasionally have products or services that we think may be of interest to you. By checking this box and submitting this form, you give us consent to use automated technology to call and text you at the phone numbers(s) above, including your wireless number if provided. Please note that you are not required to provide this consent to make a purchase from us.

Dependents: (List youngest first) Name (first, initial and last name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year?

CHECK ALL THAT APPLY

- You and, if applicable, all your qualifying dependents have medical insurance.
 Who is your health insurance provider? _____ Did you have coverage the entire year (Jan. 1st – Dec 31st)? Yes No
- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year. If yes, did you live together at any time after June 30? Yes No
- You paid *estimated* Federal (Form 1040ES) or State taxes last year. Federal \$ _____ State \$ _____ State \$ _____
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ _____
- Your child did not live with you, but is claimed as your dependent.
- You or your spouse were a resident of another state or earned income in another state during the last year.
- You sold any Real Estate.
- You sold a Business
- You sold Business Equipment/Vehicles
- Do you sell, exchange, transfer or gift any type of digital asset such as cryptocurrency, NFT's, etc
- You were a student, had education expenses, or made student loan payments.

Are you self-employed? Yes No If yes, please fill out the Self Employed Income Data Sheet.

Would you like your refund deposited into your bank account? Yes No

Checking Savings Routing Number _____ Account Number _____

Traditional IRA Contribution \$ _____ Alimony Paid \$ _____

Keogh Retirement / SEP... \$ _____ Recipient's SSN _____

CHECK THE INCOME ITEMS THAT PERTAIN TO YOU

(Attach Documentation)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Wage Statement – W-2s
(How many) _____
<input type="checkbox"/> Interest \$ _____
(Including savings bonds)
<input type="checkbox"/> Commissions – 1099s
<input type="checkbox"/> *Self-Employed Income | <input type="checkbox"/> Alimony Received
<input type="checkbox"/> Pension, Retirement Income
<input type="checkbox"/> Dividends
<input type="checkbox"/> Partnership/S Corporation (K-1)
<input type="checkbox"/> Farm Income
<input type="checkbox"/> Unemployment \$ _____ | <input type="checkbox"/> Estates/Trusts
<input type="checkbox"/> Stock Sales
<input type="checkbox"/> Installment Sale
<input type="checkbox"/> Tips/Other Income
<input type="checkbox"/> Income From Rentals
<input type="checkbox"/> Combat Zone Pay | <input type="checkbox"/> Municipal Bonds
<input type="checkbox"/> Social Security/Railroad Retirement
<input type="checkbox"/> Lottery or Gambling Winnings
<input type="checkbox"/> Bought or sold a personal residence?
<input type="checkbox"/> Cancellation of Debt
___ Buy, sell, exchange Digital Assets |
|---|--|--|---|

*Also complete Self-employed Income Data Sheet

CHILD CARE INFORMATION

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name _____ Provider's SSN/EIN _____

Provider's Address _____ Amount Paid to Provider \$ _____

Possible Itemized Deductions

(List amounts for items you have – keep receipts for your deductions)

Medical & Dental:

DR \$ _____
 DR \$ _____
 DR \$ _____
 DR \$ _____
 Prescription \$ _____
 Hospital Insurance \$ _____
 Hospital & Emergency \$ _____
 Lab & X-Ray \$ _____
 Nursing Care \$ _____
 Dental \$ _____
 Dentures \$ _____
 Glasses & Contact Lenses \$ _____
 Hearing Aids & Batteries \$ _____
 Orthopedic Shoes \$ _____
 Therapy Treatments \$ _____
 Canes/Crutches/Braces \$ _____
 Wheelchairs \$ _____
 Medical Miles Driven \$ _____
 Other Medical Transportation \$ _____
On Doctor's Advice:
 Air Conditioning \$ _____
 Vaporizers \$ _____
 Thermometers & Bandages \$ _____
 Other \$ _____
Taxes:
 Real Estate \$ _____
 Personal Property \$ _____
 State Income Taxes \$ _____
 Sales Tax (other state?) \$ _____
Casualty Losses:
 Accident, Fire, & Theft \$ _____
Investment Expense \$ _____

Contributions:

Church \$ _____
 Church \$ _____
 College \$ _____
 United Way \$ _____
 March of Dimes \$ _____
 Heart Fund \$ _____
 Seals - Christmas & Easter \$ _____
 Cancer Society \$ _____
 Red Cross \$ _____
 Muscular Dystrophy \$ _____
 CARE \$ _____
 Mental Retardation \$ _____
 Salvation Army \$ _____
 YMCA, YWCA \$ _____
 Multiple Sclerosis \$ _____
 Purple Heart \$ _____
 Cerebral Palsy \$ _____
 Fair Market Value of
 furniture or clothing: \$ _____
 Volunteer work expenses: \$ _____
 Church, scouts, etc. \$ _____
 Auto miles driven: \$ _____
 Other: \$ _____
Interest Paid \$ _____
Points Paid at Closing: \$ _____
Home Mortgage Interest \$ _____
2nd Mortgage/Home Equity \$ _____
2nd Home/Boat/Mobile/Vacation \$ _____
Home Mortgage to Individual \$ _____
 Name _____
 SSN _____
 Address _____

MISCELLANEOUS AND EMPLOYEE BUSINESS EXPENSES:

Uniform Cleaning \$ _____	Phone \$ _____	Equipment Rentals \$ _____
Work Tools \$ _____	Internet \$ _____	Insurance \$ _____
Union Dues \$ _____	Computers \$ _____	Rent \$ _____
Safety Shoes \$ _____	Licenses \$ _____	Software \$ _____
Safe Deposit Box \$ _____	Office-in-House Expense \$ _____	Supplies \$ _____
Education Expenses \$ _____	Investment Expense \$ _____	Utilities \$ _____
Job Seeking Fees/Mileage \$ _____	Sales/Entertainment \$ _____	Wages \$ _____

VEHICLE EXPENSES:

If yes, then answer the following:

Did you use your personal vehicle for work? (Not commute) Yes No
 Total miles driven for year _____
 Total business miles _____
 Commuting miles (one way) _____
 Days worked during the year _____

BUSINESS TRAVEL:

Out of Town/Temporary Lodging \$ _____
 Vehicle Rental \$ _____
 Meals \$ _____

MOVING EXPENSES:

Miles _____
 Household Moving Expenses \$ _____
 Lodging Expense During Move \$ _____

MISCELLANEOUS ITEMS

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature _____

Date _____

Spouse's Signature _____

Date _____