

**PERSONAL INFORMATION**

**Taxpayer:** \_\_\_\_\_  
 (First) (Middle) (Last) (Birthday) (Social Security Number)

**Spouse:** \_\_\_\_\_  
 (First) (Middle) (Last) (Birthday) (Social Security Number)

**Home Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**DEPENDENTS (children & others that reside in your home that you feel might be qualified to be claimed by you as a dependent)**

Name	Social Security Number	Birthday	Student Status		Year	Tuition/Books Paid (Form 1098T)	Live At Home
			Full	Half Time			
					Fr Sp Jr Sn		Y or N
					Fr Sp Jr Sn		Y or N
					Fr Sp Jr Sn		Y or N
					Fr Sp Jr Sn		Y or N
					Fr Sp Jr Sn		Y or N

**INCOME**

**If you have income from any of the following sources please provide supporting forms and documents)**

- |  |  |
|--|--|
| Wages (W-2's)                                | State tax refunds (1099-G)                   |
| Interest Income (1099-INT)                   | Sales of Real Estate                         |
| Dividend Income (1099-DV)                    | Partnership/S-Corporation/Trust/Estate (K-1) |
| Stock Sales (1099-B)                         | Rental Income (1099-MISC)                    |
| IRA Distributions/Retirement Income (1099-R) | Royalty Income (1099-MISC)                   |
| Commissions (1099-MISC)                      | Prizes and Awards (1099-MISC)                |
| Unemployment Income (1099-G)                 | Farming Government Programs (1099-G)         |
| Social Security Income (1099-SSA)            | Debt Forgiveness (1099-C)                    |

**ESTIMATED TAX PAYMENTS**

Did you make estimated income tax payments this year?  
 If so, please fill out the schedule below.

Statutory Date	Federal Payments		State Payments	
	Date Paid	Payment Amount	Date Paid	Payment Amount
4/17/2013		\$		\$
6/15/2013		\$		\$
9/17/2013		\$		\$
1/15/2014		\$		\$

**IRA CONTRIBUTIONS**

Have you or will you make any of the following IRA contributions for 2012?  
 If so, please fill out the schedule below.

	Date Paid	Amount
Traditional IRA - Taxpayer		\$
Traditional IRA - Spouse		\$
Roth IRA - Taxpayer		\$
Roth IRA - Spouse		\$

**ADDITIONAL ITEMS:**

Have you made/received alimony payments? Y / N Have you made payments for childcare? Y / N  
 If so, please provide the amount, name and SS# of recipient. If yes, please provide name, tax id# and amount of payments.

**ELECTIONS**

Would you like any refunds directly deposited? Y / N Can the preparer speak with taxing authorities about return? Y / N  
 Routing Number: \_\_\_\_\_ Apply refunds to next year's estimated tax payments? Y / N  
 Account Number: \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**MEDICAL**

Does your employer offer a cafeteria plan? Yes No  
 Do you participate in the cafeteria plan? Yes No  
 Do you have an HSA/Account? Yes No

If so, is it through an employer or your own? \_\_\_\_\_

**Insurance (please list amounts paid)**

Accident (Not Automobile) \$ \_\_\_\_\_  
 Cancer \$ \_\_\_\_\_  
 CHIP \$ \_\_\_\_\_  
 Dental \$ \_\_\_\_\_  
 Health \$ \_\_\_\_\_  
 Long Term Care \$ \_\_\_\_\_  
 Medicare \$ \_\_\_\_\_  
 Medicare Supplement \$ \_\_\_\_\_  
 Contact Lenses \$ \_\_\_\_\_  
 Amount Pd pretax (Cafeteria Plan) \$ \_\_\_\_\_

**Other Medical Expenses**

Prescription medicines & drugs \$ \_\_\_\_\_  
 Doctors, dentists, and nurses \$ \_\_\_\_\_  
 Hospitals and nursing homes \$ \_\_\_\_\_  
 Glasses and contact lenses \$ \_\_\_\_\_  
 Hearing aids \$ \_\_\_\_\_  
 Amount reimbursed by insurance \$ \_\_\_\_\_  
 Travel for medical (in miles) \_\_\_\_\_

**TAXES**

**Personal Property Tax**

Boats, Trailers, Etc. \$ \_\_\_\_\_  
 Automobiles (Not in Utah) \$ \_\_\_\_\_  
 Sales Tax on Large Purchases \$ \_\_\_\_\_  
 Sales Tax on New Vehicle \$ \_\_\_\_\_

**Real Estate Tax**

Principle Residence \$ \_\_\_\_\_  
 Second Residence \$ \_\_\_\_\_  
 Investment Property \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Other Items that might have income tax consequences**

(i.e. Adoptions, Un-incorporated businesses, rental properties)

\_\_\_\_\_  
 \_\_\_\_\_

**INTEREST**

**Real Estate**

Residence Mortgage (Banks) \$ \_\_\_\_\_  
 Residence Mortgage (Others) \$ \_\_\_\_\_  
 Name \_\_\_\_\_  
 EIN \_\_\_\_\_  
 Mortgage Insurance \$ \_\_\_\_\_  
 Points, Origination Fees \$ \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

Do you have written documentation for your contributions?

Yes No

**Cash Contributions**

Organization	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Out of Pocket Expenses**

\_\_\_\_\_  
 \_\_\_\_\_

**Non-Cash Contributions (DI, Goodwill, Salvation Army)**

\_\_\_\_\_  
 \_\_\_\_\_

**Travel for Charitable Organizations**

Mileage \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

Class Room Supplies (Teachers) \$ \_\_\_\_\_  
 Equipment for Employment \$ \_\_\_\_\_  
 Gambling Losses \$ \_\_\_\_\_  
 Job Hunting Costs \$ \_\_\_\_\_  
 Other Job Expenses \$ \_\_\_\_\_  
 Professional Education \$ \_\_\_\_\_  
 2nd Telephone Required by work \$ \_\_\_\_\_  
 Uniform Laundry \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_  
 Union & Professional dues \$ \_\_\_\_\_  
 Investment Advice, Estate & Tax \_\_\_\_\_  
 Planning Fees \$ \_\_\_\_\_

**FOREIGN BANK ACCOUNTS**

Do you have more than \$10,000 in any foreign bank accounts?

If so, please provide details. \_\_\_\_\_

By submitting this information to ~~CaseA~~ I hereby certify that this information is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_