



# DAVIES ALLEN

*Certified Public Accountants*

## 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	\$ _____

### 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	_____
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### 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	\$ _____

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ESTIMATED TAX PAYMENTS	CHILD AND DEPENDENT CARE
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Did you make estimated income tax payments this year?  
If so, please fill out the schedule below.

If you are paying for child care for your dependents who are age 13 or under, or a disabled dependent at any age, please provide the following:  
Unfortunately, payments to family members do not count.

Statutory Date	Federal Payments		State Payments		Care Provider	Address	SSN or EIN	Amount
	Date Paid	Payment Amount	Date Paid	Payment Amount				
4/15/2016		\$		\$				
6/15/2016		\$		\$				
9/15/2016		\$		\$				
1/16/2017		\$		\$				

**PLEASE ANSWER THE FOLLOWING IMPORTANT QUESTIONS:**

- Yes \_\_\_ No \_\_\_ 1. Did you and your dependents have healthcare coverage for the full-year? If NO, please fill in the table below.
- Yes \_\_\_ No \_\_\_ 2. If you obtained your health insurance through the online marketplace, attach FORM 1095-A, Health Insurance Marketplace Statement. You will receive Form 1095-A in the mail. If not, you can obtain a copy online. Utah residents can visit [healthcare.gov](http://healthcare.gov) to obtain theirs.
- Yes \_\_\_ No \_\_\_ 3. If your health insurance is obtained through your employer, you will receive Form 1095-B, Health Coverage, or possibly, Form 1095-C.
- Yes \_\_\_ No \_\_\_ 4. Does your healthcare coverage include a health savings account (HSA)?
- Yes \_\_\_ No \_\_\_ 5. If yes, & you made contributions to your HSA, whether through your employer or directly, you will receive Form 5498-SA. Please provide.
- Yes \_\_\_ No \_\_\_ 6. If yes, & you took distributions from your HSA to pay for qualified medical expenses, you will receive Form 1099-SA. Please provide.
- Yes \_\_\_ No \_\_\_ 7. Did your marital status change during the year?
- Yes \_\_\_ No \_\_\_ 8. Did your address change during 2016?
- Yes \_\_\_ No \_\_\_ 9. Were there any changes in dependents? (born, married, child claiming themselves)
- Yes \_\_\_ No \_\_\_ 10. Did you have any foreign income or pay any foreign taxes?
- Yes \_\_\_ No \_\_\_ 11. Did you have an interest in a financial account in a foreign country, such as a bank account, securities account or other financial account?  
Yes \_\_\_ No \_\_\_ If yes, is the monetary value of all accounts in US dollars \$10,000 or more?
- Yes \_\_\_ No \_\_\_ 12. Have you been a victim of identity theft? If yes, we will require the identity theft PIN you and/or spouse received from the IRS.
- Yes \_\_\_ No \_\_\_ 13. May the IRS discuss your tax return with your preparer?
- Yes \_\_\_ No \_\_\_ 14. Were you notified or audited by either the IRS or a state taxing authority?
- Yes \_\_\_ No \_\_\_ 15. Did you or your spouse make any gifts to any individual that total more than \$14,000 in 2016?
- Ref \_\_\_ Aply \_\_\_ 16. If you are due a refund this year, would you like those funds to be refunded or applied to next year?
- Yes \_\_\_ No \_\_\_ 17. If you choose a refund this year, would you like it to be direct deposited?
- Yes \_\_\_ No \_\_\_ 18. Did your bank account information change within the last twelve months?  
If yes, provide the updated information here:
- |  |           |           |           |           |
|--|-----------|-----------|-----------|-----------|
|  | Bank name | Routing # | Account # | Chkg/Svgs |
|--|-----------|-----------|-----------|-----------|

pdf only \_\_\_ 19. For your convenience, we will be providing you a copy of your tax return(s) for your records in pdf format via Sharefile. If you would pdf+bound \_\_\_ also like a hard-bound copy of your return(s), please indicate.

**2016 PARTIALLY COVERED HEALTH INSURANCE**

Was someone on your return only partially covered by health insurance this year, or not at all? Please indicate below for which months those persons WERE NOT COVERED by health insurance.

Month	Yourself	Spouse	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5	Dependent 6
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
NO MONTHS								

By submitting this information to Davies Allen, P.C. I hereby certify that this information is accurate and true to the best of my knowledge.

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

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