

Orem: (801) 225-5854  
 Heber: (435) 654-1724  
 SLC: (801) 930-9401

# DAVIES ALLEN

*Certified Public Accountants*

550 E 770 N Orem, UT 84097  
 322 E Gateway Dr, #202 Heber, UT 84032  
 1935 E Vine #200, SLC, UT 84121

## PERSONAL INFORMATION

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

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

**Home Address (street):** \_\_\_\_\_ **Email Address (spouse 1):** \_\_\_\_\_

**Home Address (city, state zip):** \_\_\_\_\_ **Email Address (spouse 2):** \_\_\_\_\_

**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	Date of Birth	Relation-ship	Age 19-23 College Student?	Full-Time or Part-Time?	Tuition/Books Paid (Form 1098T)	Months Lived With You

## INCOME

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

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

## ADJUSTMENTS TO INCOME

### HSA CONTRIBUTIONS

Did you make 2018 HSA contributions that went directly to the HSA trustee and not through an employer? Y / N  
 Please provide us proof of direct contributions. You may be eligible for a deduction of up to \$6,900 if filing MFJ.

### ALIMONY (DIVORCE FINAL BEFORE 1/1/19)

Have you made/received alimony payments? Y / N  
 If so, please provide the amount, name and SS# of the other party..  
 Remember, child support payments do not count as alimony.

### STUDENT LOAN INTEREST

Are you currently repaying a student loan? Y / N  
 If yes, please provide Form 1098-E. You may be eligible for up to a deduction of \$2,500.

### IRA CONTRIBUTIONS

Have you or will you make any of the following IRA contributions for 2018? If so, please fill out the schedule below.

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

### EDUCATOR EXPENSES

Were you an educator who worked at least 900 hours during 2018 in grades K-12? Y / N  
 If yes, please provide your out-of-pocket expenses for a deduction of up to \$250.

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## ESTIMATED TAX PAYMENTS

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

Federal Payments			State Payments		
Statutory Date	Date Paid	Payment Amount	Date Paid	Payment Amount	
4/17/2018	_____	\$ _____	_____	\$ _____	
6/15/2018	_____	\$ _____	_____	\$ _____	
9/17/2018	_____	\$ _____	_____	\$ _____	
1/15/2019	_____	\$ _____	_____	\$ _____	
Other Pmts		\$ _____			

## CHILD AND DEPENDENT CARE

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.)

Care Provider	Address	SSN or EIN	Amount

## 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)	_____

**INTEREST**

**Real Estate**

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

**CHARITABLE CONTRIBUTIONS**

Do you have written documentation for your contributions?

	Yes	No
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**Cash Contributions**

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

**Out of Pocket Expenses**

\_\_\_\_\_

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

\_\_\_\_\_

**Travel for Charitable Organizations**

Mileage \_\_\_\_\_

## TAXES (MAXIMUM \$10,000 DEDUCTION)

**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	\$ _____

**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 2018?
- 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 \$15,000 in 2018?
- Ref \_\_\_ Apply \_\_\_ 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.

**2018 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: \_\_\_\_\_