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

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Certified Public Accountants

920 E 800 N #204, 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)
Interest Income (1099-INT)
Dividend Income (1099-DV)
Stock Sales (1099-B)
IRA Distributions/Retirement Income (1099-R)
Commissions (1099-MISC)
Unemployment Income (1099-G)
Social Security Income (SSA-1099)

State tax refunds (1099-G)
Sales of Real Estate (1099-S)
Partnership/S-Corporation/Trust/Estate (K-1)
Rental Income (1099-MISC)
Royalty Income (1099-MISC)
Prizes and Awards (1099-MISC)
Farming Government Programs (1099-G)
Debt Forgiveness (1099-C)

ADJUSTMENTS TO INCOME

HSA CONTRIBUTIONS

Did you make 2019 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 1/1/20)

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 2019?
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 2019 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**
4/15/2019		$		$
6/15/2019		$		$
9/15/2019		$		$
1/15/2020		$		$
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

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	$

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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 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 2019?

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 2019?

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.

2019 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: ______________