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DAVIES ALLEN

Certified Public Accountants

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

ADJUSTMENTS TO INCOME

HSA CONTRIBUTIONS

Did you make 2020 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 \$7,100 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 2020?
 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 2020 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
7/15/2020	_____	\$ _____	_____	\$ _____
7/15/2020	_____	\$ _____	_____	\$ _____
9/15/2020	_____	\$ _____	_____	\$ _____
1/15/2021	_____	\$ _____	_____	\$ _____
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 (NOW 7.5% OF AGI)

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	\$ _____
Private Mortgage Insurance (PMI)	\$ _____

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	\$ _____

PLEASE ANSWER THE FOLLOWING IMPORTANT QUESTIONS:

Yes ___ No ___ 1. 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 ___ 2. Does your healthcare coverage include a health savings account (HSA)?

Yes ___ No ___ 3. If yes, & you made contributions to your HSA, whether through your employer or directly, you will receive Form 5498-SA. Please provide.

Yes ___ No ___ 4. If yes, & you took distributions from your HSA to pay for qualified medical expenses, you will receive Form 1099-SA. Please provide.

Yes ___ No ___ 5. Did you receive a payment related to the **Stimulus Rebate Credit in 2020**? If yes please provide Notice 1444

Amount of Stimulus Rebate _____

Date Rebate was Received _____

Yes ___ No ___ 5. Did your marital status change during the year?

Yes ___ No ___ 6. Did your address change during 2020?

Yes ___ No ___ 7. Were there any changes in dependents? (born, married, child claiming themselves)

Yes ___ No ___ 8. Did you have any foreign income or pay any foreign taxes?

Yes ___ No ___ 9. 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 ___ **10. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?**

Yes ___ No ___ 11. 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 ___ 12. May the IRS discuss your tax return with your preparer?

Yes ___ No ___ 13. Were you notified or audited by either the IRS or a state taxing authority?

Yes ___ No ___ 14. Did you or your spouse make any gifts to any individual that total more than \$15,000 in 2020?

Yes ___ No ___ 15. If you are due a refund this year, would you like those funds to be refunded or applied to next year?

Refund _____ **Apply Refund** _____

16. If you choose a refund this year, would you like it to be direct deposited?

Direct Deposit _____ **Check** _____

Yes _____ 17. Did your bank account information change within the last twelve months?

No _____ If yes, provide the updated information here: Bank name Routing # Account # Chkg/Svgs

18. 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 also like a hard-bound copy of your return(s), please indicate.

pdf only _____

pdf+bound _____

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.

Date: _____

Signature: _____