



# Barber Tax Service

Personal Tax Returns ■ Business Tax Returns ■ Small Business Accounting

## 2017 INCOME DATA SHEET

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Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

E-mail 8879  Yes  No

Bank \_\_\_\_\_

Rtn.# \_\_\_\_\_

Acct.# \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

**FILL OUT, scan & email, fax or drop off  
– you don't have to wait for an appt.!**

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

#### INCOME

A. Wages - Bring in all your W-2's and 1099's

B. Retirement Income-Bring in all your 1099's

- |                              |                           |
|------------------------------|---------------------------|
| 1. Social Security (Husband) | 4. Social Security (Wife) |
| 2. Pension Income            | 5. IRA Income             |
| 3. Roth Conversion           |                           |

C. Interest Income – Bring in your 1099-INT

D. Dividends – Bring in your 1099-DIV

E. Other Income – Bring in 1099 if applicable

- |   |          |
|---|----------|
| 1. Rental Income  | \$ _____ |
| 2. Sale of Stock (use excel spreadsheet if you have numerous stock sales) | \$ _____ |
| 3. Sale of Real Estate  | \$ _____ |
| 4. Unemployment Compensation  | \$ _____ |
| 5. Self Employ Business Inc   | \$ _____ |
| 6. Farm Income  | \$ _____ |
| 7. Alimony  | \$ _____ |
| 8. Gambling Winnings  | \$ _____ |
| 9. Other _____  | \$ _____ |

### INCOME ADJUSTMENTS & TAX CREDITS

#### A. IRA Deductions

- |                    |          |
|--------------------|----------|
| 1. Traditional IRA | \$ _____ |
| 2. Spousal IRA     | \$ _____ |
| 3. SEP IRA         | \$ _____ |
| 4. Roth IRA        | \$ _____ |

B. Health Insurance expenses for Self- Employed  
Individuals \$ \_\_\_\_\_

#### C. Health Care Savings Account Contributions

\$ \_\_\_\_\_  
Out of pocket qualified (prescribed) health care  
expenses from HSA \$ \_\_\_\_\_  
(Please bring Form 1099-SA if received)

D. Did you have 'minimum essential coverage' for  
healthcare?

- Through the Health Insurance Marketplace bring form 1095-A
- Employer sponsored or other coverage bring form 1095-B or 1095-C

**DEPENDENT CHILDREN**

**Social Security Numbers of all Dependent Children or other dependents (PROVIDE ONLY FOR NEW DEPENDENTS OR IF WE HAVEN'T PREPARED YOUR RETURN BEFORE).**

Name	Social Security #	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER ITEMS**

**A. Did you use part of your home exclusively for an office?**

Total Sq footage of home \_\_\_\_\_  
Sq footage of home office \_\_\_\_\_

**B. Did you sell any property or stock during the year? If so, bring purchase and sale documents, including HUD statements.**

**C. Utah State Check Off of Contributions**

- 1. Homeless Contribution \_\_\_\_\_
- 2. Children's Organ Transplant Fund \_\_\_\_\_
- 3. School Dist. Foundation \_\_\_\_\_
- 4. Cat & Dog Comm. Program \_\_\_\_\_
- 5. Canine Body Armor Account \_\_\_\_\_
- 6. Invest More for Education Account \_\_\_\_\_
- 7. Youth Dev. Organization Account \_\_\_\_\_
- 8. Youth Character Org. Account \_\_\_\_\_

**E. Household and Dependent Care (babysitting)  
Information regarding each childcare provider**

**Provider A**

Amount Paid \$ \_\_\_\_\_

Provider \_\_\_\_\_

Address \_\_\_\_\_

I.D. # (Soc. Sec. or Emp. I.D.) \_\_\_\_\_

**Provider B**

Amount Paid \$ \_\_\_\_\_

Provider \_\_\_\_\_

Address \_\_\_\_\_

I.D. # (Soc. Sec. or Emp. I.D.) \_\_\_\_\_

**F. Education Tax Credit (For qualified college expenses for you or your dependents)**

1. Student's Name \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_

Books, Supplies, Etc. \$ \_\_\_\_\_

Year in School \_\_\_\_\_

2. Student's Name \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_

Books, Supplies, Etc. \$ \_\_\_\_\_

Year in School \_\_\_\_\_

**G. First Time Home Buyer Credit  
(only if bought in 2008)**

Repayment \_\_\_\_\_

**H. Residential Energy Credits**

Insulation \_\_\_\_\_ Windows \_\_\_\_\_

Exterior Doors \_\_\_\_\_ Furnace/Air Conditioner \_\_\_\_\_

**DEDUCTIONS**

**A. Medical and Dental Expenses  
(not reimbursed by insurance)**

- 1. Medical Insurance \$ \_\_\_\_\_
- 2. Long term Care Insurance
  - a. Taxpayer \$ \_\_\_\_\_
  - b. Spouse \$ \_\_\_\_\_
- 3. Doctors \$ \_\_\_\_\_
- 4. Dentists \$ \_\_\_\_\_
- 5. Hospital \$ \_\_\_\_\_
- 6. Eye Glasses \$ \_\_\_\_\_
- 7. Drugs and Medicine \$ \_\_\_\_\_
- 8. Transportation (miles) \$ \_\_\_\_\_
- 9. Other (braces, hearing aids, Crutches, etc.) \$ \_\_\_\_\_

**B. Taxes**

- 1. Real Estate (home and land) \$ \_\_\_\_\_
- 2. Vacation/Second Home \$ \_\_\_\_\_
- 3. Sales Taxes (May be deductible)
  - New Car or truck \$ \_\_\_\_\_
  - Boat or Trailer \$ \_\_\_\_\_
  - Materials for Home Improvements \$ \_\_\_\_\_
- 4. State Income Tax
  - Refund received last year \$ \_\_\_\_\_
  - Extra amount paid last year \$ \_\_\_\_\_
  - Estimates or Pre-Payments \$ \_\_\_\_\_
- 5. Federal Quarterly Estimated Payments for 2017
  - Carryover from 2016 refund \$ \_\_\_\_\_
  - 1<sup>st</sup> Quarter due April 15, 2017 \$ \_\_\_\_\_
  - 2<sup>nd</sup> Quarter due June 15, 2017 \$ \_\_\_\_\_
  - 3<sup>rd</sup> Quarter due Sept 15, 2017 \$ \_\_\_\_\_
  - 4<sup>th</sup> Quarter due Jan 15, 2018 \$ \_\_\_\_\_

**C. Interest Expense  
(Bring Interest Statements-Form 1098's)**

- 1. Home Mortgages
  - (to whom paid) \_\_\_\_\_
  - (amount) \$ \_\_\_\_\_
  - (to whom paid) \_\_\_\_\_
  - (amount) \$ \_\_\_\_\_

**2. Home Mortgages #2**

- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_
- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_

**3. Home Improvement Loan**

- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_

**4. Points Paid on New Home**

- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_

**5. Mortgage Insurance \$ \_\_\_\_\_**

**6. Investment Interest**

- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_

**7. Student Loan Interest**

- (to whom paid) \_\_\_\_\_
- (amount) \$ \_\_\_\_\_

**D. Contributions\***

- 1. \_\_\_\_\_ Church \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Church \$ \_\_\_\_\_
- 3. Combined Federal Campaign \$ \_\_\_\_\_
- 4. United Way \$ \_\_\_\_\_
- 5. Travel for Church or Charity
  - Work (miles) \_\_\_\_\_
- 6. Cancer Society \$ \_\_\_\_\_
- 7. March of Dimes \$ \_\_\_\_\_
- 8. Clothing, Furniture, etc. (must be in good or better condition)
  - Donated To \_\_\_\_\_ \$ \_\_\_\_\_
  - Donated To \_\_\_\_\_ \$ \_\_\_\_\_

**(FOR OTHER CONTRIBUTIONS –  
GO TO NEXT PAGE)**

**DEDUCTIONS CONTINUED**

**9. Other Contributions (specify - if contributions are numerous please use excel spreadsheet)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*Note: Receipts required for all donations.

**E. Miscellaneous Deductions**

- 1. Income Tax Service \$ \_\_\_\_\_
- 2. Alimony \$ \_\_\_\_\_
- 3. Travel Expense (job related) \$ \_\_\_\_\_
  - Business Mileage \_\_\_\_\_
  - Total Mileage \_\_\_\_\_
  - Date Vehicle 1<sup>st</sup> used for business \_\_\_\_\_
  - Vehicle Make/Model \_\_\_\_\_
  - Vehicle Year \_\_\_\_\_
- 4. Uniforms (job or military) \$ \_\_\_\_\_
- 5. Uniform Maintenance (job or military) \$ \_\_\_\_\_
- 6. Special Equipment and Tools \$ \_\_\_\_\_
- 7. Union Dues \$ \_\_\_\_\_
- 8. Supplies and Material (job related) \$ \_\_\_\_\_
- 9. Professional Publications \$ \_\_\_\_\_
- 10. Professional Organization dues \$ \_\_\_\_\_
- 11. Bad Debts \$ \_\_\_\_\_
- 12. Education Expenses (job related) \$ \_\_\_\_\_
- 13. Safety Deposit Box \$ \_\_\_\_\_
- 14. Job Hunting Expenses \$ \_\_\_\_\_
- 15. Entertainment Expenses (job related) \$ \_\_\_\_\_
- 16. Travel From 1st to 2nd Job \$ \_\_\_\_\_
- 17. IRA Fees \$ \_\_\_\_\_
- 18. Investment Expenses \$ \_\_\_\_\_
- 19. Teacher Expenses \$ \_\_\_\_\_

20. Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**F. Casualty Losses**

(must exceed 10% of adjusted gross income)

\$ \_\_\_\_\_

**G. Moving Expenses**

Did you move during the year due to a job change?

Bring records of all expenses paid.

\$ \_\_\_\_\_

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**GENERAL INFORMATION  
(New Clients Only)**

Date of Birth (Taxpayer): \_\_\_\_\_

Date of Birth (Spouse): \_\_\_\_\_

Social Security# (Taxpayer): \_\_\_\_\_

Social Security# (Spouse): \_\_\_\_\_

Occupation (Taxpayer): \_\_\_\_\_

Occupation (Spouse): \_\_\_\_\_