



# 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?

1. Through the Health Insurance Marketplace bring  
form 1095-A
2. 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**                     \$ \_\_\_\_\_

<b>20. Other (specify)</b> _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**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):** \_\_\_\_\_