



Barber Tax Service

Personal Tax Returns ■ Business Tax Returns ■ Small Business Accounting

2018 INCOME DATA SHEET

Personal Information:

Taxpayer name: _____ Spouse's name: _____
 Occupation: _____ Occupation: _____
 Email: _____ Would you like 8879 email to you? Yes or No
 Bank: _____ Sent to which account? **CHECKING** or **SAVINGS**
 Routing Number: _____ Account Number: _____

- Check if following information is on file. Fill in if you are a **new client** or to make changes (include copy of last year's tax return).

Date of Birth: _____ Date of Birth: _____
 Social Security #: _____ Social Security #: _____
 Address: _____

Dependents: Fill in name(s) and daycare paid amount.

- Check box if information is on file.

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

Please provide the following documents: (Check the box if included.)

- | | |
|---|---|
| <input type="checkbox"/> Wages: W-2, 1099-MISC | - Interest/Dividends 1099-INT, 1099-DIV, 1099-B |
| <input type="checkbox"/> Unemployment: 1099-G | - Retirement/Social Security: 1099-R, SSA-1099 |
| <input type="checkbox"/> Gambling Winnings W-2G | - Sale of Real Estate closing documents |
| <input type="checkbox"/> Student Loan Interest Paid: 1098-E | - College tuition paid for dependents: 1098-T |
| <input type="checkbox"/> Daycare provider documents | - Alimony received: \$_____ |

Other Information:

Alimony Recipient: _____ SS#: _____ Amount: _____
 Rental Income: _____ Other income: _____
 Farm Income: _____
 Self-Employment Income: _____

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IRA Contributions:

Taxpayer

Spouse

Traditional:

SEP:

Health Insurance:

- Was the entire household covered by Health Insurance in 2018? Yes No
- Who provided the Health Insurance? (provide the document if 1095-A)
 - A. Employer/1095-C B. Purchased through Marketplace/1095-A C. Individual purchase/1095-B
- Did you make after tax contributions to a Health Saving Account (HSA)? Yes: __ Bring form 5498-SA No__
- Qualified HSA distributions? Yes: __ Bring form 1099-SA No__

Taxes Prepaid for 2018:

- Did you make estimated payments to the IRS for 2018 taxes?
- Did you prepay State Taxes?

Itemized Deductions:

A. Medical/Dental Expenses:

Out of pocket insurance: _____

Long Term Care insurance: _____

Doctor/Dentist/Hospital: _____

Prescriptions: _____

Glasses, hearing aids, braces: _____

Medical miles: _____

B. Taxes

Real Estate (main home) _____

Real Estate (vacation home or land) _____

New car/truck sales tax _____

C. Mortgage Interest (provide 1098 statements)

To whom: _____

Amount: _____

To whom: _____

Amount: _____

D. Contributions to Church or Charity

Cash/Check:

Church: _____ \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Travel for church or Charity miles: \$ _____

Other than cash, must be in good or like new

condition. If over \$500 must provide an

itemized list of donation and dates donated.

Donated to _____ \$ _____

Donated to _____ \$ _____

Donated to _____ \$ _____

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