



Barber Tax Service

Personal Tax Returns ■ Business Tax Returns ■ Small Business Accounting

2018 INCOME DATA SHEET

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Name: _____

Telephone: _____

Address: _____

Email Address: _____

Email 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/Closing Disclosure 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 2018

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

- Home Mortgages
 - (to whom paid) _____
 - (amount) \$ _____
 - (to whom paid) _____
 - (amount) \$ _____

Home Improvement Loan

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

Points Paid on New Home

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

Mortgage Insurance \$ _____

Investment Interest

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

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 _____ \$ _____

**GENERAL INFORMATION
(New Clients Only)**

- Date of Birth (Taxpayer): _____
- Date of Birth (Spouse): _____
- Social Security# (Taxpayer): _____
- Social Security# (Spouse): _____
- Occupation (Taxpayer): _____
- Occupation (Spouse): _____