



Taxpayer Name:	Spouse Name:
Email:	Email:
Phone:	Phone:
If address changed: City, State, Zip	

**Common forms to gather**

- All W-2 Forms**
- 1098** Mortgage Interest
- 1098-T** Tuition, (MUST HAVE TO CLAIM DEDUCTION)
- 1099-MISC**
- 1099-R** Retirement accounts
- 1099-Int, 1099-Div** Interest or dividends
- 1099-B** Stock sales
- SSA-1099** Social Security
- 1095-A, B or C** Health insurance information
- 1098-E** Student loan interest
- 1099-SA** Health Savings Account
- 1099-C** Cancellation of Debt
- 1099-G** Unemployment, state refunds
- K-1 Forms** From a business or trust
- W-2G** Gambling winnings

**Other Information. Mark if applicable**

- Bad debts**
- Worthless investments**
- Bank accounts or property held outside USA**
- Teacher expenses** \$\_\_\_\_\_
- Did your children make over \$1,050 in investment income?**
- Info on purchase, sale or refinance of home**  
(Bring settlement statement, HUD-1)
- Did you install energy efficient property**  
(Solar panels, geothermal, wind, fuel cells only.  
Windows, siding, insulation DO NOT qualify anymore)
- Electric vehicle/hybrid electric purchase**  
Please bring sale contract

**Would you like your refund direct deposited?** Yes \_\_\_\_\_ No \_\_\_\_\_

If your account is different than last year please provide:

Bank Name \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_

**If marital status or dependents changed during 2018 please describe:** \_\_\_\_\_

Name, SSN, DOB of new spouse or dependent \_\_\_\_\_

**Did each member of your family have health insurance coverage all year?** Y \_\_\_\_\_ N \_\_\_\_\_

If **NO** indicate which members had coverage for each month \_\_\_\_\_

**Federal Estimated Tax Payment Made:**

#1 April 15 \$ \_\_\_\_\_ #2 June 15 \$ \_\_\_\_\_ #3 Sept 15 \$ \_\_\_\_\_ #4 Jan 15 \$ \_\_\_\_\_

The following is a list of possible tax deductions.

The IRS requires you to have receipts or other information in support of each deduction. Please retain proof in your records.

**For all dependents over age 19:**

In school full time? Y \_\_\_\_\_ N \_\_\_\_\_  
Lived at home? Y \_\_\_\_\_ N \_\_\_\_\_  
How much \$\$ did they make in 2018 \$ \_\_\_\_\_

**Did you make contributions to an IRA?**

Taxpayer Trad.\$ \_\_\_\_\_ Roth\$ \_\_\_\_\_  
Spouse Trad.\$ \_\_\_\_\_ Roth\$ \_\_\_\_\_

**Did you pay into a Health Savings account?**

Contributions you made \$ \_\_\_\_\_

**H.S.A Distributions – Bring in 1099-SA**

Was the entire HSA distribution used for medical expenses? Check if YES \_\_\_\_\_  
If NO, how much was for medical costs? \$ \_\_\_\_\_

**Did you pay or receive alimony? \*Not child support**

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

**Did you have a home office exclusively used for business? \*Self-Employed only**

Total square ft. of home \_\_\_\_\_  
Square ft. of office \_\_\_\_\_

**Did you pay childcare expenses?**

Provider name \_\_\_\_\_  
Provider SS# \_\_\_\_\_  
Child name \_\_\_\_\_ Total \$ \_\_\_\_\_  
Child name \_\_\_\_\_ Total \$ \_\_\_\_\_

**Do you pay college expenses? 1098-T required!**

Total paid for books \$ \_\_\_\_\_  
Total paid for supplies \$ \_\_\_\_\_

**If you sold your personal residence this year, had you lived in it at least 2 of the last 5 years?**

Y \_\_\_\_\_ N \_\_\_\_\_  
If No, how many years did you live there? \_\_\_\_\_

**Note: The Standard Deduction is much higher than in the past, so many of you will no longer need to gather data for itemizing deductions. Your itemized deductions consist of:**

- State taxes (withheld on your W2 or paid in cash)
- Mortgage Interest/Investment Interest
- Property Tax
- Charitable contributions
- Medical expenses exceeding 7.5% of your income

\*If the combined items are likely to exceed \$12,000 if single, or \$24,000 if Married Filing Joint, fill out the following:

**Did you pay any of the following taxes?**

Property tax paid on your home \$ \_\_\_\_\_  
Property tax paid on any other properties:  
Location \_\_\_\_\_ \$ \_\_\_\_\_  
Sales tax on large new purchases such as car or boat. \*Do not include registration fees.  
Item \_\_\_\_\_ Sales tax paid \$ \_\_\_\_\_

**Did you pay any mortgage interest?**

Provide form 1098 from each lender

**Did you give money to charity?**

Charity \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Charity \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Charity \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Did you donate items to charity (DI, Salvation Army, etc.)? List estimated thrift store values:**

Charity \_\_\_\_\_ Value \$ \_\_\_\_\_  
Charity \_\_\_\_\_ Value \$ \_\_\_\_\_

**Did you volunteer with a charity?**

Miles driven in personal vehicle \_\_\_\_\_  
Unreimbursed Expenses \$ \_\_\_\_\_

**Did you pay medical expenses?**

Medical expenses not paid with FSA or HSA funds \$ \_\_\_\_\_  
Health insurance premiums (not paid through your employer) \$ \_\_\_\_\_  
# of miles you drove for medical purposes \_\_\_\_\_

\*We do NOT want your medical receipts, simply totals.



**PLATFORM**  
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