

## 2019 INCOME TAX WORKSHEET

239 WEST 400 NORTH LINDON, UT 84042 801) 785-3161 FAX (801) 785-5173

CLIENT INFORMATION  Taxpayer Spouse Contact Information  Last Name First Name Work Phone # Work Phone # Email Address  Add/Remove DEPENDENTS BIRTH DATE & SOC. SEC. # RequireD  Add Del Name of Dependent Birth date Soc. Sec. # Relationship Months  ESTIMATED TAX PAYMENTS: 1ST: 2ND: 3RD: 4TH:  INCOME  INTEREST INCOME - PLEASE BRING 1099s  Received from Amount \$ DIVIDEND INCOME - PLEASE BRING 1099s  Received from Amount \$ STATE TAX REFUND \$ STATE TAX	SERVINES TO BEIGHT NO CONTINUE						
Last Name First Name Cell Phone #  Add/Remove DEPENDENTS BIRTH DATE & SOC. SEC. # REQUIRED  Add Del Name of Dependent Birth date Soc. Sec. # Relationship Months  ESTIMATED TAX PAYMENTS: 1ST: 2ND: 3RD: 4TH:  INCOME INTEREST INCOME - PLEASE BRING 1099s Received from Amount STATE TAX REFUND \$  ITEMIZED DEDUCTIONS  MEDICAL EXP. (Not paid via HSA, FSA or Pretax expenses)  Medicine & Drugs-Prescription Only STATE TAX REFUND \$  Medical Insurance Premiums Paid (Not Pre-Tax) SMedical Insurance Premiums Paid (Not Pre-Tax) SMedical Insurance Premiums Paid (Taxpayer) SMedical Insurance Premiums Paid (Spouse) SMedical Travel in Miles  Cher Medical Expense Itemized: SMedical Expense Itemized: SMOOR SMOOTH							
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Other Medical Expense Itemized: \$\$							
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	r Medical Expense Itemized:						
HSA DISTRIBUTION \$ In med Direct Cont. 5	Distribution (t						
TAXES \$							
State Income Taxes <i>Paid</i> in 2019 for '18 \$ \$							
Estimated State income taxes paid in 2019 \$ \$	-						
Sales Taxes on Vehicles, Boats & Other Items \$ Out-of-Pocket Volunteer Expenses: \$							
Real Estate Tax on Personal Residence \$ Non-Cash Contributions:							
Real Estate Tax on Investment Property \$ \$							
Qualified Mortgage Insurance \$ \$	fied Mortgage Insurance						
Charitable Travel Miles							
OTHER DEDUCTIONS							
Alimony Paid to: Social Security # \$	onv Paid to:						
Payments to an IRA: Taxpayer \$ Regular / Roth Spouse \$ Regular / Roth							
Qualifying Student Loan Interest \$ Qualified Educator Expense \$	• •						
CREDITS							
CHILD AND DEPENDENT CARE CREDIT (to allow both parents or head of household to work)	D AND DEPENDENT CARE CREDIT						
Name of Provider Address (#, Street, City, State, Zip) Soc. Sec. # Amount Child Cared For	•						
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AMERICAN OPORTUNITY AND LIFETIME LEARNING CREDIT / TUITION DEDUCTION (FORM 1098-T REQUIRED)	RICAN OPORTUNITY AND LIFETIME						
Student Name  A.O. or Lifetime Credit  A.O. or Lifetime Credit  Tuition and Fees  Books  Scholarships/Grants/GI Bil							
A.O. Credit Lifetime \$ \$ \$							

A.O. Credit Lifetime