

Durham & Company

TAXES • BUSINESS SERVICES

Dear Tax Client,

January 2015

Happy New Year! With the New Year comes tax time—and we look forward to working with you again to prepare your tax return(s). This letter will help you gather your tax information. If you like having an appointment, please call us as soon as possible as our calendar fills up quickly.

WHAT WE NEED FROM YOU

Enclosed in this mailing are a few forms to help you organize information we need to prepare your 2014 tax return(s). You can also access any of these forms on our website at www.durhamdurham.com.

- Personal information and Questionnaire pg. 1 (on the back side of this letter): this helps identify deductions and/or credits
- Tax Worksheet pg. 2: to provide additional information as applicable
- Supplemental worksheets: rental, business/farm activity, airline employees, **if applicable**
- We also need copies of your 2014 tax documents (W-2s, 1099s, 1098s, K-1s, etc.)
- **For new clients**, we need copies of your 2013 tax return(s)

SCHEDULING AN APPOINTMENT OR GETTING YOUR INFORMATION TO US

Whatever is most convenient for you:

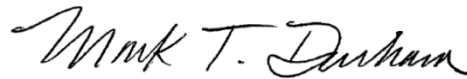
- Appointment: call to schedule an appointment---the sooner the better for best choices
- Fax: 1-866-283-5177
- Scan and E-mail: you can e-mail your documents to either one of us—e-mails below
- Mail— to Kaysville or Park City office (addresses below)
- Drop off at either office location

Thank you for choosing us as your tax professionals. Thank you also for the new clients you have referred to us. We work hard to be your trusted and valued partner with your tax matters. Please call us if you have any questions.

Highest Regards,



Jaren L. Durham, CPA
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*****Returning clients only enter names and any information that has CHANGED*****

TAXPAYER Name, Soc Sec Num, Bday, Occupation, CELL PHONE, EMAIL

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SPOUSE Name, Soc Sec Num, Bday, Occupation, CELL PHONE, EMAIL

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HOME FULL ADDRESS: Address, City, State, Zip, HOME PHONE (if applicable)

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QUESTIONNAIRE - PLEASE INDICATE "Y" for Yes and "N" for No on all questions below.

Y/N	#	****NOTE - PROVIDE ADDITIONAL INFORMATION ON PAGE 2 FOR ANY 'Y' ANSWERS****
	1	Do you want any refund(s) direct deposited? (IF YES - PLEASE COMPLETE BANK INFO BELOW)
		BANK NAME: _____ RTN#: _____ ACCT#: _____ ()CHK ()SVG
	2	Do you want \$3 to go to the Presidential Campaign Fund?
	3	On your state return, do you wish to make any political/charitable contributions?
	4	Did your marital status, dependents, or any other basic information (like address) change?
	5	Are you or any dependents blind and/or disabled?
	6	Did any of your dependent children have income (wages, interest, etc.)?
	7	Were you a resident of, or did you have income from, more than one state OR country?
	8	Did you receive or pay any alimony or separate maintenance payments?
	9	Did you buy, sell or trade any assets (stocks, bonds, business equipment, etc.)?
	10	Did you receive distributions from pensions, retirement accts, or Social Security (provide 1099s)?
	11	Did you contribute to a traditional/Roth IRA, SEP, or other retirement plan or convert to a Roth IRA?
	12	Did you have any debt that was cancelled (credit cards, mortgage, etc.)?
	13	Did you have any rental, business, farm, or other income producing activities?
	14	For K-12 educators, did you have any unreimbursed classroom/teaching expenses?
	15	Did you and all people on this return (spouse, dependents) have health insurance for all of 2014? Circle how you were covered: EMPLOYER MEDICAID MEDICARE MARKETPLACE OTHER
	16	Did you contribute to or receive a distribution from a Health Savings Account (provide 1099-SA)?
	17	Did you have any moving expenses? If so, please provide the distance you moved and the reason.
	18	Did you or any member of your household pay educational expenses for post secondary education?
	19	Did you pay any student loan interest? If so, provide all Forms 1098-E.
	20	Did you cash any EE or I U.S. bonds and paid for educational expenses?
	21	Did you have any casualty or theft losses of your property?
	22	Did you incur child care or dependent care expenses?
	23	Did you have adoption expenses during the year?
	24	Did you buy, sell, or refinance any home? Please provide the HUD-1 statement.
	25	Did you ever receive a First-Time Homebuyer Credit? Is this home still your principal residence?
	26	Did you make any home energy improvements or make large purchases (vehicles, etc.)?
	27	Did you make any gifts directly or through a trust which exceeded \$14,000 per person?
	28	Did you pay wages of more than \$1,900 to any one household employee?
	29	Have you received any notice from the IRS or other tax authority? If so, provide a copy.
	30	Did you have a foreign bank account or any interest or authority over a foreign bank account?
	31	Do you need or want estimated tax payment vouchers prepared?
	32	Have you provided all of your known income and deductions?

2014 TAX YEAR

SUPPLEMENTAL INFORMATION - BUSINESS/FARM ACTIVITY

This is for Form 1040, Schedule C or F. For partnerships, S-corporations, or other, please contact us.

Date started if new this tax year:

Ownership (taxpayer/spouse):

Tax ID (if not SSN):

Are you active in this activity?

Business name (if not your name):

Address (indicate if same as your home):

Business product/service:

Income

Revenues: Other:

Expenses

Advertising:	<input type="text"/>	Supplies:	<input type="text"/>
Auto mileage (see below):	<input type="text"/>	Taxes and licenses:	<input type="text"/>
Commissions:	<input type="text"/>	Travel (out of town):	<input type="text"/>
Contract labor:	<input type="text"/>	Meals/entertainment:	<input type="text"/>
Insurance:	<input type="text"/>	Utilities (not home office):	<input type="text"/>
Interest:	<input type="text"/>	Employee wages:	<input type="text"/>
Legal/professional services:	<input type="text"/>	Phone/cell (not home land line):	<input type="text"/>
Office expenses:	<input type="text"/>	Farm/Equipment Fuel:	<input type="text"/>
Rent (building/office):	<input type="text"/>	Feed (Farm):	<input type="text"/>
Rent other:	<input type="text"/>	Other:	<input type="text"/>
Repairs/maintenance:	<input type="text"/>	Other:	<input type="text"/>

If you used, disposed of or purchased any assets, please provide the date, cost and description below.

Home Office Information (IT MUST BE USED EXCLUSIVELY AND REGULARLY FOR THIS BUSINESS)

Date started using space:	<input type="text"/>	Total home insurance:	<input type="text"/>
Total home sq. footage:	<input type="text"/>	Total home utilities (not TV):	<input type="text"/>
Home office sq. footage:	<input type="text"/>	Total home repairs:	<input type="text"/>
Home cost (do not include land)	<input type="text"/>	Other:	<input type="text"/>
Home value as of above date:	<input type="text"/>	Other:	<input type="text"/>

Vehicle used in business (YOU MUST KEEP A LOG OF MILEAGE & BUSINESS PURPOSE TO BE DEDUCTIBLE)

Make and model of vehicle:	<input type="text"/>	Gas & Oil:	<input type="text"/>
Date purchased and cost:	<input type="text"/>	Vehicle registration/other:	<input type="text"/>
Total mileage for year:	<input type="text"/>	Vehicle Insurance:	<input type="text"/>
Total business mileage:	<input type="text"/>	Repairs/Other:	<input type="text"/>
Do you have a log?	<input type="text"/>	Other:	<input type="text"/>

Additional Information:

Enter the full address for each property you rent.

Property Address A:
Property Address B:
Property Address C:

	Property A	Property B	Property C
ENTER RENTAL DAYS & PERSONAL DAYS:			

Income

	Gross Rents:			
	Other:			

Expenses

	Advertising:			
Auto mileage (see vehicle section below):				
Travel (not vehicle expenses):				
Cleaning and maintenance:				
Commissions:				
Insurance expense:				
Legal and professional fees:				
Management fees:				
Mortgage interest:				
Repairs:				
Supplies:				
Taxes:				
Utilities:				
HOA fees:				
Other:				
Other:				

Other Information

Date placed in service if this tax year:			
Cost of building (list land separately):			
Did you use this property personally?:			

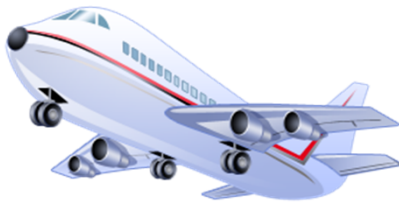
Vehicle information (YOU MUST KEEP A LOG OF MILEAGE & BUSINESS PURPOSE TO BE DEDUCTIBLE)

Make and model of vehicle:		Gas & Oil:	
Date purchased and cost:		Registration fees:	
Total mileage for year:		Vehicle Insurance:	
Total miles used for all properties:		Repairs/Other:	
Do you have a log?:		Other:	

Additional Information:

CLIENT NAME:

Use this page if you are an airline employee.



Travel Expenses Away From Home (Exclude Meals)*

- Parking fees, tolls, taxis
- Lodging
- Car rental
- Other transportation
- Other transportation

Taxpayer

Spouse

*Do not include commuting expenses to/from your home base airport.

Other Business Expenses

- Uniforms purchased
- Cleaning of Uniforms
- Luggage
- Pager
- Cell phone (business use portion only)
- Safety glasses
- Union dues
- FAA flight physical
- Education
- Internet cost related to scheduling/job only
- Other
- Other
- Other

TRAVEL INFORMATION FOR PER DIEMS: You must list each foreign city and the number of overnight stays. For US cities, we can use a standard rate for all cities (provide total overnight stays in all US cities) or we can look up each city. If we look up each city, the fee for preparing the return will increase. NOTE: IF YOU USE FLIGHTLINE.COM OR SIMILAR LOG, PLEASE PROVIDE THAT REPORT INSTEAD.

CITY (FULL NAME) DAYS

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