

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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NOTE: ENTER OR UPDATE DEPENDENT INFORMATION ON THE SECOND PAGE AT THE BOTTOM

CIRCLE "Y" for Yes and "N" for No - use the second page for any additional information.

Y N	1	Do you want DIRECT DEPOSIT of any refunds? If "Y" Bank Name:
		Routing#: Acct#: Checking/Savings:
Y N	2	Do you want \$3 to go to the Presidential Campaign Fund?
Y N	3	On your state return, do you wish to make any political/charitable contributions?
Y N	4	Did your marital status, dependents, or any other basic information (like address) change?
Y N	5	Is anyone in your household blind and/or disabled?
Y N	6	Did any of your dependent children have income (wages, interest, etc.)?
Y N	7	Were you a resident of, or did you have income from, more than one state OR country?
Y N	8	Need or want estimated tax payment vouchers prepared?

Did you or any member of your household have any of the following income/deductions?

Use the second page to provide any additional details.

Y N	9	Receive or pay alimony or separate maintenance payments?
Y N	10	Buy, sell or trade any assets (stocks, bonds, business equipment, etc.)?
Y N	11	Receive distributions from pensions, retirement accts, or Social Security?
Y N	12	Contribute to a retirement plan OUTSIDE of an employer plan?
Y N	13	Convert any traditional IRA or retirement plan to a ROTH?
Y N	14	Credit card or other debt that was cancelled (YOU DID NOT PAY BACK)?
Y N	15	Income producing activities like rentals, businesses, farms?
Y N	16	Unreimbursed employee expenses (including classroom expenses for educators)?
Y N	17	DID NOT HAVE health insurance coverage for all of 2016? IF YES - EXPLAIN ON 2ND PAGE.
Y N	18	Contributions to or distributions from a Health Savings Account?
Y N	19	Moving expenses? Please provide details on next page.
Y N	20	Pay educational expenses for post secondary education?
Y N	21	Pay any student loan interest? If so, provide all Forms 1098-E.
Y N	22	Cash any EE or I U.S. bonds and paid for educational expenses?
Y N	23	Casualty or theft losses of your property?
Y N	24	Incur child care or dependent care expenses?
Y N	25	Adoption expenses during the year?
Y N	26	Buy, sell, or refinance any home? Please provide the HUD-1 statement.
Y N	27	Home energy improvements or make large purchases (vehicles, etc.)?
Y N	28	Gifts more than \$14,000 to any person (directly or through a trust)?
Y N	29	Pay wages of more than \$1,900 to any one household employee?
Y N	30	Have any unresolved tax issues from prior years?
Y N	31	Have ownership or authority over a a foreign bank account (directly or via trust)?
Y N	32	Have you provided all of your known income and deductions?

TAX FORMS: Please provide copies of your 2016 tax forms: W-2s, 1099s, 1098s, K-1s, etc.

NEW CLIENT ONLY: We also need a copy of your 2015 (and 2014 if available) tax returns.

Durham & Company - Client Information Packet - 801-544-1151 - info@durhamdurham.com

SUPPLEMENTAL INFORMATION - RENTAL ACTIVITY - 2016 TAX YEAR

ENTER THE FULL ADDRESS OF EACH PROPERTY YOU OWN - USE ADDITIONAL PAGES AS NECESSARY:

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

	PROPERTY A	PROPERTY B	PROPERTY C
NUMBER OF 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:	

OTHER INFORMATION - USE THE FOLLOWING SPACE FOR ADDITIONAL RENTAL INFORMATION:

USE THIS IF YOU HAVE SIGNIFICANT UNREIMBURSED EMPLOYEE EXPENSES (AIRLINE EMPLOYEE, ETC.)



Travel Expenses Away From Home (Exclude Meals)*

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

Taxpayer

Spouse

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

Other Business Expenses

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

CITY (FULL NAME) / DAYS

CITY (FULL NAME) / DAYS

CITY (FULL NAME) / DAYS

CITY (FULL NAME) / DAYS

OTHER INFORMATION - USE THE FOLLOWING SPACE FOR ADDITIONAL BUSINESS INFORMATION SUCH AS:
