

Durham & Company

TAXES • BUSINESS SERVICES

Dear Valued Tax Client,

January 2018

Happy New Year! With the New Year comes tax time and we look forward to working with you again to complete your 2017 tax return(s). This letter and attached forms will help you gather your tax information and make this process as simple as possible for you.

*** If you like having an appointment, please call us as soon as possible as our calendar fills up quickly.

WHAT WE NEED FROM YOU

Attached to this communication are our organizer forms to help you gather 2017 information as follows:

- Personal information and Questionnaire pg. 1 – required to be completed
- Tax Worksheet pg. 2 (to provide additional information as applicable)
- Supplemental worksheets pgs. 3,4,5 – only if applicable
- We also need copies of your 2017 tax documents (W-2s, 1099s, 1098s, K-1s, etc.)
- **For new clients**, we need copies of your 2016 tax return(s).

SCHEDULING AN APPOINTMENT OR GETTING YOUR INFORMATION TO US

Whatever is most convenient for you – we offer several options as follows:

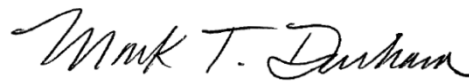
- Appointment: reply to this email or call to schedule an appointment – the sooner the better for best choices
- Fax your documents to us: 1-866-283-5177
- Upload securely. We offer a free secure portal (ShareFile) where you can upload your scanned/PDF documents. If you have questions about this, please contact us.
- Mail your documents to the Kaysville office – address below
- Drop off at either the Kaysville or Park City office locations
- Directions to either office are also on our website at www.durhamdurham.com

Thank you for choosing us as your tax professionals. Thank you also for the referrals you have sent our way. We work hard to be your trusted and valued partner with your tax matters and small business needs. We look forward to working with you. Please call us if you have any questions.

Highest Regards,



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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 HAVE health insurance coverage for all of 2017? IF NO - 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 \$2,000 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 2017 tax forms: W-2s, 1099s, 1098s, K-1s, etc.**NEW CLIENT ONLY: We also need a copy of your 2016 (and 2015 if available) tax returns.**

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

Use this page to list income and deductions NOT reported on a tax form.
REMEMBER TO PROVIDE COPIES OF ALL TAX FORMS (W-2s, 1099s, 1098s, K-1s, etc.)

MEDICAL EXPENSES - LIST ANY OUT OF POCKET MEDICAL EXPENSES HERE

Table with 2 columns: Description (Prescriptions, Doctors/Hospitals, Dental, Other) and Amount (\$).

Table with 2 columns: Description (Other) and Amount (\$).

HEALTH INSURANCE: If you were covered at any time in 2017, you should receive Form 1095-A, 1095-B, or 1095-C.

Please provide copies of any of these forms that you received for 2017.

List any health insurance premiums you paid OTHER THAN pre-tax premiums from your employment:

Table with 2 columns: Description (Desc) and Amount (\$).

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CHARITABLE CONTRIBUTIONS - CIRCLE "C" FOR CASH OR "N" FOR NONCASH

Table with 2 columns: Contribution Type (C / N) and Amount (\$).

Table with 2 columns: Contribution Type (C / N) and Amount (\$), plus CHARITABLE MILES DRIVEN.

MORTGAGE INTEREST & REAL ESTATE TAX - ONLY LIST HERE IF NOT ON FORM 1098

Table with 2 columns: Description (Desc) and Amount (\$).

Table with 2 columns: Description (Desc) and Amount (\$).

UNREIMBURSED EMPLOYEE EXPENSES - LIST THINGS LIKE PARKING, UNIFORMS, EDUCATION, ETC.

Table with 2 columns: Description (Desc) and Amount (\$).

Table with 2 columns: Description (Desc) and Amount (\$).

OTHER INFORMATION - OTHER INCOME/DEDUCTIONS, OVERFLOW, EXPLANATIONS, DEPENDENT INFO

- Other income or deductions examples: gambling winnings, alimony, IRA contributions, investment expenses, etc.
• Also use this space for any overflow of above information or to provide explanations from the first page questions.
• LIST DEPENDENT INFO -> name, bday, SSN, months in home, and any dependent care expenses
• LIST DEPENDENT CARE INFO -> name, address, phone, tax ID, and amount paid per dependent

Multiple horizontal lines for providing additional information.

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 LOG,

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:
