

INCOME 2018

Section 1: PERSONAL INFORMATION

CHECK IF NO PERSONAL CHANGES FROM LAST YEAR (sections 1 and 2)

If there are no changes it is not necessary to fill in personal data section EXCEPT DEPENDENTS INCOME & AGE.

Full Names(both)				
Address				
Home Phone		Work Phone		E-mail
Soc. Sec. Number	Occupation	Cell Phone	Date of Birth	
Your				
Spouse				

Section 2: DEPENDENTS

PLEASE LIST ALL BIRTH DATES & INCOME

Full Name	Relation-Ship	Date of Birth	Income	Social Security Number	Months lived in home 2018

TOTAL HOUSEHOLD RESIDENTS IN 2018

Section 3: ALL INTEREST AND DIVIDENDS RECEIVED

Interest Source	Amount	Dividend Source	QU	Amount

Section 4: SALE OF STOCKS / SECURITIES

Description	Date Acquired	Date Sold	Cost/ Basis	Selling Price

Section 5: OTHER INCOME

State tax refunds received in 2018	Tips received-(unreported only)
Unemployment compensation - bring statements	Hobby income
Social Security/RR Tier 1 - bring statements	Other income(prize award gambling)

Section 6: EDUCATION CREDITS (must have form 1098-T)

Student Name	College year (fresh, soph, jr, sen)	Tuition/ Fees/ books	Loan Interest

DEDUCTIONS 2018

Section 7: MEDICAL EXPENSES

Prescription drugs					
Health insurance premiums /medicare					
Doctors/Dentists					
Hospitals / Emergency Care/X-ray/Lab					
Medical equipment					
Glasses / Contacts /Hearing Aids					
Medical Miles (18¢)					
Reimbursements for amounts above					
Cafeteria Plan Payments					

Section 8: TAXES (Utah car fees not deductible)

State Tax Paid with 2017 taxes in 2018	Real Estate Residence
Sales Tax on Auto, Truck, Boat, Motorcycle	Real Estate Tax Land
Auto/Truck county tax (NOT valid in Utah)	Other Real Estate

Section 9: INTEREST PAID

Mortgage Interest (1st, or 2nd to improve H/W)	Business Int			
Mortgage Interest (1st, or 2nd to improve H/W)	Investment Int			
Mortgage Interest (1st, or 2nd to improve H/W)				

Section 10: CONTRIBUTIONS

Donee	Amount:	Donee	Amount
Donee	Amount:	Donee	Amount
Donee	Amount:	Donee	Amount
Charitable Miles (14¢)			
Donated Property Description			
Cost			
Fair Market Value			

Section 11: MISCELLANEOUS ITEMIZED DEDUCTIONS

NOT DEDUCTABLE FOR 2018

Section 12: CHILD CARE EXPENSES

Child/Dependent Care Expenses(under 13) or Physically Handicapped			
Care Provider	Address	S.S.#/E.I.#	Amt. Paid

Employer Provided Child Care Payments (Cafeteria Plan)

Section 13: ESTIMATED TAXES PAID

1st Quarter Date		1st Quarter Amount	
2nd Quarter Date		2nd Quarter Amount	
3rd Quarter Date		3rd Quarter Amount	
4th Quarter Date		4th Quarter Amount	