



KRISTEN J. HOOKER  
TAX SERVICES

**PERSONAL INFORMATION**

Taxpayer: \_\_\_\_\_  
(First) (Middle) (Last) (Occupation) (Birthday) (Social Security Number)

Spouse: \_\_\_\_\_  
(First) (Middle) (Last) (Occupation) (Birthday) (Social Security Number)

Home Address (street): \_\_\_\_\_ Email Address (spouse 1): \_\_\_\_\_

Home Address (city, state zip): \_\_\_\_\_ Email Address (spouse 2): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**DEPENDENTS** (children & others that reside in your home that you feel might be qualified to be claimed by you as a dependent)

Name	Social Security Number	Date of Birth	Relation-ship	Age 19-23 College Student?	Full-Time or Part-Time?	Tuition/Books Paid (Form 1098T)	Months Lived With You

**INCOME**

If you have income from any of the following sources please provide supporting forms and documents

- Wages (W-2's)
- Interest Income (1099-INT)
- Dividend Income (1099-DV)
- Stock Sales (1099-B)
- Virtual Currency Transactions (NEW FOR 2019)
- IRA Distributions/Retirement Income (1099-R)
- Commissions (1099-MISC)
- Unemployment Income (1099-G)
- Social Security Income (SSA-1099)
- State tax refunds (1099-G)
- Sales of Real Estate (1099-S)
- Partnership/S-Corporation/Trust/Estate (K-1)
- Rental Income (1099-MISC)
- Royalty Income (1099-MISC)
- Prizes and Awards (1099-MISC)
- Farming Government Programs (1099-G)
- Debt Forgiveness (1099-C)

**ADJUSTMENTS TO INCOME**

**HSA CONTRIBUTIONS**

Did you make 2021 HSA contributions that went directly to the HSA trustee and not through an employer? Y / N  
Please provide us proof of direct contributions. You may be eligible for a deduction of up to \$6,900 if filing MFJ.

**ALIMONY (DIVORCE FINAL BEFORE 1/1/19)**

Have you made/received alimony payments? Y / N  
If so, please provide the amount, name and SS# of the other party.. Remember, child support payments do not count as alimony.

**STUDENT LOAN INTEREST**

Are you currently repaying a student loan? Y / N  
If yes, please provide Form 1098-E. You may be eligible for up to a deduction of \$2,500.

**IRA CONTRIBUTIONS**

Have you or will you make any of the following IRA contributions for 2021? If so, please fill out the schedule below.

	Date Paid	Amount
Traditional IRA - Taxpayer	_____	\$ _____
Traditional IRA - Spouse	_____	\$ _____
Roth IRA - Taxpayer	_____	\$ _____
Roth IRA - Spouse	_____	\$ _____

**EDUCATOR EXPENSES**

Were you an educator who worked at least 900 hours during 2021 in grades K-12? Y / N  
If yes, please provide your out-of-pocket expenses for a deduction of up to \$250.

**ESTIMATED TAX PAYMENTS**

Did you make estimated income tax payments this year? If so, please fill out the schedule below.

Federal Payments			State Payments	
Statutory Date	Date Paid	Payment Amount	Date Paid	Payment Amount
4/15/2021	_____	\$ _____	_____	\$ _____
6/15/2021	_____	\$ _____	_____	\$ _____
9/15/2021	_____	\$ _____	_____	\$ _____
1/18/2022	_____	\$ _____	_____	\$ _____
Other Pmts		\$ _____		

**CHILD AND DEPENDENT CARE**

If you are paying for child care for your dependents who are age 13 or under, or a disabled dependent at any age, please provide the following:  
(Unfortunately, payments to family members do not count.)

Care Provider	Address	SSN or EIN	Amount

**ITEMIZED DEDUCTIONS**

**MEDICAL (NOW 7.5% OF AGI)**

Does your employer offer a cafeteria plan?	Yes	No
Do you participate in the cafeteria plan?	Yes	No
Do you have an HSA Account?	Yes	No
If so, is it through an employer or your own?	_____	

**Insurance (please list amounts paid)**

Accident (Not Automobile)	\$ _____
Cancer	\$ _____
CHIP	\$ _____
Dental	\$ _____
Health	\$ _____
Long Term Care	\$ _____
Medicare	\$ _____
Medicare Supplement	\$ _____
Contact Lenses	\$ _____
Amount Pd pretax (Cafeteria Plan)	\$ _____

**Other Medical Expenses**

Prescription medicines & drugs	\$ _____
Doctors, dentists, and nurses	\$ _____
Hospitals and nursing homes	\$ _____
Glasses and contact lenses	\$ _____
Hearing aids	\$ _____
Amount reimbursed by insurance	\$ _____
Travel for medical (in miles)	_____

**INTEREST**

**Real Estate**

Residence Mortgage (Banks)	\$ _____
Residence Mortgage (Others)	\$ _____
Name	\$ _____
EIN	\$ _____
Points, Origination Fees	\$ _____
<b>Private Mortgage Insurance (PMI)</b>	\$ _____

**CHARITABLE CONTRIBUTIONS**

Do you have written documentation for your contributions?

	Yes	No
<b>Cash Contributions</b>		
Organization	Amount	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

**Out of Pocket Expenses**

\_\_\_\_\_

**Non-Cash Contributions (DI, Goodwill, Salvation Army)**

\_\_\_\_\_

**Travel for Charitable Organizations**

Mileage \_\_\_\_\_

**TAXES (MAXIMUM \$10,000 DEDUCTION)**

**Personal Property Tax**

Boats, Trailers, Etc.	\$ _____
Automobiles (Not in Utah)	\$ _____
Sales Tax on Large Purchases	\$ _____
Sales Tax on New Vehicle	\$ _____

**Real Estate Tax**

Principle Residence	\$ _____
Second Residence	\$ _____
Investment Property	\$ _____
Other	\$ _____

**Economic Stimulus Payments for 2021:**  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**Advance Child Tax Credit Payments in 2021:**  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING IMPORTANT QUESTIONS:**

Yes \_\_\_ No \_\_\_ 1. If you obtained your health insurance through the online marketplace, attach FORM 1095-A, Health Insurance Marketplace Statement. You will receive Form 1095-A in the mail. If not, you can obtain a copy online. Utah residents can visit [healthcare.gov](http://healthcare.gov) to obtain theirs.

Yes \_\_\_ No \_\_\_ 2. Did you have an interest in a financial account in a foreign country, such as a bank account, securities account or other financial account? If yes, is the monetary value of all accounts in US dollars \$10,000 or more?

Yes \_\_\_ No \_\_\_ 3. **At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?**

Yes \_\_\_ No \_\_\_ 4. If you are due a refund this year, would you like those funds to be refunded or applied to next year?

Yes \_\_\_ No \_\_\_ 5. If you choose a refund this year, would you like it to be direct deposited?

Yes \_\_\_ No \_\_\_ Bank name Routing # Account # Chkg/Svgs

Yes \_\_\_ No \_\_\_ \_\_\_\_\_

6. For your convenience, we will be providing you a copy of your tax return(s) for your records in pdf format via Sharefile. If you would also like a hard copy of your return(s), please indicate.

PDF \_\_\_\_\_

Hard Copy \_\_\_\_\_

By submitting this information to KJH Tax Services I hereby certify that this information is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_