



PLEASE FILL THIS OUT BEFORE YOUR APPOINTMENT

We must receive this to prepare your taxes!

New Client

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PERSONAL INFORMATION

Name	SSN	Date of birth
Taxpayer		
Spouse		
Street address, city, state, and ZIP		
Occupation	Phone	Email
Taxpayer		
Spouse		

Marital Status at end of 2021

Married

Married filing separately

Single

Widow(er)* *If spouse died in 2021 enter the date of death: / /

Have there been any significant changes in the information described in this section within the last year?

Refund Direct Deposit

Bank Name: _____ Routing #: _____ Account #: _____

Checking Savings

DEPENDENTS

Dependent's first and last name	SSN	Relationship	Months in home	Date of birth	Disabled (Y/N)	Full-time student (Y/N)

DAYCARE

Y N

Did you pay any daycare expenses that were not reimbursed through work?

Child Name: _____ Amount Paid: \$ _____

Child Name: _____ Amount Paid: \$ _____

Energy

Y N

Did you get solar installed in your home? Amount: \$ _____

Did you get new windows, exterior doors, furnace, AC or hot water heater? Amount: \$ _____

Call us with questions at [801.564.1486](tel:801.564.1486) or email us at taxexpert102@gmail.com

CONTINUE ON REVERSE SIDE

HEALTH INSURANCE

Y N

- Did anyone in your household have health insurance through the government marketplace?
(If YES then you must bring your 1095-A statement available at healthcare.gov)
- Did you have a Health Savings account during the year?
- Did you use any funds from it? (This is found on your 1099-SA from the HSA.) Amount: \$ _____
- Did you ever use your Health Savings account to pay for things that were not qualified expenses?

EDUCATION

Y N

- Did you pay any student loan interest in 2021? How much? Taxpayer: \$ _____ Spouse: \$ _____
- Did you pay any out of pocket expenses for tuition, books, or fees for school? (Must be post-high school.) How much?
(If any tuition was paid, please bring the 1098-T tuition statement. You can get this directly from your online portal at the university or school.)
- Taxpayer: \$ _____ Spouse: \$ _____ Dependent: \$ _____ Dependent: \$ _____

INCOME

Total number of W-2s from jobs Taxpayer: _____ Spouse: _____

Total number of 1099-R retirement statements Taxpayer: _____ Spouse: _____

Y N

- Did you receive income from Social Security? (Bring pink and white SSA statement.)
- Did you collect any unemployment? (Bring 1099-G from jobs.utah.gov)
- Did you sell any stock during the year? (Bring 1099-B.)
- Did you earn any interest or dividends this year? (Bring 1099-INT and 1099-DIV.)
- Did you have any self-employment income during the year? (Bring profit and loss.)
- Did you have any rental income during the year? (Bring profit and loss.)
- Did you have any other income that's not listed above? List here: _____
- _____
- Did you sell any Bitcoin or any other virtual currency during the year?

ADJUSTMENTS

Y N

- Did you receive any alimony during the year? Amount: \$ _____ Date of Divorce: ____ / ____ / ____
- Did you pay any alimony during the year? Amount: \$ _____ Date of Divorce: ____ / ____ / ____
- Did you contribute to an IRA or ROTH IRA? Taxpayer: \$ _____ Spouse: \$ _____
- FOR EDUCATORS: Did you have any expenses that were not reimbursed? Taxpayer: \$ _____ Spouse: \$ _____

DEDUCTIONS*

***PLEASE COMPLETE WITH YOUR MONETARY AMOUNTS.**

Tax laws have changed and even if you don't have enough to "itemize" you may still be able to use some of these on your 2021 taxes.

CHARITABLE DONATIONS:

Monetary Donations: \$ _____ Material "Stuff" Donations (DI, etc; **garage sale value): \$ _____

PERSONAL HOUSES

of loans on your house (includes HELOCS, 2nd mortgages, etc.): _____

of personal properties you own (not rentals): _____

Total Property Tax Paid on Personal Houses: \$ _____

Total Mortgage Interest Paid on Personal Houses: \$ _____

Total Mortgage Insurance Premiums paid on Personal Houses: \$ _____

MEDICAL EXPENSES

Total paid on medical and dental insurance premiums that are NOT paid through your employer: \$ _____

Total out of pocket medical and dental expenses (incl. doctor bills, co-pays, etc.) Taxpayer: \$ _____ Spouse: \$ _____

Total number of medical miles driven: Taxpayer: _____ Spouse: _____



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AND BRING IT WITH YOUR DOCUMENTS**
(We must receive this to prepare your taxes!)