

Cook Martin Poulson, P.C.

Certified Public Accountants

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Taxpayer: _____
 (First) (Middle) (Last) (Birthday) (Social Security Number)

Spouse: _____
 (First) (Middle) (Last) (Birthday) (Social Security Number)

Residence Address: _____ **Business Address:** _____

Residence Telephone: _____ **Business Telephone:** _____

Email Address: _____ **Cell Phone:** _____

Did you receive the Economic Stimulus Rebate? Y or N _____ **If so, how much did you receive? \$** _____

Dependent Information

Please provide the following information for dependent children and others that reside in your home that you feel might be qualified to be claimed by you as a dependent.

Name	Social Security Number	Birthday	College or Trade School	At Least Half Time Student	Year	Tuition (Form 1098-T)	Disabled
			Y / N	Y / N	Fr Sp Jr Sn		Y or N
			Y / N	Y / N	Fr Sp Jr Sn		Y or N
			Y / N	Y / N	Fr Sp Jr Sn		Y or N
			Y / N	Y / N	Fr Sp Jr Sn		Y or N

Elections

Apply refunds to next year's estimated tax payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Preparer may speak with taxing authorities concerning this return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to electronically file your tax return?	<input type="checkbox"/>	<input type="checkbox"/>	Take \$3 of my taxes to go to the Presidential Election Campaign fund?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like any refunds directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>			

Estimated Tax Payments

Did you make estimated tax payments this year? Yes No

Statutory Date	Federal Payments		State Payments	
	Other Date	Payment Amount	Other Date	Payment Amount
04/15/08				
06/15/08				
09/15/08				
01/15/09				

IRA Contributions

Have you or will you make any of the following IRA contributions for 2008?

Traditional IRA- Taxpayer	Amount:	<input type="checkbox"/>	<input type="checkbox"/>
Traditional IRA- Spouse	Amount:	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA- Taxpayer	Amount:	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA- Spouse	Amount:	<input type="checkbox"/>	<input type="checkbox"/>

Income/Losses

Do you have any of the following sources of income?

	Yes	No	Attch'd
Alimony			
Commission's 1099's			
Debt Forgiveness (Home Mortgage/Bankruptcy)			
Disability			
Dividends			
Gambling			
Inheritance			
Installment Sales			
Interest- Bank, Etc			
Interest- Mortgage			
IRA Distributions			
Land Sales			
Partnership/S-Corporation/Trust/Estate (K1)			
Prizes and Awards			
Rents			
Retirement 1099R			
Royalties			
Social Security			
State Refunds			
Stock Sales			
Uncollectible Debts			
Unemployment			
Wages W2's			
Worthless Investments			
Other Income			

Other Items

Have any of the following occurred this year?

	Yes	No
Changed Employment		
Children under age of 24 with income in excess of \$900		
Claimed bankruptcy		
Discontinued a business		
Early Distributions from IRA/Pension Accounts		
Fire, Theft, or Auto Accident		
Household Employees		
IRS/State Correspondence Received		
Loans from Retirement Accounts		
Marital Status Changed		
Moved		
New Family Members/Dependents		
New Mailing Address		
Refinanced Home		
Sold Home		
Started a New Business		
Updated Your Trusts and Wills		
Do you have a Financial Interest in a Foreign Account?		
Does your employer offer a Retirement Plan?		
Are you eligible to participate?		
Did you purchase an alternative energy vehicle?		
Sold Stocks/ Bonds/ Investment Property		

Have you made/received alimony payments? Yes No
 If Yes: Name: _____
 SSN: _____
 Amount: _____

Have you made payments for childcare? Yes No
 If Yes: Name: _____
 Address: _____
 EIN/SSN: _____
 Amount: _____

Itemized Deductions

Medical

Does your employer offer a cafeteria plan? Yes No
 Do you participate in the cafeteria plan? Yes No
 Do you have an HAS/ Account? Yes No

Insurance

Accident (NOT AUTOMOBILE)	\$	_____
Cancer	\$	_____
CHIP	\$	_____
Dental	\$	_____
Health	\$	_____
Long Term Care	\$	_____
Medicare	\$	_____
Medicare Supplemental	\$	_____
Contact Lenses	\$	_____
Amount paid pretax (Cafeteria Plan)	\$	_____

Other

Ambulance and Hospital	\$	_____
Corrective Shoes	\$	_____
Doctors and Dentists	\$	_____
Glasses and Contacts	\$	_____
Hearing Aids	\$	_____
Prescriptions	\$	_____
Amount reimbursed by insurance	\$	_____
Travel for medical purposes (in miles)		_____

Taxes

Real Estate Tax

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

Personal Property Tax

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

Interest

Real Estate

Residence Mortgage (Banks)	\$	_____
Residence Mortgage (Others)	\$	_____
Name	_____	
EIN	_____	
Points, Origination Fees	\$	_____

Miscellaneous Deductions

Class Room Supplies (Teachers)	\$	_____
Employment Agency Fees	\$	_____
Equipment for Employment	\$	_____
Gambling Losses	\$	_____
Job Hunting Costs	\$	_____
Other expense related to job not reimbursed	\$	_____
Professional Education	\$	_____
Second Telephone Required by Employment	\$	_____
Uniform Laundry	\$	_____
Uniforms	\$	_____
Union and Professional Dues	\$	_____

Charitable Contributions

Do you have written documentation for your charitable contributions? Yes No

Cash Contributions

Organization	\$	Amount
_____	\$	_____
_____	\$	_____
_____	\$	_____
Out of Pocket Expenses	\$	_____
_____	\$	_____
Non Cash Contributions	\$	_____
_____	\$	_____
Travel for Charitable Organizations	\$	Mileage
_____		_____

Other Items that might have income tax consequences

If you intend to claim deductions for vehicle use, business entertainment, home computer use, cell phone use or charitable contributions, you need to have written documentation supporting each use.

You have engaged Cook Martin Poulson, P.C. to prepare your 2008 federal and state income tax returns. Your returns will be prepared from the information you provide. We will not audit or otherwise verify data you submit although it may be necessary to ask you for clarification of some of the information. It is your responsibility to provide all the information required for the preparation of complete and accurate returns and to retain supporting documents from which you have gathered such information. You have the final responsibility for the income tax returns and, therefore, you should review them carefully. Your tax return is a tax compliance document only. As such, it is not required to be prepared in accordance with GAAP and should not be relied upon as an opinion or statement regarding your financial position. Our fees for these services will be based on the amount of time required plus out of pocket costs. **All invoices are due and payable upon presentation.**

 Signature

 Date