

# 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: \_\_\_\_\_

## 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	No	Preparer may speak with taxing authorities concerning this return?	Yes	No
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"/>	Would you prefer an electronic copy of your return rather than a paper copy?	<input type="checkbox"/>	<input type="checkbox"/>

### Estimated Tax Payments

Did you make estimated tax payments this year? \_\_\_\_\_

Statutory Date	Federal Payments		State Payments	
	Other Date	Payment Amount	Other Date	Payment Amount
04/15/09	_____	_____	_____	_____
06/15/09	_____	_____	_____	_____
09/15/09	_____	_____	_____	_____
01/15/10	_____	_____	_____	_____

### IRA Contributions

Have you or will you make any of the following IRA contributions for 2009? \_\_\_\_\_

Traditional IRA- Taxpayer	Amount: _____
Traditional IRA- Spouse	Amount: _____
Roth IRA- Taxpayer	Amount: _____
Roth IRA- Spouse	Amount: _____

## Income

Do you have income from any of the following sources (please include supporting forms and documents)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Wages (W-2s)</li> <li>• Interest Income (1099-INT)</li> <li>• Dividend Income (1099-DV)</li> <li>• Stock Sales (1099-B)</li> <li>• IRA Distributions/Retirement Income (1099-R)</li> <li>• Commissions (1099-MISC)</li> <li>• Unemployment Income (1099-G)</li> <li>• Social Security Income (1099-SSA)</li> <li>• Farming Government Programs (1099-G)</li> </ul> | <ul style="list-style-type: none"> <li>• State tax refunds (1099-G)</li> <li>• Land Sales</li> <li>• Partnership/S-Corporation/Trust/Estate (K1)</li> <li>• Rental Income (1099-MISC)</li> <li>• Royalty Income (1099-MISC)</li> <li>• Prizes and Awards (1099-MISC)</li> <li>• Gambling Winnings or Losses (W-2G)</li> <li>• Debt Forgiveness (1099-C)</li> <li>• Did you purchase a home?</li> </ul> |
|---|--|

## Other Items to Consider

Have you made/received alimony payments? \_\_\_\_\_  
 If Yes: To/From: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Amount: \_\_\_\_\_

Have you made payments for childcare? \_\_\_\_\_  
 If Yes: Provider Name: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 Provider EIN/SSN: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_

