

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

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: _____

Itemized Deductions

Medical			Interest
Does your employer offer a cafeteria plan?	Yes	No	Real Estate
Do you participate in the cafeteria plan?	Yes	No	Residence Mortgage (Banks) \$ _____
Do you have an HSA/ Account?	Yes	No	Residence Mortgage (Others) \$ _____
If so, is it through an employer or on your own?			Name _____
Insurance			EIN _____
Accident (NOT AUTOMOBILE)	\$	_____	Points, Origination Fees \$ _____
Cancer	\$	_____	Mortgage Insurance \$ _____
CHIP	\$	_____	Miscellaneous Deductions
Dental	\$	_____	Class Room Supplies (Teachers) \$ _____
Health	\$	_____	Equipment for Employment \$ _____
Long Term Care	\$	_____	Gambling Losses \$ _____
Medicare	\$	_____	Job Hunting Costs \$ _____
Medicare Supplemental	\$	_____	Other expense related to job not reimbursed \$ _____
Contact Lenses	\$	_____	Professional Education \$ _____
Amount paid pretax (Cafeteria Plan)	\$	_____	Second Telephone Required by Employment \$ _____
Other			Uniform Laundry \$ _____
Prescription medicines and drugs	\$	_____	Uniforms \$ _____
Doctors, dentists, and nurses	\$	_____	Union and Professional Dues \$ _____
Hospitals and nursing homes	\$	_____	Residential Energy Efficient Improvement Expenses such as windows, insulation, furnace, etc. \$ _____
Glasses and contact lenses	\$	_____	Charitable Contributions
Hearing aids	\$	_____	Do you have written documentation for your charitable contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Corrective shoes	\$	_____	Cash Contributions
Amount reimbursed by insurance	\$	_____	Organization Amount
Travel for medical purposes (in miles)	\$	_____	_____ \$ _____
Taxes			_____ \$ _____
Real Estate Tax			_____ \$ _____
Principle Residence	\$	_____	_____ \$ _____
Second Residence	\$	_____	_____ \$ _____
Investment Property	\$	_____	_____ \$ _____
Other	\$	_____	Out of Pocket Expenses
Personal Property Tax			_____ \$ _____
Boats, Trailers, Etc	\$	_____	_____ \$ _____
Automobiles (Not in Utah)	\$	_____	Non Cash Contributions
Sales Tax on Large Purchases	\$	_____	_____ \$ _____
Sales Tax on New Vehicle	\$	_____	_____ \$ _____
			Mileage
			Travel for Charitable Organizations

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 2009 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