

ATWOOD ACCOUNTING SERVICES

110 E. Lyndale Ave. Helena, MT 59601 Phone: (406) 442-1947
Email: taxguru@atwoodarts.com Website: AtwoodArts.com

Name _____ Social Security No. _____

Occupation _____ Birthdate ____/____/____ Blind? _____

Spouse's Name _____ Social Security No. _____

Spouse's Occupation _____ Birthdate ____/____/____ Blind? _____

Address _____

Phone: Day: _____ Night: _____ E-Mail: _____

(We would like to email you this form next year. You can also find it on our website: Atwoodarts.com)

Direct Deposit: Routing#: _____ **Acct.#:** _____ **Circle** → Savings or Checking

Dependents (not you or spouse) Full Name per Social Security Card	Date of Birth	Social Security Number	Son/Dau	# of months lived with you	Did person earn more than 4,000?

Were you/family covered by Health Insurance ____ Yes ____ No Which months if part year _____

Form 1095's for Health Insurance proof may not be received until Mar 1 but only 1095-A has potential tax impact.

PLEASE BRING THE FOLLOWING ITEMS:

INCOME:

WAGES: ALL W-2 Forms

INTEREST and DIVIDENDS: ALL 1099 Forms

INCOME from OTHER SOURCES: 1099-R; 1099-MISC; SSA-1099; K-1 and any proof of income.

CAPITAL SALES: (Stocks, Real Estate, other Property): 1099-B; 1099-S and any proof of purchases and sales.

RENTAL INCOME: Provide details of income and expenses, including detail on equipment purchases or major improvements.

BUSINESS & FARM INCOME: Provide details of income and expenses, including detail on equipment purchases or major improvements.

UNEMPLOYMENT BENEFITS: Provide 1099-G.

DEDUCTIONS/EXPENSES:

CHILD CARE: Provide names and addresses of babysitters and daycares, their Social Security Number, and the amount paid to each one. If multiple dependents are covered, please list amounts per dependent.

COLLEGE EXPENSES: Provide 1098-T. Must have receipts showing what was spent for books, supplies, etc.

STUDENT LOAN INTEREST: Provide 1098-E. If less than \$600 may not get form - please provide other proof.

IRA CONTRIBUTIONS: Provide proof of contributions for current year or provide amount of contribution you will be making before April 15.

ESTIMATED TAX PAYMENTS: Provide amounts and dates paid – see other side.

PERSONAL DEDUCTIONS: Please list them on the on next page. You do not need to bring in the receipts, but you must keep the receipts for at least 5 years for audit purposes.

PERSONAL DEDUCTIONS CHECKLIST

There are NO fixed amounts allowed. Only amounts actually paid during the year for which you have receipts, cancelled checks, money orders, etc. are deductible. **Life and auto insurance are not deductible. Health Insurance taken out of your paychecks is allowed only if not a pre-taxed deduction.**

MEDICAL & DENTAL

(All amounts are net of reimbursements.)

- Prescription Drugs \$ _____
- Dr. _____ \$ _____
- DDS _____ \$ _____
- Therapy Treatments \$ _____
- Eyeglasses \$ _____
- Hearing Aids \$ _____
- Medical Exp (Dr Req) \$ _____
- Hospital \$ _____
- Hospital/nursing home \$ _____
- Health Insurance \$ _____
- Other Medical Ins. \$ _____
- Medicare Ins. \$ _____
- Long Term Care Ins. \$ _____
- Medical Lodging \$ _____
- Other Transportation \$ _____
- Medical Miles _____

TAXES

- Real Estate \$ _____
- Mobile Homes \$ _____
- Autos/Cycles \$ _____
- Motor Homes \$ _____

MORTGAGE INTEREST EXPENSE

- Home Mortgage \$ _____
- Name of Lender: _____
- Home Improvement Loan \$ _____
- Name of Lender: _____
- Home Equity Loans \$ _____
- Provide reason for Loan: _____
- Name of Lender: _____

CONTRIBUTIONS

- Church \$ _____
- United Way \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- Montana College/Univ \$ _____
- Name: _____
- Noncash Donations \$ _____
- (If over \$500 bring in receipts with \$ amts)
- Political Contributions \$ _____
- Charitable Mileage _____

Federal / State Estimates (Apr 2018–Jan 2019)

- \$ _____ / \$ _____ Date _____
- \$ _____ / \$ _____ Date _____
- \$ _____ / \$ _____ Date _____
- \$ _____ / \$ _____ Date _____