

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 _____

Phones: _____ OR _____

E-Mail: _____

E-Mail: _____

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

Bank Name: _____ Circle → Savings or Checking

Direct Deposit: Routing#: _____ Acct.#: _____

Dependents (not you or spouse) Full Name per Social Security Card	Date of Birth	Social Security Number	Son/Dau	# of months they lived with you this year.	Did person earn more than 4,300?

PLEASE BRING OR SEND:

PREVIOUS YEAR'S TAX RETURN. If we did your return, do not bring it, we have copies.

INCOME: WE REQUIRE THE ACTUAL FORMS. Do not list, recap, or label any of these Tax Forms:

WAGES: All W-2 Forms. **UNEMPLOYMENT BENEFITS:** Provide 1099-G.

INTEREST and DIVIDENDS: Give us **ALL** Dividend pages! Bring all 1099 Forms.

OTHER INCOME: 1099-R; 1099-MISC; 1099-NEC; SSA-1099; K-1; and any other 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. Did you work with rental(s) at least 250 hours cumulative this past year? ___Yes ___No

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

DEDUCTIONS/EXPENSES:

CHILD CARE: Names, Addresses, Social Security Numbers & amount paid to *each* provider *per* dependant.

COLLEGE EXPENSES: Provide 1098-T. Receipts are required for books, supplies, expenses, etc.

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

IRA CONTRIBUTIONS: Bring proof of contributions for tax year, provide amount you will do before April 15.

ESTIMATED TAX PAYMENTS: Provide amounts and dates paid – see back of page.

PERSONAL DEDUCTIONS: List on the on next page. Do **NOT** bring receipts; keep your records for 5 years!

PERSONAL DEDUCTIONS CHECKLIST:

KEEP YOUR TAX RETURNS, RECORDS AND RECEIPTS FOR 5 YEARS.

PROFESSIONAL FEES, EMPLOYEE EXPENSES, UNION DUES, FUNERALS, SAFE DEPOSIT BOX AND TAX PREPERATION FEES ARE NO LONGER DEDUCTIBLE
 ONLY AMOUNTS ACTUALLY PAID DURING THE YEAR FOR WHICH YOU HAVE RECEIPTS, CANCELLED CHECKS, OR MONEY ORDERS, ETC. ARE DEDUCTIBLE.
 ALL AMOUNTS ARE NET OF REIMBURSEMENTS. HEALTH INSURANCE TAKEN OUT OF PAYCHECKS IS ALLOWED ONLY IF IT IS NOT A PRE-TAXED DEDUCTION.

TOTAL HOUSEHOLD MEDICAL & DENTAL EXP.

DO NOT SORT PER PERSON!!

GIVE TOTAL AMOUNTS PER HOUSHOLD!!

KEEP YOUR MEDICAL RECEIPTS AT HOME.

ALL PRESCRIPTION DRUGS: \$ _____

ALL DOCTORS AND NURSES: \$ _____

ALL EYE DR./GLASSES: \$ _____

ALL EAR DR./HEARING AIDS: \$ _____

ALL DENTAL: \$ _____

ALL THERAPY TREATMENTS: \$ _____

ALL HOSPITAL EXPENSES: \$ _____

ALL OTHER DR. REQUIRED EXP: \$ _____

ALL NURSING HOME COSTS \$ _____

TOTAL OF ALL MEDICAL EXPENSES: \$ _____

TOTAL OF ALL MORTGAGE INTEREST EXPENSES

TOTAL HOME MORTGAGE INTEREST: \$ _____

TOTAL POINTS PAID WITH MORTGAGE: \$ _____

TOTAL MORTGAGE INSURANCE PREMIUM: \$ _____

(HOME INSURANCE NOT ALLOWED)

DONATIONS TO CHARITIES:

KEEP ALL RECEIPTS FOR AUDIT PURPOSES

TOTAL OF ALL CASH/CHECK CONTRIBUTIONS:

TOTAL OF ALL MONEY GIVE TO A QUALIFIED CHARITY: \$ _____

(DO NOT INCLUDE POLITICAL/TRANSFERS FROM IRA HERE)

TOTAL OF ALL POLITICAL CONTRIBUTIONS: \$ _____

TOTAL HOUSEHOLD MEDICARE INSURANCE

TOTAL MEDICARE INSURANCE \$ _____

(THROUGH SOCIAL SECURITY)

DONATIONS TO A CHARITY OTHER THAN CASH/CHECK

(IF MORE THAN \$500 PROVIDE RECEIPTS) \$ _____

WE NEED THE ACTUAL RECEIPTS FOR EACH PLACE
 WITH AMOUNTS, NAME, DATES GIVEN, QUANTITY GIVEN
 & DESCRIPTION OF THE ITEMS THAT WERE DONATED

TOTAL HOUSEHOLD MEDICAL INSURANCE

LIFE AND AUTO INSURANCE ARE NOT DEDUCTIBLE
 PROVIDE 1095-A FORM IF ON THE INSURANCE EXCHANGE

TOTAL MEDICARE INSURANCE:
NOT THROUGH SOCIAL SECURITY \$ _____

OTHER MEDICAL INSURANCE: \$ _____

PRESCRIPTION INSURANCE: \$ _____

LONG TERM CARE INSURANCE: \$ _____

MEDICAL LODGING: (NO MEALS) \$ _____

OTHER MED. TRANSPORTATION: \$ _____

MEDICAL MILES: (MILES, NOT \$ AMOUNTS)

Miles Driven Jan-Jun _____ Jul-Dec _____

TOTAL OF CHARITABLE OUT OF POCKET EXPENSES \$ _____

TOTAL OF CHARITABLE MILEAGE: (MILES NOT \$ AMTS) _____

PRE-PAID QUARTERLY ESTIMATES FOR 2022

(NOT AMOUNT PAID FOR PREVIOUS YEAR'S TAXES)

FEDERAL: \$ _____ STATE: \$ _____ DATE PD _____

FEDERAL: \$ _____ STATE: \$ _____ DATE PD _____

FEDERAL: \$ _____ STATE: \$ _____ DATE PD _____

FEDERAL: \$ _____ STATE: \$ _____ DATE PD _____

TOTAL OF ALL PROPERTY TAXES PAID

BOATS, TRAILERS AND MOTOR CYCLES ARE NOT DEDUCTIBLE

PROPERTY TAXES PAID ON HOME: \$ _____

PROPERTY TAXES OTHER PLACES: \$ _____

MOTOR HOME REGISTR: \$ _____

TOTAL ALL VEHICLE REGISTRATIONS: \$ _____

ANY NOTES TO TERRY