

# 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.

**Provide Charitable donations and only complete rest if totals are above the thresholds listed below -****15,000 single and 30,000 married plus 1,600 per person over 65.**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.

<b>TOTAL HOUSEHOLD MEDICAL &amp; DENTAL EXP.</b>	
DO NOT SORT PER PERSON!!	
GIVE TOTAL AMOUNTS PER HOUSEHOLD!!	
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	\$ _____
<b>TOTAL OF ALL MEDICAL EXPENSES:</b>	\$ _____

<b>TOTAL OF ALL MORTGAGE INTEREST EXPENSES</b>	
TOTAL HOME MORTGAGE INTEREST:	\$ _____
TOTAL POINTS PAID WITH MORTGAGE:	\$ _____
TOTAL MORTGAGE INSURANCE PREMIUM:	\$ _____
(HOME INSURANCE NOT ALLOWED)	

<b>DONATIONS TO CHARITIES:</b>	
KEEP ALL RECEIPTS FOR AUDIT PURPOSES	
<b>TOTAL OF ALL CASH/CHECK CONTRIBUTIONS:</b>	
TOTAL OF ALL MONEY GIVE TO A <u>QUALIFIED</u> CHARITY:	\$ _____
(DO NOT INCLUDE POLITICAL CONTRIBUTIONS)	
(PROVIDE DETAIL DOCUMENTATION FOR TRANSFERS FROM IRA) AND DO NOT INCLUDE THOSE AMOUNTS ABOVE.)	

<b>TOTAL HOUSEHOLD MEDICARE INSURANCE</b>	
TOTAL MEDICARE INSURANCE	\$ _____
(THROUGH SOCIAL SECURITY)	

<b>DONATIONS TO A CHARITY OTHER THAN CASH/CHECK</b>	
(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	

<b>TOTAL HOUSEHOLD MEDICAL INSURANCE</b>	
LIFE AND AUTO INSURANCE ARE NOT DEDUCTIBLE	
PROVIDE 1095-A FORM IF ON THE INSURANCE EXCHANGE	
AND DO NOT INCLUDE ANY PAYMENTS MADE THROUGH IT BELOW	
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)	\$ _____

<b>TOTAL OF CHARITABLE OUT OF POCKET EXPENSES</b>	
INCLUDES NEW ITEMS PURCHASED FOR A NON-PROFIT OR GIVEN TO A NON-PROFIT	
TOTAL OF CHARITABLE MILEAGE: (MILES NOT \$ AMTS)	

<b>PRE-PAID QUARTERLY ESTIMATES FOR THIS YEAR</b>	
(NOT AMOUNT PAID FOR PREVIOUS YEAR'S TAXES)	
FEDERAL:	\$ _____ STATE: \$ _____ DATE PD: _____
FEDERAL:	\$ _____ STATE: \$ _____ DATE PD: _____
FEDERAL:	\$ _____ STATE: \$ _____ DATE PD: _____
FEDERAL:	\$ _____ STATE: \$ _____ DATE PD: _____

<b>TOTAL OF ALL PROPERTY TAXES PAID</b>	
BOATS, TRAILERS AND MOTOR CYCLES ARE NOT DEDUCTIBLE	
PROPERTY TAXES PAID ON HOME:	\$ _____
PROPERTY TAXES OTHER PLACES:	\$ _____
MOTOR HOME REGISTR:	\$ _____
TOTAL ALL VEHICLE REGISTRATIONS:	\$ _____

<b>ANY NOTES TO TERRY</b>	
---------------------------	--