

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 RECIEPTS 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 RECIEPTS, 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 RECIEPTS 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 RECIEPTS FOR AUDIT PURPOSES****TOTAL OF ALL CASH/CHECK CONTRIBUTIONS:**TOTAL OF ALL MONEY GIVE TO A QUALIFIED CHARITY: \$ _____**(DO NOT INCLUDE POLITICAL CONTRIBUTIONS)**

**(PROVIDE DETAIL DOCUMENTATION FOR TRANSFERS FROM IRA)
 AND DO NOT INCLUDE THOSE AMOUNTS ABOVE.)**

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 RECIEPTS 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

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) _____

TOTAL OF CHARITABLE OUT OF POCKET EXPENSES \$ _____

INCLUDES NEW ITEMS PURCHASED FOR A NON-PROFIT OR GIVEN TO A NON-PROFIT

TOTAL OF CHARITABLE MILEAGE: (MILES NOT \$ AMTS)**PRE-PAID QUARTERLY ESTIMATES FOR THIS YEAR**

(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