

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: _____

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

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

Bank Name: _____ **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 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: *Bring 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: Bring all 1099 Forms and ALL the pages that come with them.

OTHER INCOME: 1099-R; 1099-MISC; 1099-NEC; SSA-1099; K-1; 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 also.

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 next page.

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

Personal Deductions Checklist: Only amounts actually paid during the year for which you have receipts, cancelled checks, money orders, etc. are 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.
Total amounts per Household only

Prescription Drugs: \$ _____

All Medical Doctors: \$ _____

All Eye Dr./Glasses: \$ _____

All Ear Dr./Hearing Aids:\$ _____

All Dental: \$ _____

All Therapy Treatments: \$ _____

All Hospital expenses: \$ _____

All Other Dr. Required Medical expenses:
\$ _____

All Nursing Home costs: \$ _____

Total of all of the above Medical expenses:
\$ _____

MORTGAGE INTEREST EXPENSE

Home Mortgage \$ _____

Lender: _____

Home Mortgage \$ _____

Lender: _____

Home Improvement Loan \$ _____

Reason for Loan: _____

TAXES

Real Estate \$ _____

Real Estate Property held for investment \$ _____

Total of ALL Vehicle Registrations \$ _____

Total of ALL Motor Home Registrations \$ _____

Boats, Trailers & Motor cycles are not deductible.

Professional & un-reimbursed employee expenses, union

MEDICAL INSURANCE

Life Insurance and Auto Insurance is **NOT** deductible.
Provide **1095-A** if on the Insurance Exchange

Medicare Insurance (thru SS): \$ _____

Medicare Insurance (not through SS):\$ _____

Other Medical Insurance: \$ _____

Prescription Insurance: \$ _____

Total of Health/Medical Insurance:\$ _____

Total of Long Term Insurance per person:

\$ _____ \$ _____

Total Medical Lodging: (meals not deductible):

\$ _____

Total Other Medical Transportation:

\$ _____

Total Medical Miles: _____

CONTRIBUTIONS

Total of all **Cash** contributions: \$ _____

(do not bring receipts)

Total of College contributions: \$ _____

Name: _____ Date: _____

Total of All NON-CASH contributions:

Bring receipts w/name, date, amount & general description

Keep item lists, etc. at home. \$ _____

Total Charitable Mileage: _____

Total Out-of-Pocket expenses: \$ _____

Total Political Contributions: \$ _____

FEDERAL & STATE ESTIMATES

Fed: \$ _____ St: \$ _____ date: _____

Fed: \$ _____ St: \$ _____ date: _____

Fed: \$ _____ St: \$ _____ date: _____

Fed: \$ _____ St: \$ _____ date: _____

dues, funerals & tax prep, are not deductible.