

# 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.

**THIRD STIMULUS LETTER** or **AMOUNTS** and any **CHILD TAX CREDIT LETTERS** or **AMOUNTS**

**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 CHECKLIST:**

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

Professional Fees, Employee Expenses, Union Dues, Funerals, Deposit Box, and Tax Prep fees are **NOT DEDUCTIBLE**.

Only amounts **actually paid** during the year which you have receipts, cancelled checks, or money orders are deductible.

All amounts are net of reimbursements. Health Insurance taken out of paychecks is only allowed 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: \$ \_\_\_\_\_  
 TOTAL HOME EQUITY: \$ \_\_\_\_\_  
 TOTAL POINTS PAID WITH MORTGAGE: \$ \_\_\_\_\_  
 TOTAL MORTGAGE INSURANCE PAID: \$ \_\_\_\_\_

**CASH DONATIONS TO CHARITIES:**

KEEP ALL RECEIPTS FOR AUDIT PURPOSES

TOTAL DONATIONS TO MONTANA COLLEGE \$ \_\_\_\_\_  
 NAME OF MT COLLEGES: \_\_\_\_\_  
 DATES MONEY WAS GIVEN: \_\_\_\_\_

TOTAL OF ALL POLITICAL CONTRIBUTIONS \$ \_\_\_\_\_

GRAND TOTAL OF ALL MONEY GIVE TO QUALIFIED CHARITIES  
 (NOT INCLUDING COLLEGE OR POLITICAL): \$ \_\_\_\_\_

**TOTAL HOUSEHOLD MEDICARE INSURANCE**

TOTAL MEDICARE INSURANCE \$ \_\_\_\_\_  
 (THROUGH SOCIAL SECURITY)

**DONATIONS TO A CHARITY OTHER THAN CASH/CHECK**

IF TOTAL OF ALL RECEIPTS IS MORE THAN \$500  
 WE NEED TO SEE ACTUAL RECEIPTS FOR EACH! \$ \_\_\_\_\_  
 WITH AMOUNTS, NAME, DATES GIVEN, QUANTITY GIVEN  
 & DESCRIPTION OF THE ITEMS THAT WERE DONATED

TOTAL OF CHARITABLE OUT OF POCKET EXPENSES \$ \_\_\_\_\_  
 TOTAL OF CHARITABLE MILEAGE: (MILES NOT \$ AMTS) \_\_\_\_\_

**TOTAL HOUSEHOLD MEDICAL INSURANCE**

LIFE AND AUTO INSURANCE ARE NOT DEDUCTABLE

PROVIDE 1095-A FORM IF ON THE INSURANCE EXCHANGE

**TOTAL OF ALL MEDICARE INS.**  
**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) \_\_\_\_\_

**PRE-PAID QUARTERLY ESTIMATES FOR 2021**

(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 REAL ESTATE TAXES**

BOATS, TRAILERS AND MOTOR CYCLES ARE NOT DEDUCTABLE

PROPERTY TAXES PAID ON HOME: \$ \_\_\_\_\_  
 PROPERTY TAXES OTHER PLACES: \$ \_\_\_\_\_  
 MOTOR HOME REGISTR: \$ \_\_\_\_\_  
 TOTAL ALL VEHICLE REGISTRATIONS: \$ \_\_\_\_\_

**STIMULUS INFORMATION**

IT IS NOT TAXABLE BUT WE CAN HELP  
 GET ANY STIMULUS MONEY THAT WAS MISSED.

STIMULUS AMOUNT FOR 2021 (max 1400 per person) \$ \_\_\_\_\_