

My/Our Tax appointment is on _____ at _____ am/pm



FERRO WILLET & THOMPSON, PLLP

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CHECK IF NO CHANGES AND CONTINUE TO INCOME

CLIENT PHONE _____

Client	Birth Date	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	S.S.N.	Occupation	Number of W2 Forms
Spouse	Birth Date	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		S.S.N.	Occupation	
Address	City	State	Zip Code	County		

DEPENDENTS

NAME	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	NO. MONTHS LIVED WITH YOU DURING YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Are any of your dependent children permanently handicapped severe enough that it constitutes not less than 50% disability? If yes, attach a physician's certificate. YES ☐ NO ☐
- Is any dependent listed as a joint custody child? YES ☐ NO ☐

INCOME

Estimates Not Acceptable

- Did you sell securities or other property? If yes, attach Purchases & Sales Statements and Form 1099B received from brokers. **YOU MUST PROVIDE US WITH THE COST OF THE STOCKS OR PROPERTY SOLD.** YES ☐ NO ☐
- Do you own mutual funds (not a retirement plan)? If yes, attach 1099 forms. YES ☐ NO ☐
- Did you or your spouse make a withdrawal or rollover from any retirement account? (IRA; 401K Plan; Profit Sharing; etc.) If yes, attach 1099R and list below. YES ☐ NO ☐
- Did you have dividend income? If yes, attach 1099 forms (including tax exempt dividends) and list below. YES ☐ NO ☐
- Did you have interest income? If yes, attach 1099 forms (including tax exempt interest) and list below. YES ☐ NO ☐

INCOME-Attach 1099 Forms

Interest Income		Dividend Income	
Source	Amount	Source	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Tax Exempt Interest Income	\$ _____	_____	\$ _____

Income from Pensions, Annuities & IRA Withdrawals

(Attach Form 1099Rs)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Miscellaneous Income – Attach any miscellaneous forms

Unemployment _____	\$ _____	W2-G Gambling Winnings _____	\$ _____
Other _____	\$ _____	Oil & Mineral Leases/Royalties _____	\$ _____
Other _____	\$ _____	Alimony _____	\$ _____

ITEMIZED DEDUCTIONS

Estimates Not Acceptable

MEDICAL

TOTALS

Prescription Drugs _____ \$ _____
Doctors, Dentists & Hospitals _____ \$ _____
Nursing Home Costs _____ \$ _____
Medical Insurance Premiums _____ \$ _____
Medicare Insurance Premiums _____ \$ _____
(Do NOT include pre-tax premiums or flex plan payments)

TOTALS

Long Term Care Insurance Husband _____ \$ _____
Long Term Care Insurance Wife _____ \$ _____
Medical Lodging _____ \$ _____
Medical Travel \$ _____ or miles _____
Glasses and Hearing Aids _____ \$ _____
Other _____ \$ _____

TAXES

TOTALS

Real Estate _____ \$ _____
Motor Vehicles (Attach Vehicle Registration) \$ _____
(Boats, Cycles, Trailers are not qualified)

TOTALS

Vacation Home Taxes _____ \$ _____
Personal Property (Mobile Home) _____ \$ _____
Other _____ \$ _____

INTEREST EXPENSES

TOTALS

Home Mortgage (Attach 1098 Form) _____ \$ _____
Mortgage Insurance Premium _____ \$ _____
Home Equity Line Interest _____ \$ _____

TOTALS

Mortgage Points (Attach Closing Statement) \$ _____
Student Loan Interest (Attach 1098 Form) \$ _____
Other _____ \$ _____

CONTRIBUTIONS

TOTALS

Church _____ \$ _____
United Way _____ Heart _____ M.D.A. _____ \$ _____
Easter Seals _____ Cancer _____ \$ _____

TOTALS

Non-Cash Items _____ \$ _____
(Receipt and detailed description of property required)
Charitable Travel _____ miles _____
Other _____ \$ _____

No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. ALL contributions must be substantiated by a receipt or cancelled check. Single contributions over \$250 must be substantiated with a receipt, **not just a cancelled check. Contributions to an individual are not deductible.**

CHILD CARE- Did you pay dependent care benefits into a flex plan? YES ☐ NO ☐

If yes, you must still provide the information below.

PROVIDER NAME	ADDRESS	SOC SEC #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

Union Dues, Tax Prep, Uniforms, Safe Deposit Box, Tools, and IRA Fees Are No Longer Deductible.

DID YOU MAKE ANY OF THE FOLLOWING?

Traditional IRA Self \$ _____ Spouse \$ _____ Roth IRA Self \$ _____ Spouse \$ _____
Contribution to Education 529 Plan \$ _____
College Tuition / Course Materials Attach Form 1098T \$ _____
Gambling Losses to Extent of Winnings (must have documentation) \$ _____

ESTIMATED INCOME TAX PAYMENTS

YES NO

If yes, **State:**

(April) Date Pd. _____ \$ _____

(June) Date Pd. _____ \$ _____

(Sept) Date Pd. _____ \$ _____

(Dec/Jan) Date Pd. _____ \$ _____

HEALTH CARE COVERAGE

YES NO

10/10

Number of months of coverage_____

Names of family members insured _____

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), Form 1095-C (Employer Provided Health Insurance Offer and Coverage) or substitute forms. If so, please attach.

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If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.

Did you contribute to a Health Savings Account? \$ _____

Did you withdraw from a Health Savings Account? \$ _____

PLEASE NOTE: DUE TO NEW STRINGENT GUIDELINES AND FEDERAL TAX LAWS, THE QUESTIONNAIRE ON THE BACK OF THIS FORM AND THE ATTACHED ENGAGEMENT LETTER MUST BE COMPLETED, SIGNED AND INCLUDED WITH YOUR TAX INFORMATION.

NOTES

Continue 

CHECKLIST OF ADDITIONAL ITEMS

Estimates Not Acceptable

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, business interest or real property? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you add any energy efficient improvements (insulation systems, furnace, air conditioner, exterior windows and doors) to your home, rentals or other structure? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay more than \$1,000 to any household employee? _____
If YES, you may be required to pay employment taxes, file W-2 and payroll reports.
Our minimum fee for this will be \$150. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you or your spouse make any gifts to an individual that total more than \$15,000? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you exercise any employee incentive stock options this year? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have a credit card debt or bank debt cancelled this year? (If yes attach 1099C) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • May the IRS discuss your tax return with Ferro, Willett & Thompson? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you refinance your home this year? If yes, attach refinance papers. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you holding U.S. Savings Bonds that are more than 30 years old? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you or your spouse receive Social Security or Railroad Retirement? _____
If yes, attach statements for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have partnership, estate, trust, or S Corporation income? _____
If yes, attach Schedule K-1 for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell/buy your home during the year? If yes, attach closing statements. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have rental or royalty income? If yes, attach separate sheet with income and expenses. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive disability benefits? If yes, amount received \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have tip income that was unreported to employer? If yes, how much \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have income from any other sources? (Contracted services, babysitting, etc)
If yes, attach statements stating nature and describe fully. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
If yes, please attach 1099Q _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • ☺ Would you like to have your refund(s) directly deposited into your bank account? _____
If yes, please attach a voided check. If we already have bank account information on file and there are no changes, there is no need to provide it again. | <input type="checkbox"/> | <input type="checkbox"/> |

All information for which I have receipts, canceled checks or other written evidence, is true and correct as furnished by the undersigned to FERRO, WILLETT & THOMPSON, PLLP for the preparation of Schedule E and/or Form 1065 for the year ended December 31, _____.

Signature _____ Date _____