____/____ _____

PERSONAL TAX CHECKLIST **WBTS 406-751-3300**

Phone#: ______________________ **E-Mail:** ____

Taxpayer: ________________________ **Soc Security #:** __________________ **DOB:** ____________

Spouse: _________________________ **Soc Security #:** __________________ **DOB:** ____________

Street Address: ____

City _______________________________ **State**____________ **Zip Code**___________

Dependents: Name, Soc Security #, Date of Birth

____

Daycare Cost: $_______ **Daycare Name, Address, Tax ID, or SSN):** ___________________________

1098-T (Tuition Statement): ____ **Books, etc. Expenses**____**1098-E (Student Loan Interest:**____

Routing#: __________________ **Bank Acct #:** ____________________ **Checking:** ___ **Savings:** ___
(*For refund direct deposit, or direct withdrawal for tax payments***)**

Info Forms: Bring in all that are applicable ***<u>IF any Overtime, need last paystub of 2025</u>***

W-2 **1095-A (ObamaCare Health Insurance)** **IRS PIN (if applicable)** **All 1099's you receive**

1099-INT (bank int) **1099-DIV** **1099-SA(HSA)** **1099-SSA (social security)**

1099-R (Retirements: 401-K, IRA, Pensions) **1099-B (brokerages)** **1099-G (unemployment)**

K-1 **1099-NEC** **1099-MISC** **1098 (mortgage int)** **1099-S** **1099 C**

<u>QUARTERLY ESTIMATED TAX PAYMENTS (*if applicable*) GIVE LIST OF DATES & AMOUNTS PAID</u>

<u>Deductions:</u> *We only need this info if you are itemizing. Totals only, not receipts*.
Medical Expenses Paid out of Pocket: Rx: **$**__________ Doctor/Dental/Vision: **$**_____________
Health insurance premiums paid out of pocket: $_____________
Total Medical Miles Driven: __________ **Medical lodging costs for trips**: **$**__________

Property Taxes: **$**_________________ **Vehicle Registration Fees**: **$**__________
Mortgage Interest (provide 1098 Interest Statement): $________________
Charitable Contributions (PAID BY CASH or CHECK, if over $500 list the charity**): $**_______________
Goods donated (Assessed amount, date, address & organization)____________________________

Total Charitable Miles Driven: _______

<u>IF any Overtime, need last paystub of 2025</u>