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(816) 356-4500 FAX (816) 356-1030
www.Midwestbkpg.com

MEMBER
NATIONAL SOCIETY OF
PUBLIC ACCOUNTANTS
MISSOURI SOCIETY
OF ACCOUNTANTS

Dear Client,

Our datasheet will be available on our website by January 15th. If you received an organizer last year, we will upload the organizers to your portal available from our website, Sharefile has updated their password credentials so you will need to reset your password when you log in. The tax organizer is available to anyone who requests one. However, the tax organizer may not be enough, and we wanted to bring some special items to your attention below. It is our attempt to be as thorough as possible in the preparation of your return.

The due date for certain business returns remains the same. S Corporations and Partnership returns are still due on March 15. Penalties are steep for late filed returns so it is imperative that you provide us with your information for these returns before March 1.

Security and Identity Theft

The IRS has determined that one of the prime targets of data theft is tax preparation companies. Because so many electronic intruders get in via email attachments, PLEASE DO NOT EMAIL ANY DOCUMENTATION WITH THE FOLLOWING: SOCIALS SECURITY NUMBERS OR BANK ACCOUNT INFORMATION!!! It is our office policy to not provide you anything via email that would contain this information as well, all copies of the tax return will be provided thru our client portal for you to download, print, securely send to anyone you feel may need it.

Affordable Care Act

Contrary to popular belief you must still have qualified health insurance for all family members in 2019 but there is not a penalty. If you have health insurance thru the Obamacare Marketplace at any point in 2019, we cannot complete your tax return until from have a copy of the 1095-A issued by Healthcare.gov, you can log in to your account and print a copy thru the website.

Children/Student Tax Returns

To ensure everyone gets the appropriate credits, your dependents should **not** file their tax return **until after** your return is completed. If they file their return in error it could create a reject on your return.

Mileage rates: Business- 58 cents

Charitable- 14.0 cents

Medical- 20.0 cents

Hours of Operation:

Extended tax season hours, February- April 15th: Monday- Friday 8-5; and Saturday 9-12.

Appointments are available Tuesdays & Wednesdays with Walk-ins on Saturdays. You are still welcome to drop off your tax documents during business hours, use the black box near the front door for after-hours delivery, or **our preferred option**, upload them to the portal at your convenience. We kindly request you send us an email/text when the upload is complete.

Thank you again for your continued support and many referrals. We greatly appreciate working with you each and every year.

Sincerely,

Midwest Bookkeeping & Tax Service

Do you have piles of old tax returns or other sensitive documents taking up space in your house? This MAY we are having a shred party! To reserve your spot please let us know when you drop off your 2019 documents.

CONFIDENTIAL INFORMATION FOR PREPARING INCOME TAX RETURNS

Contact Information:

Taxpayer _____ SS No _____ Birth date _____

Spouse _____ SS No _____ Birth date _____

Address: _____

Home Phone _____

Work Phone (taxpayer) _____

Work Phone (spouse) _____

Cell Phone (taxpayer) _____

Cell Phone (spouse) _____

E-Mail (taxpayer) _____ Occupation (taxpayer) _____

E-Mail (spouse) _____ Occupation (spouse) _____

the email addresses above will be used for your portal unless otherwise noted.

Filing Status: Check One _____ Single _____ Surviving Widow/Widower
_____ Married Filing Joint _____ Married Filing Separately (*enter spouse name and SS No above*)
_____ Head of Household

Dependents: Children/Parents who lived with you and received more than half of their support from you.

Name	Birth date	Social Security Number	Relation	# Months of Health Ins	Number of months lived in your Home in 2019
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Child & Disabled Dependent Care:

Name & Address of Care Provider, I.D.#(Soc.Sec.# or Fed I.D#) _____ Amount Paid _____

Members of your family attending college may make you eligible for an American Opportunity Credit or Lifetime Learning Credit # Students _____

REMEMBER!!! It is important to get this to us promptly but it's far more important for it to be complete when we receive it. Take your time, complete it before you bring it in. There will be an additional charge for any returns that have to be reworked due to your request for changes that were not originally supplied to us.

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Sign _____ **Date** _____

If we did not prepare your 2018 Income Taxes, be sure to enclose your copies of those returns. We will return them to you when we have completed your income taxes.

When complete, upload to portal, mail or bring to:
MIDWEST BOOKKEEPING & TAX SERVICE

10100 E. 65th St Ste A

Raytown, MO 64133

Phone/text (816)356-4500 Fax (816)356-1030

OFFICE HOURS:

Monday-Friday 8:00 to 5:00

Saturday 9:00 to 12:00 beginning Feb 1, 2020

midwestbkpg@gmail.com

Drop off anytime during regular business hours or call for an appointment on Tuesday or Wednesdays.

INCOME**SALARIES, WAGES, COMMISSIONS**

Attach ALL copies of each W-2 or 1099 forms

UNEMPLOYMENT BENEFITS

Attach copies furnished by Unemployment office

RETIREMENT INCOME

Attach ALL 1099-R

CAPITAL GAINS & LOSSES

Attach schedules

DIVIDEND INCOME

Attach ALL dividend statement received

TAXABLE INTEREST INCOME:

Attach ALL Interest Statements Received.

Other Interest Income:

Paid by: _____ \$ _____

Paid by: _____ \$ _____

List Additional Interest on separate page

PARTNERSHIP/ESTATE/TRUSTS

Attach ALL K-1's or details

SOCIAL SECURITY BENEFITS

Attach form 1099-SA, the statement the Social Security office sends to you in January reporting these amounts

GAMBLING ACTIVITIES

Did you have winnings from any form of gambling?

Give details on back of form and attach all forms

received related to winnings \$ _____

Total expenses related to winnings \$ _____

Total 2018 gambling losses you can document \$ _____

MISCELLANEOUS INCOME:

Enter Gross Receipts Only. On some items we will need more information, so please list additional data on a separate paper

Alimony Received \$ _____

Gifts in Excess of \$15,000 \$ _____

Jury Duty Fees \$ _____

Mileage Allowance \$ _____

Other, list on separate sheet \$ _____

EDUCATION CREDITS-Must include Form 1098-T, per student per institution
Student can NOT be convicted of felony possession or distribution of controlled substance

Completed first 4 yrs of undergraduate studies? _____

Amount of Tuition, lab fees, course expenses \$ _____

Do not include:

room/board, student fees, travel, insurance & books

DEDUCTIONS**MEDICAL EXPENSES:** Total all hospital, doctor, nurse bills & list only the net amount paid by you, after deducting **Insurance reimbursements.**

Medical/Dental Insurance premiums \$ _____

Long Term Care Insurance \$ _____

Prescriptions \$ _____

Doctors, Dentists, Hospital, Ambulance Fees \$ _____

Medical Mileage - Number of Miles _____

Lodging, to obtain Medical Aid \$ _____

Dentures, Eyeglasses, and repairs to \$ _____

Other, please list on separate sheet \$ _____

TAXES PAID

Real Estate - City and County \$ _____

Personal Property - City and County \$ _____

2018 Fed.Inc.Tax Paid in 2019 \$ _____

2018 State Inc.Tax Paid in 2019 \$ _____

2018 City E-Tax Paid in 2019 \$ _____

Estimated Taxes Federal State

1st Qtr 4/15/19 \$ _____ \$ _____

2nd Qtr 6/15/19 \$ _____ \$ _____

3rd Qtr 9/15/19 \$ _____ \$ _____

4th Qtr 1/15/20 \$ _____ \$ _____

INTEREST PAID

Residential Mortgage Interest

Financial Institution \$ _____

Individuals(list name,address,SS#) \$ _____

Investment Loans \$ _____

Other(Itemize)_____ \$ _____

CONTRIBUTIONS

Cash contributions (contribution of \$250 or more to ONE charity must have a receipt from the receiving organization)

Please list to whom & how much

_____ \$ _____

Use of Auto for Charity, list number of miles _____

Contributions **OTHER THAN CASH** (attach receipts)**RETIREMENT PLANNING**

Investment in IRA for YOU \$ _____

Investment in IRA for YOUR SPOUSE \$ _____

Investment in **ROTH** IRA for YOU \$ _____Invest in **ROTH** IRA for YOUR SPOUSE \$ _____

BUSINESS INCOME AND EXPENSES: Name of Business _____

Did you participate in the daily operation of this business? _____ If not, how many hours did you participate in 2019? _____

Gross Sales/Receipts	\$ _____	Office Expense	\$ _____	Dues and Publications	\$ _____
Commissions/Other Income	\$ _____	Rent	\$ _____	Freight	\$ _____
Beginning Inventory	\$ _____	Repairs	\$ _____	Insurance	\$ _____
Ending Inventory	\$ _____	Supplies	\$ _____	Interest	\$ _____
Merchandise Purchased	\$ _____	Taxes	\$ _____	Laundry & Cleaning	\$ _____
Advertising Expense	\$ _____	Travel Expense	\$ _____	Wages Paid	\$ _____
Bank Service Charges	\$ _____	Utilities & Telephone	\$ _____	Commissions Paid	\$ _____
Legal & Professional Services	\$ _____			Bad Debts from sales(included above)	\$ _____
Meals & Ent(100% of cost)	\$ _____			Other Expenses (Specify)	\$ _____
Mdse. Withdrawn for personal use	\$ _____			Car and Truck Expenses	\$ _____
Other Expenses (Specify)	_____ \$ _____				\$ _____

RENT AND ROYALTY INCOME AND EXPENSES

	DESCRIPTION OF PROPERTY	LOCATION	DATE ACQ
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____

Did you or a member of your family occupy any of the rental property listed above for more than the greater of 14 days or 10% of the total days rented at fair rental value during the year? _____

Did you actively participate in the operation of each property during the tax year? _____

		A	B	C	D
INCOME	Rents Received	_____	_____	_____	_____
	Royalties Received	_____	_____	_____	_____
EXPENSES	Advertising	_____	_____	_____	_____
	Auto/Travel	_____	_____	_____	_____
	Cleaning/Maintenance	_____	_____	_____	_____
	Insurance	_____	_____	_____	_____
	Mortgage Interest	_____	_____	_____	_____
	Other Interest	_____	_____	_____	_____
	Repairs	_____	_____	_____	_____
	Supplies	_____	_____	_____	_____
	Taxes	_____	_____	_____	_____
	Utilities	_____	_____	_____	_____

If you use your personal auto in your business, **EXCLUDING** commuting to and from work, you may be entitled to a tax deduction for its business use. Provide us a detail of total actual miles. Total Miles driven _____
 Do you have another vehicle available for personal use? _____ Commuting miles _____
 Do you have **adequate record** or sufficient **WRITTEN EVIDENCE** Business miles _____
 to justify the deductions? _____