

MIDWEST Bookkeeping and Tax Service

10100 E 65TH STREET STE. A RAYTOWN, MISSOURI 64133
(816) 356-4500 FAX (816)356-1030
www.MidwestBkpg.com

MEMBER
NATIONAL SOCIETY OF
ACCOUNTANTS

MISSOURI SOCIETY
OF ACCOUNTANTS

December 30, 2013

Dear Clients

It's time to begin gathering your year-end tax information. To better assist you in gathering the data you will need, we are attaching the 2013 datasheet. Please use it and fill it out as accurately as possible as it will aid us in the preparation of your tax return. If you would like the detailed organizer, please email us at midwestbkpg@gmail.com.

We now have a secure client portal available. The portal will contain all tax returns and supporting documents for no more than 3 years. Each taxpayer will have a unique username and password provided when the tax return is completed. As a result, we will be providing CD's or paper copies of the tax returns for a nominal fee.

It's very important to be sure you have all your W-2's and 1099's. Be sure to enclose any mutual funds statements that show the percentages of tax-free income. Missouri and Kansas require verification of these figures and we must use those statements for documentation. One of the hot topics this year is foreign bank accounts. **Please let us know if you have any foreign accounts with a value of over \$10,000.**

The 2013 Mileage rates are:

Business mileage is **56.5 cents** per mile,
Medical and moving are **24 cents** per mile
Charitable remains at **14 cents** per mile

The 2013 Gift tax exclusion **increased to \$14,000** per person per year from \$13,000 per person per year.

There are heightened substantiation rules for gifts to charities and reform of the rules for donations of clothing and household items. IRS is now **requiring receipts for all charitable contributions over \$250** taken on the income tax return.

The child tax credit is \$1,000.00 tax credit per child under the age of 17. As in the past, we will need to have the exact date of birth for all dependents. College tuition credits are still available so be sure to include the tuition paid in 2013.

If you receive a 1099-K please be sure to bring it to us, it may have a direct impact on your return.

Remember to take your time completing the information. Please feel free to call us with any questions. Our office hours, beginning January 21, 2013 are 8:00-5:00 Monday thru Friday, and 9:00-12:00 on Saturdays. Some after-hours appointments are available. Please call 816-356-4500 for information.

Our office has MOVED to 10100 E 65th Street Ste A, Raytown, MO 64133. (there are no more steps!!!)

It is the policy of Midwest Bookkeeping & Tax Service to handle the information you provide us with the utmost confidentiality and care. We restrict access to nonpublic personal information about you to members of our firm who need to know this information in order to complete the work you have hired our firm to do. We will not disclose your personal and confidential information to outside of our firm without your express written permission to do so. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

We appreciate your patronage and look forward to serving you again this year.

Midwest Bkpg & Tax Service

Enrolled to Practice Before the Internal Revenue Service

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) _____
E-Mail (taxpayer) _____ Cell Phone (taxpayer) _____
E-Mail (spouse) _____ Cell Phone (spouse) _____

Occupation: Taxpayer _____ Spouse _____
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 | Relationship | Number of months lived in your Home in 2013 |
|-------|------------|------------------------|--------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Questionnaire: The questions below may lead to helpful deductions. Please answer and provide supporting information.

YES NO

All questions pertain to the year 2013.

- _____ Did you receive any employer-provided educational assistance? _____
- _____ Did you make energy improvements on your home? Please provide details.

- _____ Did you refinance or borrow on home equity?

- _____ Did your parents add you to the deed on their home this year?

- _____ Did you **withdraw IRA or Keogh funds** during the year? Please indicate the amount of funds:
Withdrawn: \$ _____ Date: _____ Re-deposit: \$ _____ Date: _____
- _____ Were the funds used to pay medical expenses?

- _____ If you are **self employed**, did you pay health insurance premiums for yourself and your family?

- _____ Did you **pay alimony**? Paid to: _____
SS No _____ Amount Pd: \$ _____
- _____ Did you incur any **educational expenses** on behalf of yourself, your spouse, or a dependent?

- _____ Did your college student receive educational benefits under a **prepaid tuition program**?

- _____ If you are an **educator**, did you have un-reimbursed work-related expenses? Amount: \$ _____
- _____ Do you have any worthless stocks or bonds? (example General Motors)

- _____ Have you ever qualified for the **Earned Income Tax Credit**?

- _____ Do you wish to designate \$3 of your taxes to the **Presidential Campaign Fund**?

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. When complete please mail or bring 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** _____

SALARIES, WAGES, COMMISSIONS

Attach ALL copies of each W-2 or 1099 forms

UNEMPLOYMENT BENEFITS

Attach copies furnished by Unemployment office

CAPITAL GAINS & LOSSES

Attach schedules

DIVIDEND INCOME

Attach ALL dividend statement received

TAXABLE INTEREST INCOME:

Attach ALL Interest Statements Received.

Received from Seller-Financed Mortgages:

Paid by: _____ \$ _____

Payer's SSN _____

Other Interest Income:

Paid by: _____ \$ _____

Paid by: _____ \$ _____

List Additional Interest on Reverse tax-exempt

Interest (information only)

SOCIAL SECURITY BENEFITS

Please attach 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 2013 gambling losses you can document \$ _____

SELLING PERSONAL RESIDENCE

Did you sell your personal residence this year? If so, please give details of the purchase of old residence and purchase of a new residence, if any.

EDUCATION CREDITS

Name of Student _____

Name of Institution _____

Completed first 2 years of undergraduate studies? _____

Attended school on at least half basis in 2013? _____

Enrolled in degree or certificate program? _____

Convicted of felony possession or distribution of controlled substance in 2013?

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

(do not include room, board, student fees, travel, insurance & books)

Date Expenses Paid: _____

Amount of scholarships or fellowships not required to be included in income _____

MISCELLANEOUS INCOME:

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

State Income Tax Refund \$ _____

Alimony Received \$ _____

Foreign Gifts in Excess of \$14,375 \$ _____

Partnership/Estates/Trusts \$ _____

(furnish K-1's or details)

Farm Income(attach list of income/exp) \$ _____

Jury Duty Fees \$ _____

Mileage Allowance \$ _____

IRA/Keogh Plan Distr. (Circle One) \$ _____

IRA Rollover \$ _____

Other Pension or Annuity Income \$ _____

Prizes/Awards, won or received \$ _____

Tips not shown on W-2 form \$ _____

Gain or Loss on sale of Asset \$ _____

Other, list on separate sheet \$ _____

IMPORTANT! If your work **Required** you to have an office and you use part of your residence for your **Primary** office, it may be possible to deduct some of what you paid Rent, Utilities, Telephone, Repairs, Trash, and Insurance. Or, if you own , we need the cost of the residence, total Sq Feet & Sq Footage used for business purposes. This deduction is allowable **ONLY** when the portion of your residence is used **Exclusively & on a regular basis** for your trade or business. Use a separate sheet to list all such information.

If we did not prepare your 2012 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, mail or bring to:

MIDWEST BOOKKEEPING & TAX SERVICE

10100 E. 65th St.

Raytown, MO 64133

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

midwestbkpg@gmail.com

OFFICE HOURS

Monday-Friday 8:00 to 5:00

Saturday 9:00 to 12:00

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

ADJUSTMENTS TO INCOME AND OTHER 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 \$ _____
 2012 Fed.Inc.Tax Paid in 2013 \$ _____
 2012 State Inc.Tax Paid in 2013 \$ _____
 2012 City E-Tax Paid in 2013 \$ _____
 Estimated Taxes Federal State
 1st Qtr 4/15/13 \$ _____ \$ _____
 2nd Qtr 6/15/13 \$ _____ \$ _____
 3rd Qtr 9/15/13 \$ _____ \$ _____
 4th Qtr 1/15/14 \$ _____ \$ _____

INTEREST PAID

Residential Mortgage Interest
 Financial Institution \$ _____
 Individuals(list name,address,SS#) \$ _____
 _____ \$ _____
 _____ \$ _____
 Home Equity Loan \$ _____
 Investment Loans \$ _____
 Other(Itemize)_____ \$ _____
 _____ \$ _____

CONTRIBUTIONS

Cash contributions(any one contribution of \$250 or more must have a receipt from the receiving organization)
 Please list to whom & how much
 _____ \$ _____
 _____ \$ _____
 All other **CASH** contributions \$ _____
 Use of Auto for Charity, list number of miles _____
 Contributions **OTHER THAN CASH** (attach receipts) \$ _____
 _____ \$ _____
 _____ \$ _____
 Other, list on separate sheet \$ _____

MISCELLANEOUS DEDUCTIONS

Tax Preparation Fees \$ _____
 Rent on Safe Deposit Box \$ _____
 Professional/Union Dues \$ _____
 Educational Expense required for work \$ _____
 Mileage to second job _____
 Business Publications/Dues \$ _____
 Physical Exam required for work \$ _____
 Uniform Expense required by employer \$ _____
 Investment Expenses \$ _____
 Telephone, Bus use only(Base fee for one phone not allowed) \$ _____
 Job Search Expenses \$ _____
 Hand Tools of my trade \$ _____
 Safety Equipment FOR WORK ONLY \$ _____
 Protective Clothing FOR WORK ONLY \$ _____
 Clean & Repair Protective Clothes \$ _____
 Investment in IRA for YOU \$ _____
 Investment in IRA for YOUR SPOUSE \$ _____
 Invest in **ROTH** IRA for YOU \$ _____
 Invest in **ROTH** IRA for YOUR SPOUSE \$ _____
 Child & Disabled Dependent Care:
 Name & Address of Care Provider, I.D.#(Soc.Sec.# or Fed.I.D.#) and the amount paid each.

_____ \$ _____
 _____ \$ _____

EMPLOYEE BUSINESS EXPENSE

Airfare \$ _____ Telephone \$ _____
 Meals \$ _____ Road Tolls \$ _____
 Hotel/Motel \$ _____ Auto Rentals \$ _____
 Parking \$ _____ Taxi, Subway \$ _____
 Postage \$ _____ Entertainment \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

If you use your personal auto in your work, **EXCLUDING** commuting to & from work, you may be entitled to a tax deduction for its business use. So - give us a detail of the operating expenses and Total actual miles.

Number of miles driven _____
 Number Commuting miles driven _____
 Number of Business miles driven _____
 Amount Reimbursed by Employer _____
 Do you have another vehicle available for personal use? _____
 Do you have **adequate** record or sufficient **WRITTEN EVIDENCE** to justify the deductions? _____

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 2013? _____

| | | | | | |
|----------------------------------|----------------|-----------------------|----------|--------------------------------------|----------|
| 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 | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |