

PERSONAL DATA

Last Name		Telephone	
Taxpayer		Spouse	
Home ()		First Name & Initial	
First Name & Initial		Occupation	
Occupation		Work ()	
Work ()	Birthdate	So. Sec. Number	Birthdate
So. Sec. Number	Street Address		County
City	State	Zip Code	

CHECK LIST

- Enclosed all W-2's and other requested supporting forms and details.
- If you pay estimated tax, enclose estimated forms.
- If you are a new client, include a copy of prior year's tax return.

MARK YOUR CALENDAR

You may be entitled to a refund but you must act by:
AUGUST 15

Simply send or drop off the "state" copy of your property tax statement and/or your rent credit (Form CRP) and we will see if you qualify for a refund.

You should receive your rent credit from your landlord by February 1, and/or you should receive your property tax statement from your county sometime in March or April.

DEPENDENTS

Children living at home			
First Name	Birthdate	Social Security #	School Grade
1.			
2.			
3.			
4.			
5.			
6.			
Questions:			
Did your marital status change during year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did your name or address change?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or your spouse blind?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

ELECTRONIC FILING

We are electronically filing your return for:

Internal Revenue Service State of MN

This means that once you have properly signed your forms; we will complete the electronic filing procedure within 48 hours when at all possible, barring any unforeseen circumstances

The anticipated refund dates are strictly at the discretion of the IRS and or State of Minnesota.

If you have not received your refund in four (4) weeks, please contact us.

If you have a balance due: pay by due date with enclosed vouchers.

ITEMIZED DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 5 years. Do not duplicate any entry. You may round off to the nearest dollar.

MEDICAL

Drugs and Medicines	Amount
Prescriptions	
Other/General Drugs	
Medical Insurance	Amount
Insurance - Paid Directly By You	
Group Health Plans (Deducted from Salary) - Not Pre-tax	
Names of Doctors Dentists & Clinics	Paid By You
	Paid By You
	Eye Glasses
	Hearing Aids & Supplies
Transportation total number of miles driven for medical reasons during the year	
Above amounts reimbursed by insurance	()

CONTRIBUTIONS

Church (Name)	If No Receipt	X	
	X	Amount	If No Receipt
Cancer Fund			Heart Fund
Scouts		United Way	
Non-Cash Contribution - (Fair market value of items like clothing, furniture, etc.)			
Date	Organization	Items Donated	X Value
Volunteer Work - Mileage (Church, Hospitals, etc.)			# Miles

TAXES

Description of Tax	State	Amount
Real Estate Taxes (Home)		
Real Estate Taxes (Other)		
Property Tax Rebates (If Any)		()
Sales Tax Paid		\$
Auto	Number of Licenses Purchased	#
Tabs	Total Costs	\$

MISCELLANEOUS DEDUCTIONS

	Amount		Amount
Tax Prep/Investment Fees		Safe Deposit Box	
Union/Prof. Dues		Safety Shoes/Glasses	
Subs & Trade Journals		Work Req'd. Education	
Work Tools		Alimony Pd. (Not Child Support)	
Uniforms and Upkeep		Private School Tuition	

INTEREST PAID

Source	Amount	Source	Amount
Home Mortgage		Contract for Deed	
Other Mortgage		List Name, Add., SS#	

EDUCATION DEDUCTIONS

K-12		
Child's name		
List amounts per child for tutoring, academic summer camps, enrichment programs, textbooks & inst. material.	\$	\$
Home computer hardware & software, etc.	\$	\$
POST-SECONDARY EDUCATION		
Taxpayer - Spouse - Child's Name		
Tuition & Req'd Fees Paid	\$	\$
Date education for above began		
Was student enrolled at least half time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was student in first 2 years of schooling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CASUALTY/THEFT LOSSES

From Fire, Storm, Theft and Auto Damage -	Loss	Amount
If more than one, provide similar details for each. Must be over 10% of total income. See tax preparer if you have questions.	Insurance Reimbursement	()

T S J	MISCELLANEOUS INCOME	
	Source of Income	Amount
	Worker's Compensation	
	Unemployment	
	Social Security Income	
	Welfare	
	Jury Duty	
	Gambling Winnings	
	Gambling Losses to Extent of Winnings ()	
	VA Benefits	
	Alimony (Not Child Support)	
	Tips/Gratuities (Not Reported on W-2)	
	Pensions/Annuities (Furnish Details If Not Fully Taxable)	
	Partnerships (Enclose K-1 Forms)	
	Estates or Trusts (Enclose Details)	
	Other (Explain)	

CHILD AND DEPENDENT CARE				
Name of Dependent	Age	Relationship		
Name & Address To Whom Paid	SS#	Date Paid From To		Amount

Do you participate in a plan at work that pays your day care with pretax dollars.

Do you have completed W-10's.

TAXES PAID OR REFUNDED			
		Federal	State
	Balance paid on last year return (or prior years)		
	Refunds received on last year's return (or prior years) () ()		
Estimated Taxes Paid	1st Qt.	(Date Paid)	
	2nd Qt.	(Date Paid)	
	3rd Qt.	(Date Paid)	
	4th Qt.	(Date Paid)	

RETIREMENT PLANS	
Do you or your spouse have an IRA-SEP-Keogh Retirement plan? If yes, how much did you contribute?	
Yourself \$ _____	Your Spouse \$ _____
- Enclose details if any change in plans or withdrawals. -	

T S J	INTEREST/DIVIDEND INCOME		I - Interest D - Dividend
	Received From	I/D	Amount
	<input type="checkbox"/> Did you Pay an Early Withdrawal Penalty; if yes, fill in amount \$ _____		

SELF-EMPLOYED INCOME/EXPENSES			
NAME OF PROPERTY		BUSINESS ACTIVITY	
BUSINESS NAME		ADDRESS	
INCOME		COST OF GOOD SOLD (If Applicable)	
Sales (include all 1099's)		Beginning of Year Inventory	
Returns & Allowances ()		End of Year Inventory	
Other		Purchases	
EXPENSES			
Advertising		Repairs & Maintenance	
Bank Charges		Supplies (Other)	
Car Truck Expense		Telephone (Business)	
Commissions Paid		Wages	
Dues & Publications		Automobile (if not using actual expense)	
Insurance		Total Miles Driven	#
Interest (Business)		Business Miles Driven	#
Laundry & Cleaning		Parking Expense	
Legal & Professional		Travel Expense	
Office Supplies & Postage		Other	
Rent (Business)			
Utilities			
Meals/Entertainment			

T S J	CAPITAL GAIN AND LOSSES					
	Sales of Property	Real Estate	Stocks	Bonds	Etc.	
	Description	Date Acquired	Date Sold	Sale Price	Cost or Basis	
	1					
	2					
	3					

SALES OF PERSONAL RESIDENCE			
Date Old Residence Acquired		Cost or Basis	
Improvements (Additions, Landscaping, Driveway, New Roof, Etc.)			
Fixing-Up Expenses (Painting, Repairs, etc. To Prepare for Sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)			
Date New Residence Acquired (Or Construction Began)			
Date you Occupied New Residence		Cost of New Residence	
- Attach Copy of Real Estate Closing Papers -			

OFFICE IN THE HOME OR DAY CARE BUSINESS			
If Justified for Business or Professional Use			
Date Acquired Home		Utilities	
Cost of Land		Interest	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. footage of living area		Rubbish & Maintenance	
Sq. footage of office area		Other	

RENTAL INCOME / EXPENSES			
Description of Property		Location	
Rents Received		Date Purchased	
Insurance		Repairs/Maintenance	
Yard/Snow Removal		Rubbish Hauling	
Supplies		Taxes	
Utilities		Management Fees	
Travel Expenses		Advertising	
Legal & Professional		Other	
Interest			

NOTES:	

EMPLOYEE BUSINESS EXPENSES			
AUTOMOBILE EXPENSES:			
Total Miles Driven		Total Business Miles	
Other			
- You must maintain adequate records to support deductions -			