



INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include all W-2 and 1099 forms, and any name & address labels provided by the government. If you are a new client, also include your 2023 tax return.

Please read and sign below after completing this tax organizer

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____ (Date) _____

PERSONAL DATA

TAXPAYER AND SPOUSE				DEPENDENTS					
Taxpayer (or Single)		Spouse		Name (First, Middle Initial and Last)	D.O.B.	SSN (last 4 digits)	No. of mos. lived in your home during year*		
							X if post-secondary student		
							Relationship	↓	↓
Last Name		Last Name							
First Name & Initial		First Name & Initial							
Occupation		Occupation							
Phone (Home)	(Work)	Phone (Home)	(Work)	Social Security numbers are required for all dependents. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here: _____ 1. Did your name, address or marital status change during the year? Yes ☐ No ☐ 2. Can you be claimed as a dependent on another tax return? Yes ☐ No ☐ 3. Are you (or your spouse) blind or permanently disabled? Yes ☐ No ☐ 4. Did you claim children above that don't live with you? Yes ☐ No ☐ 5. Did you carry forward or incur any adoption expenses during the year? Yes ☐ No ☐					
Soc. Sec. # (Last 4 digits)	Date of Birth	Soc. Sec. # (Last 4 digits)	Date of Birth						
Mailing Address ☐ Check if address is new		County							
City, State, & Zip		Email Address							

GENERAL QUESTIONNAIRE

1. Were you notified by the IRS or YOUR STATE of any change to a tax return?	Yes ☐ No ☐	21. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?	You: Yes ☐ No ☐ Spouse: Yes ☐ No ☐
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes ☐ No ☐	22. Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes ☐ No ☐
3. Did you make any gifts of over \$19,000 to any individual?	Yes ☐ No ☐	23. If you are age 73 or older, have you started your mandatory retirement savings withdrawals?	Yes ☐ No ☐
4. Do you have any foreign income or foreign bank accounts?	Yes ☐ No ☐	24. Did you receive employer-provided: commuter transportation benefits? educational assistance?	Yes ☐ No ☐
5. Did you have living expenses in a foreign country as a result of income earned abroad?	Yes ☐ No ☐	25. Did you pay long-term healthcare insurance premiums or receive benefits?	Yes ☐ No ☐
6. Have any worthless stocks, uncollectible bad debts or were the victim of a ponzi scheme?	Yes ☐ No ☐	26. Are you a school teacher who paid for classroom materials without reimbursement? (Please provide a recap of expenses for potential deduction.)	Yes ☐ No ☐
7. Did you become disabled during the year?	Yes ☐ No ☐	27. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts)	Yes ☐ No ☐
8. Are you a handicapped employee?	Yes ☐ No ☐	28. Did you or your spouse have qualified military combat pay?	Yes ☐ No ☐
9. Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes ☐ No ☐	29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes ☐ No ☐
10. Have you used bartering to exchange any goods or services?	Yes ☐ No ☐	30. Did you purchase a new home this year?	Yes ☐ No ☐
11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes ☐ No ☐	31. If over age 70 1/2, did you make a direct contribution to a charity from an IRA?	Yes ☐ No ☐
12. Did you receive reimbursement from a prior year casualty, theft loss or medical deduction?	Yes ☐ No ☐	32. Did you pay sales tax on any major purchases (including any new vehicles)?	Yes ☐ No ☐
13. Did you start a new business during the year or do you expect to start one this coming year?	Yes ☐ No ☐	33. Did you revise a prior year divorce decree that includes alimony?	Yes ☐ No ☐
14. Did you pay anyone (over 18) \$2,800 or more to work at your home during the calendar year?	Yes ☐ No ☐	34. Did you receive any premium health insurance credits during the year?	Yes ☐ No ☐
15. Did you donate a partial interest in any goods to charitable organizations?	Yes ☐ No ☐	35. Did you refinance a mortgage?	Yes ☐ No ☐
16. Do you have children under age 19 with investment income (age 24 if dependent student)?	Yes ☐ No ☐	36. Did you adopt a child(ren)?	Yes ☐ No ☐
17. Do you expect any significant changes in income or your tax liability for the coming year?	Yes ☐ No ☐	37. Did you receive tip or overtime income?	Yes ☐ No ☐
18. Did you receive any source of income that is not listed in this booklet?	Yes ☐ No ☐		
19. Did you buy, sell, or use any digital currency during the year?	Yes ☐ No ☐		
20. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?	Yes ☐ No ☐		

INCOME

WAGES/SALARIES/W-2 FORMS

T/S/J	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Use these codes if married filing jointly (T/S/J code): T - Taxpayer, S - Spouse, J - Joint

NEW! QUALIFYING TIP / OVERTIME INCOME

T/S/J	Source of Income	Amount
	Tips: Included in W-2 from above	
	Tips: Not included in W-2 from above	
	Overtime: Included in W-2 from above	

MISCELLANEOUS INCOME (Show Losses in Brackets)

T/S/J	Source of Income	Amount
	Alimony (Pre-2019 Agreements, if you pay alimony, list in misc. deductions)	
	Jury Duty (or Other Public Service)	
	Contest/Awards/Gambling Winnings (attach 1099-MISC, W-2G or Explain)	
	Commissions/Bonuses (not Reported on W-2)	
	Pensions/Annuities (furnish 1099-R Forms)	
	IRA/Keogh or Profit Sharing Distributions (attach Form 1099-R)	
	Unemployment Compensation (attach Form 1099-G)	
	Partnerships/Estates/Trusts (furnish K-1 Forms)	*
	Small Business Corporations/Subchapter S (furnish K-1 Forms)	*
	Business/Self-Employed (furnish Schedule or Details)	*
	Farm (furnish Schedule or Details)	*
	Rental (furnish Schedule or Details)	*
	Forgiven Debt (attach Form 1099-A or C)	
	Other (explain)	

*✓ if you did not actively or materially participate in earning the income (or loss) listed

SALE 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.)			
1. Was any part of residence rented or used for business?		Yes ☐	No ☐
2. Did you own and use the home as your principal residence for at least 2 of the last 5 years?		You Yes ☐	No ☐
		Spouse Yes ☐	No ☐
3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.		Yes ☐	No ☐
4. Was sale required due to job transfer, medical or unforeseen circumstance?		Yes ☐	No ☐
Date New Residence Acquired (Or Construction Began)			
Date of Occupancy		Cost of New Residence	
If married, do you and your spouse have the same proportionate interest in the new residence as in the old?			

Attach copy of real estate closing papers for both the sale and purchase.

INTEREST INCOME (Use payer name listed on 1099-INT & attach)

T/S/J	Name of Payer	Interest Amount	Tax Exempt	CODE

Penalty for early withdrawal of savings ()

Use codes below if from indicated sources: ↑

- List interest income reported on all 1099-INT and 1099-OID forms.
- Attach all 1099 forms reporting tax withheld.
- Do not list IRA or retirement plan reported interest.

MB MUNICIPAL BONDS
IN INSTALLMENT SALES
US U.S. BONDS
TE TAX-EXEMPT (explain)
MF MORTGAGE FINANCED BY SELLER (list name, address & SSN)

DIVIDEND INCOME (Attach all 1099-DIV forms)

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gain Distributions*	Non Taxable	✓

* Related to mutual funds.

- List Gross Dividends above as reported on 1099-DIV forms received.
- Attach all 1099-DIV forms.

✓ here if this 1099-DIV has information not listed above ↑

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B); Sale of Property and Real Estate (Attach Form 1099-S)

T/S/J	Description (# shares, name or stock symbol)	Date Acquired	Date Sold	Sales Price	Cost or Basis*	CODE

NOTE: Record ALL fund transactions, including mutual funds.

A 1099-B Received; Box 3 basis (cost)
B 1099-B Received; No Box 3 basis (cost)
C No 1099-B Received; basis is my cost

Use these codes if from indicated sources ↑

- List line # if items sold on installment basis.*
Principal received this year: \$ last year: \$ #
- If anything above was inherited and sold, list line number(s). #
- If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed, and (if used in business) accumulated depreciation and include copy of settlement papers.

NON-TAXABLE INCOME (Important to list even if not taxable)

Pre-2019 Child Support/Payments/Assistance (Not Alimony)	
Veterans Benefits/Disability Income	
Workmen's Compensation/Loss of Time Payments	
Other (Explain):	
SOCIAL SECURITY	
Benefits (from box 5)	Federal tax withheld
IMPORTANT: provide SSA-1099	
Taxpayer	
Spouse	

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes last year, please provide a copy.	Federal	State	Local
Balance paid on last year's return (or prior years)			
Refunds received from last year's return (or prior years)			

ESTIMATED TAX PAID		Federal	State	Local
If not paid by due dates, list actual dates paid.	1st Qtr. 4/15			
	2nd Qtr. 6/15			
	3rd Qtr. 9/15			
	4th Qtr. 1/15			

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.
Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL

Only the amount of unreimbursed medical expenses that exceeds 7.5% of adjusted gross income is allowed.

Description of Medical Expenses	Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	
Prescriptions & Drugs (doctor prescribed only)	
Insulin (general drugs not allowed)	
Eye Glasses / Contact Lenses	
Hearing Aids, Supplies, & Other Medical Aids	
X-Ray / Lab Fees	
Ambulance, Paramedic	
Nurses (board & room)	
Equipment (prescribed & rented)	
Nursing Home Medical Care	
Medicare Part B Service Payments	
Smoking Cessation Program	
Other:	
Other:	
Other:	
Other:	

MEDICAL INSURANCE (Code: Pre-Tax = P, After Tax = A, Unsure = U)

Important: Provide proof of health insurance (Form 1095 or equivalent)

Insurance – paid by you		
Group Health Plans (deduct from salary)		
Medicare Premiums		
Other Insurance (long-term healthcare, MSA, other)		
Summary Total (optional)		
Lodging (while away from home)		
Transportation (total miles driven for medical reasons or actual cost)		

TAXES

Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on rental schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Property Taxes, Other (if any)		
Auto Licenses (not a deduction in all states)		
State or Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other (If you paid any special assessments or substantial sales tax, please attach supporting documents)		

CASUALTY/THEFT LOSSES

☐ loss must be in a federally declared disaster area.

Only the total net result that exceeds 10% of adjusted gross income is allowed.

Fire, Storm, Theft, and Auto Damage – If more than one, provide similar detail for each.

Date Acquired	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe How and/or What Happened	Date of Loss	Mkt. Value Before	
		Mkt. Value After	

CONTRIBUTIONS

Receipts or canceled checks are now required for all cash donations.

Cash Contributions (must have receipts for all donations)	Amount
Church / Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach list if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Organization (name)	
Schools (name and describe)	
Other:	
Summary Total – (Optional) A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
Non-Cash Contributions – Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500, explain the method used to arrive at value (items over \$5,000 require an appraisal). If you donated a vehicle, please attach Form 1098-C received from the charity.	
Volunteer Work – Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

INTEREST

(Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions)

Mortgage Interest, Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		SSN (last 4 digits)
Mortgage Interest, Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		SSN (last 4 digits)

Did you acquire a new mortgage or borrow on an existing mortgage during the year?

Yes ☐ No ☐ If yes, what is your combined mortgage debt? \$

Points paid to acquire new mortgage (if not included above)

Home Equity Loan Interest (used to buy, build, or substantially improve a qualified resident)

Student Loan Interest (attach Form 1098-E + details: for whom, loan date, loan purpose)

Auto Loan Expense (must be qualified autos made in the U.S.)

Other:

Deductible Investment Interest

Note: Personal interest from credit cards, used autos, online purchases, etc., is not deductible.

CHILD AND DEPENDENT CARE

☐ If you have employer provided dependent care benefits.

☒ If required to be gainfully employed (or a full-time student), or if service performed in your home (nanny).

Name/Address of Provider	Soc. Sec. or ID	Amount Paid
Federal ID No. if required to file IRS wages reports	Total Paid During the Year	\$
	No. Children Under Age 13	#

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

RETIREMENT CONTRIBUTIONS

☒ If covered by a work retirement plan	Date	Traditional IRA	SEP/SIMPLE	Roth IRA
Single or Taxpayer	/ /			
Spouse	/ /			

If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on last day of the year:
	Single or Taxpayer
	Spouse

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student and include all 1099-Q forms.

☒ If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
Attach any 1098-T's received (required)	Amount	Amount	Amount
Tuition			
Fees, Books Supplies			
Other			
Other			
Other			

Other Expenses: Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			
JOB RELATED EDUCATION (May only be available at the state level.)			
Miles Driven	Taxpayer	Spouse	
Room and Board			
Books and Supplies			
Seminar Fees			

Address Service Requested

IMPORTANT

Tax Questionnaire

Enclosed

NONGAME WILDLIFE CHECKOFF PLEDGE REMINDER

Your tax deductible donation, not taxes or license fees, funds the majority of the Nongame Wildlife Program.

YES, I wish to help Minnesota's wildlife by donating \$____. to the Nongame Wildlife Fund on my state tax form.



ENR_0012.22

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available.

Business Owner: Taxpayer ☐ Spouse ☐ Both ☐

Type of Business				Total Revenue		
BUSINESS EXPENSES (if more lines needed, continue on separate page)						
Advertising		EE Benefits		Repair & Maint.		Other:
Car/Truck Expenses		Insurance		Supplies		Other:
Commission Fees		Legal/Prof. Services		Taxes/Licenses		Other:
Contract Labor		Office		Meals		Did you purchase any business equipment during the year? Yes ☐ No ☐ (If yes, attach details)
Depletion		Pension/Profit Shar.		Utilities		
Depreciation		Rent or Lease		Wages		Total Business Expenses \$

VEHICLE EXPENSES

(if both taxpayer and spouse have deductions, use Vehicle 1 for taxpayer, Vehicle 2 for spouse)

	Date Placed in Service	Make	Year	Model	Cost or Basis	▼ X if New This Year		
Vehicle 1	/ /						Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.	
Vehicle 2	/ /							
	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses			Washing/Lube		
Insurance			Repair/Maint.			Other:		
Lease Payments			Tires/Accs.			Other:		

TRAVEL EXPENSES - AWAY FROM HOME

		Days gone overnight		Taxpayer ☐ Spouse ☐
Transportation		Auto Rental		
Lodging		Cabs, Bus, etc.		

VEHICLE MILEAGE DETAIL

		☐ X if another vehicle is available for personal use.	Vehicle 1	Vehicle 2
Subtract B from A for (1), Total Miles Driven. List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.		A. End of Year +		
		B. Beginning of Year -		
		1. Total Miles Driven =		
		2. Business Miles		
		3. Personal Miles		
No. round-trip miles from home to work		% Business Use (Line 2 ÷ Line 1) =	%	%
Number of days worked last year				

I have adequate records and sufficient written evidence to support the use of listed vehicles and deductions listed above.

(Please Sign)

HOME OFFICE

Type of Business					
Justified business use for:	Taxpayer ☐	Spouse ☐	Both ☐		
Date Acquired Home		Cost of Land		Taxes	
Sq. Footage of Living Area ⁽¹⁾		Cost of Home		Insurance	
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)		Cost of Improvements		Maintenance	
% Office Area [(2) ÷ (1)]		Utilities		Daycare Provider # of Hours	
		Interest (mortgage, home equity loan)		Other	