

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 X Amount
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#	

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	()

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

