

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

CHECK LIST
<input type="checkbox"/> Enclosed all W-2's and other requested supporting forms and details.
<input type="checkbox"/> If you pay estimated tax, enclose estimated forms.
<input type="checkbox"/> 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:
<input type="checkbox"/> Internal Revenue Service <input type="checkbox"/> 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)		X	Amount	If No Receipt	X
If No Receipt				If No Receipt	X
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	<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	<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	()

