

**Lindgren Tax & Accounting, Inc.**  
**11183 Lake Boulevard – Suite 102, Chisago City, MN 55013**  
**Main Phone Number: 651.257.2152**  
**Fax Number: 651.257.4236**  
**Website: [www.lindgrentaxandaccounting.com](http://www.lindgrentaxandaccounting.com)**

Dear Tax Client,

We are now approaching the 2023 tax season in preparation for preparing your 2022 income tax returns. We look forward to seeing you again this coming year. For the 2022 tax season we will only be taking on new clients on a case-by-case basis for a limited time during tax season. If you have someone you know that is looking for a new tax professional, we are recommending they contact us within the first two or three weeks of tax season to determine if we can take them as a new client.

**Enclosed is our 2022 Tax Organizer which we ask each client to complete to ensure that we have all the information needed for your tax appointment. At minimum, Pages 5–9 should be completed in advance of dropping off your tax information to our office. However, if any of the other information applies to you, we ask that you complete those sections as well.**

Completion of this organizer is more critical if you are not meeting with your tax professional in person. If you will be meeting with your tax professional, please complete this as best as you can in advance. If you are dropping off your paperwork in advance, our front desk staff will not know the answers to your questions, please make notations of any questions that you have. If you are missing any tax information, do not hesitate to drop off all the information you already have and get the remaining information to us later so that we can get a head start on your return while we are waiting on the missing information.

#### **2023 REVISED HOURS**

<b>Tax Season – January 30, 2023 – April 17, 2023</b>		<b>Offseason</b>	
Monday	9:00 – 8:00	Monday	Closed – By Appt Only
Tuesday	9:00 – 8:00	Tuesday	9:00 – 4:00
Wednesday	9:00 – 8:00	Wednesday	9:00 – 4:00
Thursday	9:00 – 8:00	Thursday	9:00 – 4:00
Friday	9:00 – 4:00	Friday	Closed – By Appt Only
Saturday	9:00 – 1:00	Saturday	Closed

#### **OFFICE CONTACT INFORMATION**

Appointment Scheduling	651.257.2152	<a href="mailto:general@lindgrentaxandaccounting.com">general@lindgrentaxandaccounting.com</a>
Cory Lindgren	651.257.6551	<a href="mailto:cory@lindgrentaxandaccounting.com">cory@lindgrentaxandaccounting.com</a>
Courtney Knuth	651.400.7267	<a href="mailto:courtney@lindgrentaxandaccounting.com">courtney@lindgrentaxandaccounting.com</a>
Wade Clarin	651.400.7266	<a href="mailto:wade@lindgrentaxandaccounting.com">wade@lindgrentaxandaccounting.com</a>

Please note that Courtney and Wade work seasonally for us during tax season in the evenings and Saturday's. Due to their limited schedule, they may not be able to get back to you on the same business day if they are not in the office. If you have questions about your taxes in the offseason you will want to direct these questions to Cory since Wade and Courtney are not in office or monitoring their emails.

During tax season, email is often the best method of contact for our tax professionals for specific questions regarding taxes or updates. Since we are often tied up with appointments during the bulk of the day, there are instances we may not be able to call you back during our business hours. If it is okay for your tax professional to call you after 8:00 PM when they have finished with their last appointment, please let them know in your message how late they can call you.

## **Tax Deadline**

Your 2022 taxes need to be filed by Tuesday, April 18, 2023. Even with this extended deadline we are asking that all return information be dropped off no later than Monday, April 3, 2023. Information being dropped off after this date may result in your returns not being completed by the filing date and will have an extension filed. If you cannot meet this deadline, please contact your tax professional to see if an exception can be made based on your circumstances.

## **2022 Tax Return Expectations**

Lindgren Tax & Accounting, Inc. tax professionals will prepare your returns based upon the information that we receive. While our tax professionals may know a lot about your personal tax situation, we are not aware of major life events or changes to your tax situation unless they are brought to our attention. As a result, it is critical that our organizer be completed since it is our attempt to prompt you for information that we may need. Our goal is to have your return completed and available for your review within one week of receiving all your information. However, as we get later into the tax season our turnaround times can approach two weeks.

As a reminder, the goal of our tax professionals is to minimize your tax burden and maximize your credits within the limits allowed by tax law. If at any time we become aware of you failing to report any income (most commonly cash job income or rent from others in your household or other form of rent) or overstate/understate your deductions that will result in your tax burden being misstated or affect your eligibility for certain tax credits we reserve the right to refuse preparing the return. Our tax professionals are required to follow the ethics standards and regulations of Circular 230 that regulate our profession with the IRS and other government entities.

## **2022 APPOINTMENT OPTIONS AND GUIDANCE**

- You can provide your tax information to your tax professional with any of the following methods:
  - Drop off at the front desk without an appointment.
  - In person with your tax professional at our office. These appointments will generally be limited to 15 minutes, and do not have the option of completing your return at the same time as you drop off your information. Virtual appointments through Microsoft Teams will be available if requested.
  - Upload your information to our secure portal on our website at <https://lindgrentaxandaccounting.com/client-portal/>
    - If you do not remember your password, you will need to reset your own password. If the password reset is not working, you will want to contact your tax professional to confirm your email address that we are using.
    - If you do not know your access information or have access, you can just upload your documents using the **Upload Your Documents and Send To A Specific Employee** option.
    - Please DO NOT email confidential information directly to your tax professional. They should either be dropped off at our office or sent to your tax professional via the secure portal.
    - Please call or email your tax professional to notify them that you have uploaded tax documents.

## **DIGITAL TAX RETURN DELIVERY, ELECTRONIC SIGNATURE, AND PAYMENT OPTIONS**

- If you are a user on our portal, you will receive a digital return copy also. Tax professionals encourage you to review your digital copy of your return prior to reviewing with them and signing the necessary paperwork. Reviewing your return in advance will help determine if you have any additional questions.
- If you would like a hard copy of your return mailed to you, there will be an additional \$10.00 postage fee to cover the cost of shipping your tax return and documents to you.
- Electronic Signatures and ACH Payments will be utilized as much as possible to reduce your appointment time when meeting with your tax professional or picking up at the front desk without an appointment. Upon completion of your return, and prior to your appointment you will receive your signature pages and a payment form to sign in advance of picking up your return. Your fee will be deducted from your account upon completing your return and signatures being received.

# PLEASE DO NOT STAPLE ANY OF YOUR SUPPORTING DOCUMENTATION TOGETHER

Indicate Required Forms Enclosed or Uploaded to Portal:

Enclosed	Portal	
<input type="checkbox"/>	<input type="checkbox"/>	Driver's license copies for taxpayer and spouse
<input type="checkbox"/>	<input type="checkbox"/>	QuickBooks File as an Accountants Copy or Backup Copy – Note we only support QuickBooks 2019 or newer. What year is your QuickBooks Version? _____ Username: _____ Password: _____
<input type="checkbox"/>	<input type="checkbox"/>	W-2 Forms – Wages from your employer
<input type="checkbox"/>	<input type="checkbox"/>	1099-G – Income from unemployment or other government payments
<input type="checkbox"/>	<input type="checkbox"/>	1099-R Forms – Income from an IRA, pension, or other retirement
<input type="checkbox"/>	<input type="checkbox"/>	1099-SSA Forms – Social Security statement
<input type="checkbox"/>	<input type="checkbox"/>	1099-MISC Forms – Income reported from Self Employment. Also provide us with unreported income.
<input type="checkbox"/>	<input type="checkbox"/>	1099-INT Forms – Interest earned on savings, checking, and investment accounts
<input type="checkbox"/>	<input type="checkbox"/>	1099-DIV Forms – Dividends and capital gains distributions earned on savings and investment accounts
<input type="checkbox"/>	<input type="checkbox"/>	1099-B Forms – Report of stocks sold. Make sure you get the basis if not reported on the report.
<input type="checkbox"/>	<input type="checkbox"/>	K-1 Forms from partnership/corporation/estate/trust you own or are the beneficiary of income and deductions
<input type="checkbox"/>	<input type="checkbox"/>	W-2G – Reported gambling winnings. You can offset these with documented losses.
<input type="checkbox"/>	<input type="checkbox"/>	1099-A or 1099-C Forms – For cancelation of debt and/or home foreclosure
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-SA – For distributions from a Health Savings Account
<input type="checkbox"/>	<input type="checkbox"/>	Form 1099-Q – Qualified Educations Savings Plan distribution
<input type="checkbox"/>	<input type="checkbox"/>	Form 1095-A Health Insurance Coverage Through Health Insurance Exchange (MN Sure, Healthcare.Gov, Etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-E – Student loan interest paid
<input type="checkbox"/>	<input type="checkbox"/>	Form 1098-T – College tuition paid Form
<input type="checkbox"/>	<input type="checkbox"/>	1098-INT – Mortgage interest paid
<input type="checkbox"/>	<input type="checkbox"/>	Cash donation receipts and/or completed non-cash donation receipts
<input type="checkbox"/>	<input type="checkbox"/>	Unreimbursed Work Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Closing Documents for a mortgage refinance, purchase of real estate, or sale of real estate.

# PLEASE ANSWER THE FOLLOWING QUESTIONS ON THIS SO WE CAN BE AWARE OF IMPORTANT CHANGES THAT MAY AFFECT YOUR 2022 OR 2023 TAX RETURNS.

Indicate which year(s) where your tax situation may be affected for each item:

2022	2023	
<input type="checkbox"/>	<input type="checkbox"/>	Change in marital status
<input type="checkbox"/>	<input type="checkbox"/>	New dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	Less dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	Change in custody agreement for your dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dependent(s) turning 17
<input type="checkbox"/>	<input type="checkbox"/>	Dependent(s) in K-12
<input type="checkbox"/>	<input type="checkbox"/>	Dependent(s) starting college
<input type="checkbox"/>	<input type="checkbox"/>	Dependent(s) graduating from college or attending college in their 5 <sup>th</sup> calendar year.
<input type="checkbox"/>	<input type="checkbox"/>	Taxpayer or spouse attending college.
<input type="checkbox"/>	<input type="checkbox"/>	Adopting a child
<input type="checkbox"/>	<input type="checkbox"/>	Income expected to increase <input type="checkbox"/> or decrease <input type="checkbox"/> by more than 10% than prior year
<input type="checkbox"/>	<input type="checkbox"/>	Starting to draw social security
<input type="checkbox"/>	<input type="checkbox"/>	Starting to draw from a new retirement fund
<input type="checkbox"/>	<input type="checkbox"/>	Starting a business or acquiring rental property
<input type="checkbox"/>	<input type="checkbox"/>	Change in state of residency
<input type="checkbox"/>	<input type="checkbox"/>	Working in a state other than my resident state.
<input type="checkbox"/>	<input type="checkbox"/>	Making payments on a student loan.
<input type="checkbox"/>	<input type="checkbox"/>	Receiving a large gift or an inheritance.
<input type="checkbox"/>	<input type="checkbox"/>	Selling primary residence.
<input type="checkbox"/>	<input type="checkbox"/>	Purchasing a primary residence
<input type="checkbox"/>	<input type="checkbox"/>	Refinancing an existing mortgage
<input type="checkbox"/>	<input type="checkbox"/>	Selling a second home or other personal real estate property.
<input type="checkbox"/>	<input type="checkbox"/>	Contributing to an individual retirement account (IRA)
<input type="checkbox"/>	<input type="checkbox"/>	Contributing to an employer retirement plan.
<input type="checkbox"/>	<input type="checkbox"/>	Have a health insurance plan through a government exchange (i.e. MNsure)
<input type="checkbox"/>	<input type="checkbox"/>	Have a health insurance plan that has a health savings account
<input type="checkbox"/>	<input type="checkbox"/>	Contributing to a 529 education savings plan
<input type="checkbox"/>	<input type="checkbox"/>	Receiving funds from a 529 education savings plan
<input type="checkbox"/>	<input type="checkbox"/>	Made donations using cash, credit, or checks
<input type="checkbox"/>	<input type="checkbox"/>	Made donations for goods to a qualified non-profit (i.e. Goodwill or family pathways)
<input type="checkbox"/>	<input type="checkbox"/>	Incurred and paid for medical insurance, prescriptions and other medical expenses totaling more than 7.5% of your income and were not reimbursed for them.
<input type="checkbox"/>	<input type="checkbox"/>	Pay daycare expenses
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy filing

TAXPAYER INFORMATION		TAXPAYER	SPOUSE
Name			
Date of Birth (If New Client)			
Social Security Number (If New Client)			
Are you a dependent of someone else?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death			
Occupation			
Driver license/identification #			
DL/ID Issue Date	DL/ID Expir. Date		
Personal Email Address			
Personal Cell Phone			
Home Phone			
Preferred Contact Method If Questions: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email			
ADDRESS INFORMATION			
Residential Street address:		Apt/unit/lot #:	
City:	State:	Zip:	
<b>Please provide a mailing address below if you do not want the above residential address listed on your return.</b>			
Mailing Street address:		Apt/unit/lot #:	
City:	State:	Zip:	

### Dependent

- Are you being claimed as a dependent on someone else's return?  Yes  No
- Did you have any dependents in 2022 (see page 13-17 of organizer and complete if yes)  Yes  No

### Virtual Currency

- At any time during 2022 did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

### Foreign Disclosure

- Do you have assets or bank accounts in a foreign country?  Yes  No  
If yes, provided Balance & Earnings Info.
- Did you have any foreign earned wage income during the tax year?  Yes  No  
If yes, provide supporting documentation.

### Income and Deduction Verification

- Any purposeful omission of any income can result in us refusing to prepare your tax return. Are you reporting **ALL** sources of revenue for 2022, including, but not limited to, those listed below?  Yes  No  
**Other Income Types:** Sale of virtual currency, unreported tips, cash payments for work performed, jury duty, election judge, alimony, and sales of assets previously or currently listed on a depreciation schedule of a business, farm, or rental property, or other unreported taxable income.  
**Self Employed, Farmers, Sharecroppers, or Rental Property Owners:** Please complete these worksheets at the end of this organizer.
- Any purposeful misstatement of your deductions can result in us refusing to prepare your tax return. Are you claiming any deductions for which you **CANNOT** provide documentation for upon request?  Yes  No

**SBA Loans/Grants**

- 1. Did you start making payments on an SBA Loan that was deferred?  Yes  No
- 2. Did you receive any Grants for your business?  Yes  No
- 3. Did you receive an Employer Retention Credit during 2022?  Yes  No

**Completion of Your Return**

How can we send your tax return to you upon completion? Please mark all that should apply:

- I need to meet with my tax professional
- Phone Review
- Microsoft Teams Virtual Appointment
- Online Secure Portal
- Pickup at Front Desk
- Mail – Note there is an \$10.00 fee for mailing your hard copy return if you will not be picking it up.

In all cases, and when possible, we will also send Signature Pages and a Fee Payment Form that will need to be signed electronically in advance, along with a digital copy of your return will be provided for your review in the portal. Please make sure we have the taxpayer’s and spouse’s email address listed on Page 5.

**Banking Information**

- 1. Please use the following  Checking or  Savings Account for the following transactions:  
 Refund Direct Deposit     2022 Taxes Due (Preferred Date: \_\_\_\_\_)     Tax Prep Fee  
 Estimated Quarterly Tax Payments for 2023

Bank Name:	Routing Number:	Account Number:

**Tax Liabilities and Quarterly Estimates Paid**

- 1. Have you paid the taxes due on your prior year’s tax return(s) in full?  Yes  No  
 If no, do you currently have a payment plan in place?  Yes  No
- 2. Did you amend a prior year’s tax return during the previous tax year?  Yes  No  
 If yes, please provide supporting documentation if not completed by Lindgren Tax & Accounting, Inc.
- 3. Did you make estimated tax payments during the tax year?  Yes  No  
 If yes, complete the following:

	FEDERAL	DATE	STATE OF	DATE	STATE OF	DATE
<b>Carryover From 2021</b>						
<b>Quarter 1</b>						
<b>Quarter 2</b>						
<b>Quarter 3</b>						
<b>Quarter 4</b>						

## Residency

1. What states did you reside in during the tax year?

	Full Year	Part Year	If Part Year Enter the Following Dates		
			Begin Date		End Date
Minnesota	<input type="checkbox"/>	<input type="checkbox"/>		Through	
Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>		Through	
	<input type="checkbox"/>	<input type="checkbox"/>		Through	
	<input type="checkbox"/>	<input type="checkbox"/>		Through	
	<input type="checkbox"/>	<input type="checkbox"/>		Through	

## Minnesota Homestead Credit

Do you want us to prepare your Minnesota Homestead Credit Refund for you for the current year?  Yes  No

**Note: We will have you pre-pay the \$30.00 Fee if we expect your refund to exceed \$60.00**

**Please provide the following income that is not reported on your income tax return so we can accurately calculate your refund amount with Minnesota.**

\$\_\_\_\_\_ Adjusted Gross Income of other individuals living in your home that are not your spouse (unless you are not filing a joint return) or dependent listed on your tax return.

\$\_\_\_\_\_ Nontaxable Income of other individuals other than your dependents living in your home.

\$\_\_\_\_\_ Worker's Compensation Benefits

\$\_\_\_\_\_ Third Party Sick Pay Benefits

\$\_\_\_\_\_ Life Insurance Proceeds

\$\_\_\_\_\_ Medical Flex Spending Account contributions

\$\_\_\_\_\_ Employer paid adoption expenses

\$\_\_\_\_\_ Employer tuition and fees expense reimbursement

\$\_\_\_\_\_ Other Unreported Non-Taxable Income. Please explain: \_\_\_\_\_

## Gifts, Estates & Inheritance

1. Did you gift \$16,000 or more in money or property to an individual during the tax year?  Yes  No

2. Did you inherit any of the following during the year?  Yes  No

<input type="checkbox"/> Cash or Funds from a Savings, Checking, CDs or non-retirement/non-stock related account		
<input type="checkbox"/> Retirement Accounts	<input type="checkbox"/> Stocks or Bonds	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Life Insurance Proceeds	<input type="checkbox"/> Collectibles	<input type="checkbox"/> Personal Property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Carryover Information from Prior Year (If Applicable)

Yes  No Did you receive a State Income Tax Refund?

Yes  No Did you receive a Minnesota Property Tax Refund?

Yes  No Did you have a Net Operating Loss?

Yes  No Did you have a Short-Term Capital Loss Carryover?

Yes  No Did you have a Long-Term Capital Loss Carryover?

Yes  No Did you have any Federal Non-Conformity Depreciation Additions and Subtractions for State Tax Returns?

Yes  No Did you have a Charitable Deduction Carryover?

Yes  No Did you have an Energy Credit Carryover?

Yes  No Did you have an Adoption Credit Carryover?

### Student Loans

1. Did you pay any student loan principal and interest during the tax year?  Yes  No  
 If yes, complete the interest and principal information below:

Lender	Interest Paid	Principal Paid

2. Did you have any student loan debt forgiven in 2022?  Yes  No

### Energy Credit

1. Did you make any of the energy efficiency improvements listed below during 2022?  Yes  No

Energy Improvement	Amount	Energy Improvement	Amount
Solar Electric		Energy Star Rated Windows	
Fuel Cell		Energy Star Rated Doors	
Geothermal Heat Pump		Insulation	
Solar Water Heating		High Efficiency Furnace	
Small Wind Energy		High Efficiency Central Air	

### Home Sale or Home Purchases

1. Did you buy or sell real estate during the tax year?  Yes  No  
 Primary Residence       Bought       Sold  
 Was it your primary residence for 2 of the last 5 years?  Yes  No  
 Cabin/Vacation Home       Bought       Sold  
 Rental Property       Bought       Sold

2. Did you have a  short sale,  foreclose, or  abandon a principal residence or other real property?  Yes  No
3. Did you acquire this home in a like-kind (section 1031) exchange and sell it within 5 years of acquiring it?  Yes  No
4. Was the home ever used as an investment or rental property?  Yes  No
5. Did you sell due to a change of health, place of employment or other unforeseen circumstances?  Yes  No
6. Have you sold and excluded gain from another principal residence within the last 2 years?  Yes  No  
 When you purchased the home, did you receive a local, state, or federal mortgage subsidy that is subject to a recapture tax if you sell the home before a certain date?  Yes  No

7. In addition to the closing documents, please provide the following information for any home you sold during the tax year.

Address Of Home Sold	Date Home Was Sold	Sales Price of Home
Original Purchase Date	Original Purchase Price	Cost of Capital Improvements



**Individual Retirement Accounts (IRA) – Non-Employer Plan**

1. In addition to your 401(k), 403(b), SIMPLE or other retirement plan offered by your employer, did you or will you contribute to a Roth IRA, Traditional IRA, or SEP IRA prior to April 18, 2023 for the 2022 tax year?  Yes  No  
If yes, complete the information below:

IRA Type	Taxpayer Amount Contributed	Spouse Amount Contributed
Traditional IRA		
ROTH IRA		
SEP IRA (Self Employed)		

2. Did you convert funds in a Traditional IRA or Traditional 401(k) into a Roth IRA or Roth 401(k)?  Yes  No  
If yes, provide us with Form 1099-R for withdrawal or deposit confirmation if 1099-R code is not "G"
3. Did you rollover funds from one retirement account to another?  Yes  No  
If yes, provide us with Form 1099-R for withdrawal deposit confirmation if 1099-R code is not "G"
4. Did you make a withdrawal from a Roth IRA?  Yes  No  
If yes, please answer the following:
- Have your Roth IRA's been open for more than 5 years?  Yes  No
- Did you still have Roth IRA Accounts open on December 31, 2022?  Yes  No

**Health Insurance and Health Savings Accounts**

**Note: Health Savings Accounts (HSA) are NOT the same as Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA), or Medical Reimbursement Accounts (MRA).**

1. Did you, your spouse, and/or your dependents have health insurance through a government health insurance exchange such as MN Sure, HealthCare.Gov, etc.?  Yes  No  
If you answered yes, provide Form 1095-A.
2. Did you have a qualified HSA along with a Qualified HSA High Deductible Plan?  Yes  No  
If yes, indicate type of coverage and the dates of coverage below:

Policy Type	Start Date	End Date
Single		
Family		

3. If you took a withdrawal from your HSA, were any and of the funds reported on your Form 1099-SA for the total distributions during the year used for non-medical or non-dental expenses?  Yes  No  
If yes, complete the following table

Withdrawals	Taxpayer	Spouse
Total Withdrawn from HSA – See Form 1099-SA		
Total From Above Used for Medical Purposes		
Total From Above Used for Non-Medical Purposes		
Amounts Rolled Over Between HSA Accounts		
Include expenses paid for your dependents with the total for taxpayer or spouse.		

4. Outside of the contributions made to your HSA through payroll deduction and from your employer, did you or will you make additional contributions to your HSA prior to April 18, 2023 for the 2022 tax year?  Yes  No

Contribution Source	Taxpayer	Spouse
Non-Payroll Contributions		
Employer & Employee Payroll Contributions (W2 – Code W)		
Additional Contributions Before Tax Deadline		

## 529 Education Savings Plans

1. Did you contribute to a qualified 529 qualified education savings account?

Yes  No

If yes, complete the information below:

Trustee/Financial Institution	Account Number	Amount

Some states allow a credit or income subtraction for contributing to these accounts.

### College Expenses

	Student #1	Student #2	Student #3	Student #4	Student #5
Name					
Number of Years Attended*					
Tuition & Fees					
Required Books					
Supplies & Equipment					
Room and Board**					
Scholarships Received					
Amount Req'd for Tuition & Fees					
Amount Required for Books					
<b>If a scholarship was required to be used for tuition, fees, and books please let us know, so we can maximize credits.</b>					
Did the student that received the scholarship have any income during the year? <input type="checkbox"/> Y <input type="checkbox"/> N, if yes, please provide us with a copy of their return to see if certain tax advantages were missed on their return.					
Attended at least ½ time workload?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any felony drug convictions?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Amount reimbursed by employer?					
Were any of these expenses paid from a 529 or Education Savings Account? <input type="checkbox"/> Y <input type="checkbox"/> N					
Did you surrender any US Savings Bonds Series EE purchased after 1989 to pay expenses? <input type="checkbox"/> Y <input type="checkbox"/> N					
Has the student already filed a tax return claiming the above expenses for a college credit? <input type="checkbox"/> Y <input type="checkbox"/> N					
*Years is number of calendar years student attended college. For example, if you attended college for any semester in 2018, 2019, 2020, 2021 and 2022 you have been in school for tax purposes for 5 years.					
**Room and board are not a qualified expense for college credit purposes but can be paid for 529 expense purposes?					

## Charitable Donations

1. Did you make any cash, check or credit card donations? If yes, how much? \_\_\_\_\_  
 Yes, List of Donations Provided  No

**Donations to an individual organization that exceed \$250 should have an accompanying receipt to verify the donation.**

*Note, Raffles are not deductible due to the possibility of receiving a good or service. Items purchased at a silent auction are only deductible to the extent of the amount paid exceeds the total prize value. Go Fund Me and Benefit/Fundraiser Contributions are not deductible charitable contributions unless it is a 501(c)3 organization.*

2. Did you make any non-cash (i.e., Goodwill, Family Pathways, Etc.)? If yes, how much? \_\_\_\_\_  
 Yes, Receipts Provided with Stated Value of Donations  No

Note, if your total of all non-cash donations exceeds \$500.00 for the year, a completed receipt is required per IRS guidelines for each donation. You should be providing an itemized list of items donated to us with the receipt. Pictures of donated items are also recommended for your records.

3. Did you volunteer for a non-profit and incur miles on your vehicle? \_\_\_\_\_  
 Yes, I drove \_\_\_\_\_ miles volunteering  No

## Other Itemized Deductions (Medical, Taxes, Mortgage Interest, Work Expenses)

**Note: The Standard Deduction for 2022 is \$12,950 for individuals, \$19,400 for head of household, and \$25,900 for joint returns. If your itemized deductions are less than this, you will just take the standard deduction. However, we still recommend you answer these questions and provide the information on the Itemized Deduction Organizer in the event your state return does not conform to Federal law, or in the event there are state credits or adjustments for them, even if less than the standard deduction. We do not need your receipts or bills unless requested or unless you prefer to provide them to us with totals. If you will just be providing us the total, please provide the information on the Itemized Deductions Information after these questions.**

1. Did your total prescriptions, health insurance, dental insurance, long term care insurance, doctor bills, dental bills, long term care/nursing home, eyeglasses, medical equipment and supplies, ambulance fees/transportation, etc. exceed 7.5% of your Adjusted Gross Income?  Yes  No

Prescription medicine		Lab and x-ray fees	
Health insurance (after tax)		Qualified long-term care	
Dental insurance (after tax)		Eyeglasses and contact lenses	
Medicare Part B, C and/or D		Medical equipment and supplies	
Self-employed health insurance		Ambulance fees	
Doctor & Dentists		Medical transportation	
Hospital & Clinic		Lodging	
		Medical Miles (\$0.16 per mile)	

2. Were you reimbursed, or did you pay, for any of the expenses listed above from a Medical Reimbursement Account, Medical Savings Account, Health Savings Account, or some other form of reimbursement?

Flex spending account/cafeteria plan		Health Savings Account distribution	
Medical savings account distribution		Insurance reimbursement	
Long Term Care Ins Reimbursement			

3. Did you pay any long-term care insurance premiums?  Yes  No

Taxpayer's LT Care Premium Amount		Spouse's LT Care Premium Amount	
Name of LTC insurance company		Name of LTC insurance company	
Policy # of long-term care ins.		Policy # of long-term care ins.	

4. Did you pay any vehicle registration fees/taxes that is based on the vehicles value?  Yes  No  
 Note, the fees portion of your annual registration is not deductible. For the tax portion, only the amount more than \$35.00 is deductible for Minnesota Registration Fees. Registration Fees for ATVs, Boats, Snowmobiles, etc. are not deductible. For states other than Minnesota, if your vehicle registration is a "fee" and not a "tax" it is not deductible.
5. Did you pay property taxes on a primary residence, vacation home, land, etc. that you own?  
 Yes, Property Tax Statements Included  No
6. Did you receive a Minnesota Homestead Credit Refund last year?  
 Yes, I Received \$ \_\_\_\_\_  No
7. Did you pay sales tax on any major purchases such as a car, boat, recreational vehicle?  
 Yes, Purchase Receipts Included  No
8. Do you have a personal use tax liability because of not paying sales or tax on items purchased online or purchasing items in a lower taxed state that would have been consumed in a higher tax state?  
 Yes, Provided Receipts for Items Purchased Out of State with No Sales Tax Paid  No
9. Did you have a mortgage, home equity loan, camper (with sleeping, bathroom, and kitchen facilities), or boat camper (with sleeping, bathroom, and kitchen facilities).  
 Yes, Form 1098 or December Statement Showing Total Interest Paid Included  No
10. Did you pay Private Mortgage Insurance to your home mortgage lender during the tax year?  
 Yes, Form 1098 Included  No
11. Did you refinance your mortgage during the year?  
 Yes, Copy of Closing Disclosure/Alta Statement Included  No
12. Have you ever rolled other debt (credit cards, car loans, etc.), during 2022 or in prior years, including closing fees, into any of the mortgages that you had a balance on in 2022?  Yes  No
13. Are any of mortgages that you had a balance on in 2022 a result of purchasing property other than that the property that the loan is secured by (i.e., purchased cabin by taking a loan against primary residence)?  Yes  No
14. Did you pay tax preparation fees, attorney fees, IRA custodial Fees, investment counsel/advisory fees, safe deposit box fees, or estate taxes in respect of the decedent?  
 Yes, Receipts Provided  No
15. Did you have reported and/or unreported gambling winning and losses.  
 Yes, win/loss statements provided to support amount lost versus amount won.  No
16. Do you have unreimbursed work expenses (mileage, lodging, dues, educator expenses, professional subscriptions, required uniforms or safety clothing parking fees, transportation, travel, meals, or other job-related expenses? Note these are not tax deductible, but may be available for a deduction in certain states that you worked?  
 Yes, information provided.  No

## Dependent Information

1. Did you have any dependents during the tax year?

Yes  No

If yes, complete the information below:

DEPENDENT INFORMATION	#1	#2	#3	#4	#5
Name					
Social Security Number					
Birth Date					
Lived With You More Than 6 Months	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you provide more than ½ of their support as defined below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
K-12 Student	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
At Least ½ Time College Student	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did they earn more than \$4350 if over age 24 AND not a student?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Has valid SS# and Birth Cert	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Permanently Disabled?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If you are not married, does the other biological parent live with you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
What is their income?					
Are they a foster child or adopted?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**Support/Cost of maintaining your home is defined as the cost of keeping up a home such as rent, mortgage interest, property taxes, insurance, repairs, utilities, and groceries. Support is NOT defined as the cost of clothing, education, medical treatment, vacations, life insurance or transportation.**

2. Have you ever have had the child tax credit disallowed?

Yes  NO

3. Are you claiming Head of Household (Unmarried with qualifying child) this year?

Yes  No

Note: Only one individual may claim HOH Status per residence. This will be the individual that contributes more than 50% of the household expenses, not just the person that has a higher income, in the case of unmarried individuals living in the same residence that have children from different biological parents. Please contact your tax professional in advance if you have questions on this.

4. Did you pay for daycare, preschool, or before/after school care expenses?

Yes  No

5. Did your dependent children have any unearned income such as interest, dividends, capital gains distributions, or pass-through income of more than \$2,200?

Yes  No

### Questions or Notes About Dependents That Could Affect Your Return Or Theirs?

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### Daycare, Pre-School, and After School Care Expenses

		Taxpayer	Spouse
Amount Flexed Through Employer			
List the total paid for each child below for the year, even if it was flexed through your employer.			
Child Name	Amount	Child Name	Amount
Note: We need the name of the provider, address, and tax ID number of each daycare provider. Please list below if not provided on a sheet from your daycare provider. If we do not have this information, we cannot use the amount paid to offset flex amounts from your employer or use them to qualify for a credit.			
Name of Provider	Address	Tax ID #	Amount Paid

### K-12 Expenses

3. Did you have a child in kindergarten through 12<sup>th</sup> grade and pay for required school supplies, field trips, musical instruments, calculators, tablets, computers, home school, private tuition, or after school enrichment (reading, math, science, history, music, non-competitive dance, and the fine arts)? Do not include band trips, class trips, sports and athletic activities, or religious instruction.  Yes  No

If yes, complete below:

	Student #1	Student #2	Student #3	Student #4	Student #5
<b>Name</b>					
<b>Grade In School</b>					
Textbooks & Materials					
Field Trips					
Musical Instruments/ Calculators/Tablets					
Home School					
Private School Tuition					
After School Enrichment*					
Driver's Education					
Computer					
*After School Enrichment must be academic in nature. This includes courses in such subjects as reading, math, science, history, music, non-competitive dance, and the fine arts; but it does not include band trips, class trips, sports and athletic activities, or religious instruction.					
Were any of these expenses paid from a 529 or Education Savings Account? <input type="checkbox"/> Y <input type="checkbox"/> N					

## Head of Household

**Complete this section if you are unmarried or separated and have a child or qualified person that you are claiming or that makes you eligible to claim Head of Household.**

1. Are you still legally married?  Yes  No
2. Did you live with your spouse/ex-spouse at any point from July 1 – December 31, 2022?  Yes  No
3. Have you ever been married?  Yes  No
4. Is your Spouse Deceased?  Yes  No
5. Are you divorced or separated?  Yes  No
6. If you have a legal child custody agreement, can you provide a copy?  Yes  No
7. If you have a divorce or separation agreement, can you provide a copy?  Yes  No
8. If you did not provide over half the support, can you provide IRS Form 8332 to claim the child?  Yes  No
9. Which items you can provide to verify that you lived separate from your spouse for the last 6 months of the year.  
 Lease Agreement       Utility Bills       Letter from Clergy Member  
 Letter from Social Services       Other: \_\_\_\_\_
10. Each household/residence can only have one person that claims Head of Household if there is more than one (unmarried) parent or contributing member of your household that contributes towards the household expenses.
  - a. Indicate what items you contribute towards in your household:  
 Rent/Mortgage Interest/Payments       Property Tax Bills       Insurance  
 Utility Bills       Repairs/Maintenance       Grocery Receipts
  - b. Did you contribute MORE THAN 50% of the above items in your household?  Yes  No
11. Indicate any non-taxable support or income you received during the tax year:  
 Family Support       Food Stamps       Housing Assistance  
 Childcare Assistance       Other: \_\_\_\_\_

### **To claim Head of Household Status you must meet the following conditions:**

- You must pay for more than half of the household expenses for the residence that you lived in. This means that you must have paid more than half of the total household bills, including rent or mortgage, utility bills, insurance, property taxes, groceries, repairs, and other common household expenses. If you receive financial assistance toward your household expenses from a parent or other individual, you can still qualify to file as head of household if you are paying for more than 50 percent of the bills with your own earnings, savings, or capital.
- You must be considered unmarried for tax purposes (separated from spouse for last six months of the year). The child must be your biological or adopted child, stepchild, foster child, sibling, step sibling, half sibling, or a descendant (child, grandchild, great grandchild, etc.) of one of these relatives. The child must have lived within your home for more than six months during the tax year. The child needs to be younger than you. As of the end of the tax year, the child must be under 19 if he is not a student, or under 24 if he is a full-time college student. The child must not have paid for more than half of his living expenses during the tax year.
- Your child must be a qualifying child. The requirement for a qualifying child or dependent extends beyond just your own son or daughter. To be considered a qualifying child, the child must meet the criteria in each of the following categories:
  - The child must be your biological or adopted child, stepchild, foster child, sibling, step sibling, half sibling, or a descendant (child, grandchild, great grandchild, etc.) of one of these relatives.
  - The child must have lived within your home for more than six months during the tax year.
  - The child needs to be younger than you.
  - As of the end of the tax year, the child must be under 19 if he is not a student, or under 24 if he is a full-time college student. The child must not have paid for more than half of his living expenses during the tax year.
  - For divorced or separated parents, if the child lived in your home for more than half of the year, you may file as head of household, even if the divorce or separation agreement gives the other parent the

right to claim the child as a dependent.

- If you do not have a qualifying child, you must have a qualified dependent. The following relatives are considered qualifying dependents for the head of household filing status if you provided more than half of her financial support and she lived with you for more than half of the year:
  - Your biological or adopted child, stepchild, foster child, sibling, step sibling, half sibling, or a descendant (child, grandchild, great grandchild, etc.) of one of these relatives who is permanently and totally disabled, even if he or she does not meet the age requirements to be a qualifying child.
  - Your mother or father. Even if your father or mother did not live with you for more than half of the tax year, you may still qualify to file as head of household. If you paid for more than half of the living expenses for your parent's main home throughout the entire tax year.
  - Your stepfather, stepmother, niece, nephew, a sibling of one of your parents, or your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.



<b>EARNED INCOME CREDIT - If You Have Dependents</b>	<b>Dependent</b>	<b>Dependent</b>	<b>Dependent</b>
Name			
Child's relationship to you			
Did the child live with you in the United States for over half of the year? If no, please answer questions below.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. Are you divorced/separated from the other biological parent for the dependent listed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Was or is the child kidnapped?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Were there temporary absences? If yes, explain below:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Was the child born this year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Did the child die this year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
What documents can you provide to prove that your child lived with you in the USA for more than half the year?			
<input type="checkbox"/> School Records	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Letter	<input type="checkbox"/> Social Service Record
<input type="checkbox"/> Daycare Records	<input type="checkbox"/> Daycare Provider Info	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Could another person, other than your spouse, state that the child lived with them for over half the year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. What is their relationship to child?			
Did the child provide over half of their own support during the tax year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the child have a valid SSN that allows them to work?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the child your son, daughter, stepchild, foster child, sibling, stepsibling, half-sibling, or a descendant of any of them (grandchild, niece, or nephew)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. Can you provide a birth certificate that verifies your relationship to the child?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If the other biological parent is not living with the child answer the following:			
1. Did the child live or stay with the other biological parent during the tax year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. If yes to #1, how many days?			
3. Is there are legal child custody agreement in place?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Is the child adopted or in adoption process?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. If yes to #4, what is the child adoption status?	<input type="checkbox"/> Pending <input type="checkbox"/> Final	<input type="checkbox"/> Pending <input type="checkbox"/> Final	<input type="checkbox"/> Pending <input type="checkbox"/> Final
6. If #5 is pending, do you have a letter from an authorized adoption agency?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the child a foster child?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If yes, do you have a letter from an authorized placement agency or court document?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>If both parents live together than the child by default must go to the parent with the higher income for EIC purposes.</b>			
If the child lived with you for less than 6 months, can you provide us with a signed Form 8332 to claim the child on your return since you are not considered the custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has this credit ever been disallowed? <input type="checkbox"/> Yes <input type="checkbox"/> No			



RENT AND ROYALTY INCOME AND EXPENSES			
Property Type:			
Location (Street Address):			
City:		State:	Zip:
Owner: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>			
Ownership Percentage If Not 100%: _____			
If ownership percentage is not 100%, are you reporting 100% of the income and expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have personal use of this property or rent it for part of the year at less than fair rental value? If yes, enter the number of days for the following			Yes <input type="checkbox"/> No <input type="checkbox"/>
Days rented			
Days of personal use			
Days rented at less than fair value			
Days owned, if not full year			
Does this rental have multiple living units and you live in one of the units?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage is for rental use?			
Did you actively participate in this property's management during the fiscal year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you materially participate in this property's management during the fiscal year?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to treat this property as non-passive?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you dispose of this property in a fully taxable transaction?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this property have disallowed passive losses from prior years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to treat this property as a commercial property?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Income			
<u>Rents Received</u>		<u>Royalties Received</u>	
Expenses			
Advertising		Repairs	
Automobile Expense		Supplies	
Travel		Property Taxes	
Cleaning And Maintenance		Other Taxes	
Commissions		Telephone	
Mortgage Insurance (PMI)		Electric	
		Gas	
Other Insurance		Water & Sewer	
Legal And Professional Fees		Sanitation	
Management Fees/Dues		Internet	
Mortgage Interest		Cable Or Satellite	
Other Interest			
Depreciable Assets Purchased During Tax Year			
<u>Item</u>	<u>Date Acquired</u>	<u>Date In Service</u>	<u>Cost</u>
Depreciable Assets Sold/Disposed During Tax Year			
<u>Item</u>	<u>Date Sold</u>	<u>Date Removed</u>	<u>Sale Amount</u>
Automobile Expenses			
Description of vehicle			
Date placed in service			
Mileage information		Jan through June	July through Dec
Business Miles			

Personal Miles			
<b>FARM INCOME AND EXPENSES</b>			
Name Of Farm:		Employer ID Number:	
Principal Product:			
Owner: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>			
<b>Farm Income</b>			
Sales Of Livestock, Etc. Purchased For Resale		Crop Insurance Proceeds	
Cost Of Livestock, Etc. Purchased For Resale		Federal Crop Disaster Payments	
Sales Of Livestock, Produce, Grains, Etc. Raised		Prior Year Crop Insurance Proceeds Deferred	
Total Distributions From Cooperatives		Prior Year Fed Crop Disaster Payments Deferred	
Agricultural Program Payments		Custom Hire (Machine Work) Income	
Commodity Credit Corporation Loans		Other Income (Including Gas Tax Credit/Refund)	
CCC Loans Forfeited/Repaid With Certificates			
<b>Farm Expenses</b>			
Car And Truck Expenses		Repairs And Maintenance	
Chemicals		Seeds And Plants	
Conservation Expenses		Storage And Warehousing	
Custom Hire (Machine Work)		Supplies	
Employee Benefit Programs		Property Taxes	
Feed		Other Taxes	
Fertilizers And Lime		Telephone	
Freight And Trucking		Electric	
Gasoline, Fuel, And Oil		Gas	
Insurance (Other Than Health)		Water & Sewer	
Insurance – Self-Employed Health		Sanitation	
Interest – Mortgage		Internet	
Interest – Other		Cable Or Satellite	
Gross Wages		Veterinary, Breeding, And Medicine	
Pension And Profit-Sharing Plans			
Rent – Machinery And Equipment			
Rent – Land Or Animals			
<b>Depreciable Assets Purchased During Tax Year</b>			
<u>Item</u>	<u>Date Acquired</u>	<u>Date In Service</u>	<u>Cost</u>
<b>Depreciable Assets Sold/Disposed During Tax Year</b>			
<u>Item</u>	<u>Date Sold</u>	<u>Date Removed</u>	<u>Sale Amount</u>
<b>Automobile Expenses</b>			
Description of vehicle			
Date placed in service			
Mileage information	Jan through June	July through Dec	Jan through June July through Dec
Business Miles			
Personal Miles			

SELF EMPLOYMENT BUSINESS INCOME AND EXPENSES				
Name Of Business:		Federal ID:		State ID:
Business Address:				
Principal Business/Profession:				
Owner: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>				
Accounting Method: Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/>				
Method Used To Value Closing Inventory: Cost <input type="checkbox"/> Lower Of Cost Or Market <input type="checkbox"/> Other <input type="checkbox"/>				
<b>Income</b>				
<u>1099-MISC Income</u>		<u>Non 1099-MISC Income</u>		<u>Sales Returns &amp; Allowances</u>
<b>Costs Of Goods Sold</b>				
Inventory At Beginning Of Year				
Purchases				
Items Withdrawn For Personal Use				
Cost Of Labor, Not Including Your Salary				
Materials And Supplies				
Other Costs				
Inventory At End Of Year				
<b>Expenses</b>				
Advertising		Repairs And Maintenance		
Car And Truck Expenses		Supplies (Not Cost of Goods Sold)		
Commissions And Fees		Taxes And Licenses		
Contract Labor		Travel		
Depletion		Meals And Entertainment		
Depreciation		Property Taxes		
Employer Benefit Programs		Telephone		
Insurance (Other Than Health)		Electric		
Self-Employed Health Insurance Attributable To Business		Gas		
		Water & Sewer		
Mortgage Interest		Sanitation		
Other Interest		Internet		
Legal And Professional Fees		Gross Wages		
Office Expenses				
Pension And Profit-Sharing Plans				
Equipment Rental				
Property Rental				
<b>Depreciable Assets Purchased During Tax Year</b>				
<u>Item</u>	<u>Date Acquired</u>	<u>Date In Service</u>	<u>Cost</u>	
<b>Depreciable Assets Sold/Disposed During Tax Year</b>				
<u>Item</u>	<u>Date Sold</u>	<u>Date Removed</u>	<u>Sale Amount</u>	
<b>Automobile Expenses</b>				
Description of vehicle				
Date placed in service				
Business Miles	Jan to Jun	July to Dec	Jan to Jun	July to Dec
Personal Miles	Jan to Jun	July to Dec	Jan to Jun	July to Dec

**FARM RENTAL INCOME AND EXPENSES**

Name Of Farm: \_\_\_\_\_ Employer ID Number: \_\_\_\_\_

Name Of Activity: \_\_\_\_\_

Owner: Taxpayer  Spouse  Joint

**Farm Rental Income – Based On Production**

From Production Of Livestock, Grains, & Crops		Crop Insurance Proceeds	
Total Distributions From Cooperatives		Federal Crop Disaster Payments	
Total Agricultural Program Payments		Prior Year Crop Insurance Proceeds Deferred	
Commodity Credit Corporation Loans		Prior Year Fed Crop Disaster Payments Deferred	
CCC Loans Forfeited/Repaid With Certificates			

**Farm Rental Property Expenses**

Car And Truck Expenses		Repairs And Maintenance	
Chemicals		Seeds And Plants	
Conservation Expenses		Storage And Warehousing	
Custom Hire (Machine Work)		Supplies	
Employee Benefit Programs		Property Taxes	
Feed		Other Taxes	
Fertilizers And Lime		Telephone	
Freight And Trucking		Electric	
Gasoline, Fuel, And Oil		Gas	
Insurance (Other Than Health)		Water & Sewer	
Interest – Mortgage		Sanitation	
Interest – Other		Internet	
Gross Wages		Cable Or Satellite	
Pension And Profit-Sharing Plans		Veterinary fees and medicine	
Rent – Machinery And Equipment			
Rent – Land Or Animals			

**Depreciable Assets Purchased During Tax Year**

<u>Item</u>	<u>Date Acquired</u>	<u>Date In Service</u>	<u>Cost</u>

**Depreciable Assets Sold/Disposed During Tax Year**

<u>Item</u>	<u>Date Sold</u>	<u>Date Removed</u>	<u>Sale Amount</u>

**Automobile Expenses**

Description of vehicle		
Date placed in service		
Mileage information	Jan through June	July through Dec
Business Miles		
Personal Miles		