

Lindgren Tax & Accounting, Inc.
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Main Phone Number: 651.257.2152
Fax Number: 651.257.4236
Website: www.lindgrentaxandaccounting.com

Dear Tax Client,

We are now settled in our new office location and are ready to see you for the 2025 tax season in preparation for preparing your 2024 income tax returns. We will only be taking on new clients on a case-by-case basis this tax season. If you have someone you know that is looking for a new tax professional, please have them contact us to see if we will be able to assist them this season based on our current workload at them time.

We are asking that all return information be dropped off no later than Saturday, March 29th. 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.

Enclosed is our 2024 Tax Organizer which we ask each client to complete to ensure that we have all the information needed for your tax appointment. We have tried to simplify it more this year than years past. While there are sections that may not apply to you, we ask you to review the entire organizer for applicable sections and to complete them.

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.**

2025 OFFICE HOURS

Tax Season – January 27, 2025 – April 15, 2025		Offseason	
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 (Starting 2/8/2025)	9:00 – 1:00	Saturday	Closed

Appointment Availability By Tax Professional – Please call 651.257.2152 to schedule. We will not schedule appointments through email. The times listed below are when our tax professionals have set aside time to take appointments. If they are in the office outside these times, that time will generally be reserved for working on tax returns or contacting clients.

	Cory Lindgren	Courtney Knuth	Wade Clarin
Monday	4:00 PM – 8:00 PM	5:30 PM – 8:30 PM	NO APPOINTMENTS
Tuesday	9:00 AM – 2:00 PM	NO APPOINTMENTS	5:30 PM – 8:30 PM
Wednesday	12:00 PM – 8:00 PM	NO APPOINTMENTS	5:30 PM – 8:30 PM
Thursday	9:00 AM – 2:00 PM	5:30 PM – 8:30 PM	NO APPOINTMENTS
Friday	9:00 AM – 3:30 PM	OFF	OFF
Saturday	9:00 – 1:00 Starting March 1	9:00 – 1:00 Not Available 2/15 or 2/22	9:00 – 1:00 Not Available 2/8, 2/22, 3/8, or 3/22

2025 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.

During tax season, email is often the best method of contact for our tax professionals for specific questions regarding taxes or updates. The following are our email addresses.

General Information	general@lindgrentaxandaccounting.com
Cory Lindgren	cory@lindgrentaxandaccounting.com
Courtney Knuth	courtney@lindgrentaxandaccounting.com
Wade Clarin	wade@lindgrentaxandaccounting.com

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. 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.

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.

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.

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.

COMMON FORMS CHECKLIST – IF YOU UPLOADED THE FORMS TO OUR PORTAL PLEASE INDICATE THIS

COMMON INCOME FORMS TO BRING TO YOUR TAX APPOINTMENT					
Enclosed	Portal		Enclosed	Portal	
<input type="checkbox"/>	<input type="checkbox"/>	Driver’s License Copies	<input type="checkbox"/>	<input type="checkbox"/>	1099-B: Stock Sales
<input type="checkbox"/>	<input type="checkbox"/>	W-2 Forms	<input type="checkbox"/>	<input type="checkbox"/>	K-1 From Partnership,
<input type="checkbox"/>	<input type="checkbox"/>	1099-G: Unemployment/Grants	<input type="checkbox"/>	<input type="checkbox"/>	Corporation, Estate or Trust
<input type="checkbox"/>	<input type="checkbox"/>	1099-R: IRA/401K/Pension	<input type="checkbox"/>	<input type="checkbox"/>	W-2G: Gambling Winnings
<input type="checkbox"/>	<input type="checkbox"/>	1099-SSA: Social Security	<input type="checkbox"/>	<input type="checkbox"/>	1099-A or C: Debt Cancellation or
<input type="checkbox"/>	<input type="checkbox"/>	1099-MISC: Self Employment or	<input type="checkbox"/>	<input type="checkbox"/>	Foreclosure
<input type="checkbox"/>	<input type="checkbox"/>	Other Miscellaneous Income	<input type="checkbox"/>	<input type="checkbox"/>	1099-SA: Health Savings Account
<input type="checkbox"/>	<input type="checkbox"/>	1099-NEC: Self Employment	<input type="checkbox"/>	<input type="checkbox"/>	Disbursements
<input type="checkbox"/>	<input type="checkbox"/>	1099-INT: Interest Income	<input type="checkbox"/>	<input type="checkbox"/>	1099-Q: Education Savings Plan
<input type="checkbox"/>	<input type="checkbox"/>	1099-DIV: Dividend Income	<input type="checkbox"/>	<input type="checkbox"/>	Disbursements
COMMON DEDUCTION FORMS TO BRING TO YOUR TAX APPOINTMENT					
<input type="checkbox"/>	<input type="checkbox"/>	1095 A/B/C: Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	1095-E: Student Loan Interest
<input type="checkbox"/>	<input type="checkbox"/>	1098-T: College Tuition Paid	<input type="checkbox"/>	<input type="checkbox"/>	Schooling Expense Receipts
<input type="checkbox"/>	<input type="checkbox"/>	Cash Donation Receipts	<input type="checkbox"/>	<input type="checkbox"/>	1098-INT: Mortgage Interest
<input type="checkbox"/>	<input type="checkbox"/>	Home Sold Closing Paperwork	<input type="checkbox"/>	<input type="checkbox"/>	Non-Cash Donation Receipts
<input type="checkbox"/>	<input type="checkbox"/>	Home Refi Closing Paperwork	<input type="checkbox"/>	<input type="checkbox"/>	Home Bought Closing Paperwork
<input type="checkbox"/>	<input type="checkbox"/>	New Dependent Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Daycare Paid Receipt For Year
<input type="checkbox"/>	<input type="checkbox"/>	Card	<input type="checkbox"/>	<input type="checkbox"/>	Energy Credit Receipts
<input type="checkbox"/>	<input type="checkbox"/>	Itemized Deduction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Totals/Receipts	<input type="checkbox"/>	<input type="checkbox"/>	

IF YOU EXPECT THE FOLLOWING NEW ITEMS HAVE AFFECTED YOU IN 2024 OR WILL IN 2025 PLEASE INDICATE AS SUCH SO WE CAN ASSESS ANY TAX PLANNING NEEDS

2024	2025		2024	2025	
<input type="checkbox"/>	<input type="checkbox"/>	Marital Status Change	<input type="checkbox"/>	<input type="checkbox"/>	Receiving Large Gift/Inheritance
<input type="checkbox"/>	<input type="checkbox"/>	New Dependent(s)	<input type="checkbox"/>	<input type="checkbox"/>	Selling Home Or Real Estate
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Dependent(s)	<input type="checkbox"/>	<input type="checkbox"/>	Purchase Home Or Real Estate
<input type="checkbox"/>	<input type="checkbox"/>	Custody Agreement Changes	<input type="checkbox"/>	<input type="checkbox"/>	Refinancing A Home
<input type="checkbox"/>	<input type="checkbox"/>	Starting Student Loan Payments	<input type="checkbox"/>	<input type="checkbox"/>	Contributing To An IRA
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Turning 17	<input type="checkbox"/>	<input type="checkbox"/>	Contributing To Employee
<input type="checkbox"/>	<input type="checkbox"/>	Student in K-12	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Plan
<input type="checkbox"/>	<input type="checkbox"/>	Student in College	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Through Gov’t
<input type="checkbox"/>	<input type="checkbox"/>	Student in year 5 of College or	<input type="checkbox"/>	<input type="checkbox"/>	Exchange (MN Sure)
<input type="checkbox"/>	<input type="checkbox"/>	Graduating From College	<input type="checkbox"/>	<input type="checkbox"/>	Contributing To A Health Savings
<input type="checkbox"/>	<input type="checkbox"/>	Child Adoption	<input type="checkbox"/>	<input type="checkbox"/>	Account
<input type="checkbox"/>	<input type="checkbox"/>	Increase In Income By 10% +	<input type="checkbox"/>	<input type="checkbox"/>	Contributing To Education Savings
<input type="checkbox"/>	<input type="checkbox"/>	Drop In Income By 10% +	<input type="checkbox"/>	<input type="checkbox"/>	Increase In Donations
<input type="checkbox"/>	<input type="checkbox"/>	Drawing Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Decrease In Donations
<input type="checkbox"/>	<input type="checkbox"/>	Drawing From New Retirement	<input type="checkbox"/>	<input type="checkbox"/>	Significant Medical or Long-Term
<input type="checkbox"/>	<input type="checkbox"/>	Starting A Business/Rental	<input type="checkbox"/>	<input type="checkbox"/>	Care Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Change In Residency	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Working In Non-Resident State	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Increase In Daycare Expense	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Decrease In Daycare Expense	<input type="checkbox"/>	<input type="checkbox"/>	

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:	
Please provide a mailing address below if you do not want the above residential address listed on your return.			
Mailing Street address:		Apt/unit/lot #:	
City:	State:	Zip:	

Completion of Your Return

Lindgren Tax & Accounting, Inc offers you 24/7 access to your tax returns to review your tax returns upon completion, as well as any supporting documentation that you have provided while you are a current client. Would you like access to our Sharefile Secure Portal to review your tax return in advance of picking it up or to provide them to a third party (bank, attorney, financial advisor, etc) or in the event you lose your hard copy that we provide to you upon completion of your return? Yes No

Note: Since we now store all of your records digitally (at minimum 4 years), we no longer maintain physical records of your tax returns or supporting documentation. Additionally, we will not send your information to a third party without a signed and written request.

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.

If you will not be meeting with your tax professional upon completion of your return, your tax professional will call or email you a summary of your return for review in advance. If you are picking up a tax return that has individual that will not be able to come into sign we can send the signature pages electronically in advance upon request so you don't need to bring the signature page home and back to get the returns filed. While you will receive invoice electronically if we have your email on file, your fee is not due until you pick up your income tax return. You can elect to pay it in advance through the link on the invoice or when you come into our office.

Banking Information

- Please use the following Checking or Savings Account for the following transactions:
 - Refund Direct Deposit
 - 2024 Taxes Due (Preferred Date: _____)
 - Estimated Quarterly Tax Payments for 2025

Bank Name:	Routing Number:	Account Number:

General Questions

1. What is your filing status for 2024?

Single Head of Household Married Filing Joint Married Filing Separate Unsure

Note: Only one individual may claim HOH Status per residence. In the case of unmarried individuals living in the same residence that have children from different biological parents, this will generally be the individual that contributes more than 50% of the household expenses, not just the person that has a higher income.

2. Are you claiming any dependents for 2024?

Yes No

To claim anyone as a dependent (except for specified terms of a divorce or custody agreement), you must provide support at least 50% of their cost of maintaining their allocated portion of your 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. Additionally, if they are not a student and their adjusted gross income exceeds \$4,700 you cannot claim them as a dependent. If they are a student, there is no income limitation, but you need to provide at least 50% of their support as defined above.

a. New Dependents Name, Birthdate, and Social Security Number For 2024

b. Dependents To Remove From Last Years Tax Return

3. Are you being claimed as a dependent on someone else's return?

Yes No

4. At any time during 2024 did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

5. Do you have assets or bank accounts in a foreign country?

Yes No

If yes, provided Balance & Earnings Info.

6. Did you have any foreign earned wage income during the tax year?

Yes No

If yes, provide supporting documentation.

7. Are you reporting **ALL** sources of revenue for 2024, 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.

8. Can you provide documentation for all of your deductions you are claiming on your tax return?

Yes No

9. Did you gift \$18,000 or more in money or property to an individual during the tax year?

Yes No

If, yes provide the information.

10. Did you inherit any retirement accounts, stocks/bonds, real estate, life insurance proceeds, collectibles or any other items that may cause a taxable event during the year?

Yes No

If, yes provide the information.

11. Did you start making payments on an SBA Loan that was deferred?

Yes No

12. Did you receive any Grants for your business? If, yes provide the information.

Yes No

If, yes provide the information.

13. Did you receive an Employer Retention Credit during 2024?

Yes No

If, yes provide the information.

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 PAID	STATE OF	DATE PAID	STATE OF	DATE PAID
			_____		_____	
Carryover From 2024						
Quarter 1 (4/15/24)						
Quarter 2 (6/15/24)						
Quarter 3 (9/15/24)						
Quarter 4 (1/15/25)						

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	

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. **We no longer accept blank slips for taking non-cash donations, as there is no “standard” that can be taken on your tax return. Please complete each slip listing the items donated along with an estimated value of the donations donated, even if your total donations are \$500.00 or less. If claiming over \$500.00 a more detailed itemization, along with pictures, as recommended for documentation purposes.**

Did you make any non-cash (i.e., Goodwill, Family Pathways, Etc.)?

- Yes, Receipts Provided Supporting \$_____ in donations No

Total Value: _____

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

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

Note: The Standard Deduction for 2024 is \$14,600 for individuals, \$21,900 for head of household, and \$29,200 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 (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 purchase a home and/or 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 2024 or in prior years, including closing fees, into any of the mortgages that you had a balance on in 2024?
 Yes No
13. Are any of mortgages that you had a balance on in 2024 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 have reported and/or unreported gambling winning and losses.
 Yes, win/loss statements provided to support amount lost versus amount won. No

If you have other deductions that you may think qualify as other deductions, please feel to provide this information. In most cases tax preparation fees, attorney fees, unreimbursed work expenses, safe deposit boxes, IRA fees, and investment fees are no longer deductible.

Dependents

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
Did they earn more than \$5,050 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
Do they have a 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
Are they 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
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
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 the other parent's income?					

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.

K-12 EXPENSES FOR YOUR DEPENDENTS

For more information on what qualifies for qualified expenses go to www.revenue.state.mn.us/qualifying-expenses

Were they a 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
What grade were they in on 12/31?					
Cost of required textbooks, supplies, instruments, materials, in public, private, or home school?					
Costs of computer and software					
Cost of music or dance lessons (do not include competitive dance fees)?					
Cost of field trips?					
Private School Tuition Cost?					
Cost of after school reading, math, science, history, or fine arts?					
Cost of tutoring by qualified?					
Cost of Driver's Ed Training?					

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	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		

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 FOR YOU OR YOUR DEPENDENTS

Students Name					
What years have they attended?					
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
Cost of tuition (before grants or scholarships). You are required to provide a copy of the Form 1098-T.					
Required Books					
Required Supplies, Materials, or Equip					
Amount of scholarships on Form 1098-T?					
Amount of scholarships received NOT reported on 1098-T?					
Do they have 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
What amount was reimbursed by their employer?					
What amount was withdrawn from a Section 529 plan or other Education Savings?					
Were any of the expenses paid from Series EE Bonds purchased after 1989?	<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

IMPORTANT INFORMATION FOR COLLEGE STUDENT DEPENDENTS THAT RECEIVED SCHOLARSHIPS: If your student received any scholarships during the calendar year please get a copy of their student account activity showing tuition, fees, room, and board that was paid. This activity is critical and will also show the payments you made, and scholarships received. Additionally, it is recommended that your child not file their tax return until you have because we may need to prepare their tax return in order to maximize the college tax credits on your return based on income, college expenses and scholarships.

Student Loans

1. Did you pay any student loan principal and interest during the tax year? Yes No
If yes, please provide Form 1098-E or a statement from the lender showing the amount of student loan interest paid.

2. Did you have any student loan debt forgiven in 2024? Yes No
If, yes provide the information.

Energy Credit

1. Did you make any of the energy efficiency improvements (solar electric, energy star rated windows or doors, fuel cells, geothermal heat pump, solar water heating, small wind energy, insulation, high efficiency furnace, high efficiency central air)? Yes No
 If, yes provide a copy of the receipts showing the cost, as well as a copy of the paperwork showing it meets the standards to qualify for the energy credit

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
7. 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
8. 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

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 \$35.00 Fee if we expect your refund to exceed \$70.00

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: _____

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 15, 2025 for the 2024 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, 2024? 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 15, 2025 for the 2024 tax year? Yes No

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

RENT AND ROYALTY INCOME AND EXPENSES			
Property Type:		Ownership Percentage If Not 100%: _____	
Location (Street Address):			
City:	State:		Zip:
Days Rented At Fair Market Value		Days Rented At Less Than Fair Market Value	
Days Of Personal Use		Purchase Date (If Not During Tax Year)	
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			

FARM INCOME AND EXPENSES

Name Of Farm:	Employer ID Number:
Principal Product:	
Owner: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	

Farm Income

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			

Farm 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	
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			

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	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"/>				
Income				
<u>1099-MISC Income</u>		<u>Non 1099-MISC Income</u>		<u>Sales Returns & Allowances</u>
Costs Of Goods Sold				
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				
Expenses				
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				
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				
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 <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>			
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			