



Dear Valued Client,

Thank you for allowing Myslajek Kemp & Spencer, Ltd. the opportunity to prepare your 2017 income tax returns. Your 2017 Tax Organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your 2017 Tax Organizer:

- Print out the organizer and enter your data by hand.
- Complete the organizer digitally. **PLEASE NOTE: If you choose to complete the organizer on your computer, please be aware that you will need to use Adobe Acrobat version 10, 11, or DC.** To obtain Adobe Acrobat Reader, while on your computer, please [CLICK HERE](#). Even though you may be able to display this document in your web browser it may not save the completed document using that plug-in.
For best results follow these instructions:
 1. Save this PDF to your desktop.
 2. Open the file that you saved to your desktop with Adobe Acrobat.
 3. Enter your data in this organizer.
 4. Save and close the document.
- Submit the document to us using one of the methods listed below:
 - Attach pdf to an email and send it to your tax preparer or taxinfo@myslajek.com with all your source documents.
 - Drop off the tax organizer and your source documents at our office.
 - Mail the organizer and source documents to our office.

Please send all your source documents (W-2's, 1099's, etc.) as well as the organizer at least one week prior to your appointment. Failure to comply with this procedure may result in a postponement of your appointment.

We wish you the very best and a prosperous 2018!

Warm regards,

Myslajek Kemp & Spencer, Ltd.

CHECKLIST - TAX YEAR 2017

TAXPAYER NAME(S): _____ & _____

Please gather the following tax information and mail all items at least one week prior to your appointment.

Please send all your documents at one time.

A signed copy of the 2017 Client Engagement Letter. (REQUIRED) We will not begin working on your return until we receive this signed letter. See page 3.

A completed copy of the 2017 Health Insurance Questionnaire. (REQUIRED) We cannot complete your return until we receive the completed questionnaire. See page 4.

All W-2 forms for wages, salaries, and tips.

All 1099 forms for interest, dividends, stock sales, miscellaneous income, rents, unemployment, etc.

If you sold stocks, bonds, or transferred mutual funds, we need brokerage statements showing the investment transactions. We also need the cost basis for all investments sold in 2017. Most brokerage statements/1099 contain all necessary information. If cost basis is not provided on your statements, please provide the date purchased and price paid for each transaction for which the cost basis is missing. You may need to review statements prior to 2017 or contact your broker to obtain this information. We are unable to complete your return until we receive this information.

All K-1 schedules showing income from partnerships, S-corporations, estates, and trusts.

All 1098 forms for mortgage interest.

All HUD-1/Settlement Statements if you PURCHASED, SOLD or REFINANCED real estate in 2017.

Property tax statements for 2017 and 2018 for all real estate owned. ***2018 statements may not be available until the middle or end of March.**

All CRP (Certificates of Rent Paid) forms if you paid rent for your home.

A list of all estimated tax payments made for 2017. Be sure to also include the Q4 payment which is paid in January of 2018. See page 7.

A categorized list of income and expenses for rental property and sole proprietorships and single member LLCs. See pages 8, 9 & 10.

If you use QuickBooks, please send us a QuickBooks backup file. (.QBB file)

A categorized list of unreimbursed employee business expenses. See page 13.

Any tax notices recently sent to you by the IRS, MN Revenue or other taxing authority.

This completed Checklist, Engagement Letter for 2017 (signed), Questionnaire, and Data Sheet.

If we did not prepare your 2016 tax return(s), please include it with your documentation.

CLIENT ENGAGEMENT LETTER – TAX YEAR 2017

I have engaged Myslajek Kemp & Spencer, Ltd. ("MKS") to prepare Federal and Minnesota income tax returns for the year ended December 31, 2017:

Individual Taxpayer(s) Name(s): _____
Corporation / LLC / Partnership Name(s): _____
Other forms to file: (See item 9 below) Form(s): _____

I understand that it is my responsibility to provide MKS with all of the required information in order to complete my tax returns. In that regard, I state that, to the best of my knowledge and belief:

1. I have provided true, correct and complete information regarding all of my income, including the Forms W-2, 1099 and written summaries, to MKS. I understand that it is my responsibility to provide all necessary information to complete the return(s). I will retain for a minimum of seven years all documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
2. I have provided true, correct and complete information regarding amounts claimed as tax deductions, and have maintained written documentation supporting all deductions, including calendars, logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, MKS will use professional judgment in resolving the issues. I understand that MKS will follow whatever position I request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS or state tax authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. I further understand that MKS will have no liability for such additional taxes, penalties or interest.
3. I understand that taxing authorities may examine the return(s), therefore documentation should be retained to support the information I provide to MKS especially business travel and entertainment deductions, business use percentage of autos and other assets, barter activities, and charitable contributions. I understand that penalties may be imposed on return(s) that are late, underpaid, or incorrect. If you have any questions on these penalties, please ask. I further understand that if I have any questions as to the type of records and documents required, I can ask MKS for advice in that regard.
4. I understand that MKS will not verify any information I provide, however MKS may require clarification or additional information, and that MKS will not be responsible for disallowed deductions or the inclusion of additional unreported income or any resulting taxes, penalties, or interest.
5. I understand I will be charged an additional fee if MKS is asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and any interest that may be due, and the extent of MKS's responsibility is to pay any penalty the IRS or state tax authority may assess due to its error.
6. I will contact MKS immediately if I discover additional information that will lead to a change in my return(s), or if I receive any letters from the IRS or state tax authorities.
7. I understand that upon request, MKS will put all tax advice in writing. Any unwritten advice may be tentative, incomplete, or not fully reviewed.
8. I understand that my bill from MKS is due and payable immediately upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full. If MKS prepares a return for an entity (such as a corporation, LLC, or partnership), I am also responsible to pay for those services. I understand that all outstanding balances must be paid before my 2017 returns are prepared. In the event that any bills are not paid, I will pay collection costs including reasonable attorney fees.
9. If there are other services or tax returns that I expect MKS to prepare, such as estate, gift, sales and use, fiduciary, property, payroll, or other states or cities, I will note them at the top of this letter.
10. I understand that MKS must receive all of my tax information as soon as possible, but not later than April 1, 2018 to ensure that MKS will have adequate time to review my data by April 15, 2018. If MKS has not received all of my information by April 1, 2018, my return may not be completed by April 15, 2018 and my return may be extended and I may be subject to late filing or late payment penalties.
11. I understand that it is the policy of MKS to electronically file all individual tax returns. I will return Form 8879 as well as any additional required forms deemed necessary for electronic processing of the return in a timely manner, as my return cannot be sent to the proper agencies until MKS receives the above-mentioned forms.
12. I understand that it is my responsibility to carefully examine and approve my completed tax returns.

The terms described in this letter are acceptable and are hereby agreed to and shall remain in effect until terminated by either party in writing.

Accepted by: Taxpayer: _____ Date: _____
 Spouse: _____ Date: _____
 Myslajek Kemp & Spencer, Ltd.: _____ Date: _____

2017 HEALTH INSURANCE QUESTIONNAIRE (REQUIRED)

Starting in 2014, most people were required to have health insurance. This questionnaire is required to be completed in order for us to prepare your 2017 tax return.

Please answer the following questions:

1. Did you receive a Form 1095-A, 1095-B, or 1095-C for 2017?

Yes
No

2. Did you have health insurance for every month of 2017?

	Jan	Feb	Mar	Apr	May	Jun
	Jul	Aug	Sep	Oct	Nov	Dec
(Please mark months without insurance)						

3. Did your spouse have health insurance for every month of 2017?

	Jan	Feb	Mar	Apr	May	Jun
	Jul	Aug	Sep	Oct	Nov	Dec
(Please mark months without insurance)						

4. Did everyone else on your tax return have health insurance for every month of 2017?

	Jan	Feb	Mar	Apr	May	Jun
	Jul	Aug	Sep	Oct	Nov	Dec
(Please mark months without insurance)						

5. If you had health insurance, did you, your spouse or your dependents receive premium assistance through a Health Care Exchange?

Yes
No

6. If you answered "NO" to question 2, 3, or 4, can you tell us why that person does not have health insurance?

(Check all that apply)

- My employer doesn't offer insurance
- My employer offers insurance, but it's too expensive
- I tried to get health insurance but was denied due to my health
- Insurance is too expensive
- I receive services at a low-cost or free clinic
- I might be eligible for Medicaid but haven't applied
- I don't want/need insurance
- Other: _____

QUESTIONNAIRE – TAX YEAR 2017

- Did your marital status change?
If yes, how? _____ Update page 7.
- Is there a change in the number of dependents you can claim? If yes, update page 7.
- Did you use your car on the job, other than for commuting? If yes, update page 10.
- Did you contribute to a Traditional or Roth IRA for 2017? If yes, update page 11.
- If you haven't already contributed to a Traditional or Roth IRA for 2017, do you plan to?
If yes, update page 11.
- Did you pay any student loan interest?
Include Form 1098-E's and update page 11.
- Did you or your dependents incur any higher-education expenses?
Include Form 1098-T & update page 11.
- Did you make a contribution to a 529 plan? (Otherwise known as a "qualified tuition plan")
If yes, update page 11.
- Did you make a withdrawal from an education savings/529 Plan?
If yes, include Form 1099-Q.
- Did you make a withdrawal or contribution to an HSA or MSA?
If yes, include Form 1099-SA and update page 12.
- Did you have any non-reimbursed employee business expenses? If yes, update page 13.
- Did you have an allowance or expense account at work? If yes, update page 13.
- Did you incur any job-seeking expenses? If yes, update page 14.
- Did you incur moving costs due to a job change?
If yes, what was the date of the move? ____ / ____ / 2017
Please include a list of all moving expenses. Also, was the move over 50 miles? Yes No
- Did you sell, exchange, purchase, abandon, or foreclose on any real estate?
If yes, include all 1099's & settlement statements.
- Did you purchase a home in 2008 and claim the First-Time Homebuyer Credit?
If yes, include that return unless we prepared it.
- Did you refinance or take out a home equity loan during 2017?
If yes, include all 1098's forms and closing statements.
- Did you sell or dispose of any stock in 2017?
If yes, include all 1099 forms, brokerage statements, and cost basis info
- Did you own any stock that became worthless in 2017?
If yes, include brokerage statements.
- Did you sell an existing business or rental property?
If yes, include closing statements.
- Did you start a new business or purchase rental property?
If yes, update & include any closing statements.

Yes No

QUESTIONNAIRE – TAX YEAR 2017 (...CONTINUED)

Did you have ownership interest in a partnership or S-Corporation?
If yes, include all K-1 schedules.

Did you receive any payments from property sold prior to 2017?

Do you have children that earned investment income?
If yes, include their Form 1099's.

Did you incur a casualty or theft loss?
If yes, describe: _____

Did you make gifts of more than \$14,000 to any individual?
If yes, describe: _____

Did you own any foreign assets other than through a US brokerage account or are you a signer on any foreign accounts?
If yes, include all documentation and speak with your preparer about these assets.

Did you have any affiliation with a foreign bank or brokerage account in 2017?
If yes, include documentation.

Did you receive a payment and/or make a withdrawal from a retirement account?
If yes, include Form 1099-R.

Did you receive any disability income?
If yes, include income documentation.

Did you receive any gambling winnings?
If yes, Total losses were: \$ _____ include all W-2G(s) forms and documented losses.

Did any of your life insurance policies mature, or did you surrender a policy?

Did you cash any Series EE or I Series U.S. Savings bonds issued after 1989?
If yes, include all documentation.

Did you have any debt canceled or forgiven in 2017?
If yes, include all 1099-A forms or 1099-C forms.

Did you make any purchases in 2017 for which sales or use tax was not paid?
If yes, amount: \$ _____

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Do you want to contribute to the MN Wildlife Fund?
If yes, amount: \$ _____

Did you make any energy saving home improvements to your home?
If yes, describe: _____ Cost: \$ _____

Did you receive correspondence from the IRS or state tax authorities?
If yes, include a copy of any correspondence received.

Are you a public safety benefit recipient who has insurance premiums withheld directly from your PERA benefits?

Did you 'mine', buy, sell, or exchange a crypto currency (for example, bitcoin); or use and/or receive a crypto currency as payment for goods or services?

Personal & Contact Information

*If you are a new client or if any information has changed, please complete or update.

All information is the same as it appears on my 2016 return.

New/Updated Taxpayer Information

New/Updated Spouse Information

Full Name: _____

Full Name: _____

SSN: _____ - _____ - _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / _____

Date of Birth: ____ / ____ / _____

Cell Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

Email: _____

New/Updated Address

Home

Mailing

New/Updated Dependent Information

Street Address: _____

Full Name: _____

SSN: _____ - _____ - _____

City: _____

Date of Birth: ____ / ____ / _____

State: _____ Zip Code: _____

Relationship: _____

*If additional space is needed, please attach a list.

Refund Direct Deposit Information

I request that my refund be direct deposited.

Bank Name: _____

Routing #: _____

Type of Account: Checking Savings

Account #: _____

Estimated Tax Payments Made

Federal

State

1st Quarter: ____ / ____ / 2017 \$ _____

1st Quarter: ____ / ____ / 2017 \$ _____

2nd Quarter: ____ / ____ / 2017 \$ _____

2nd Quarter: ____ / ____ / 2017 \$ _____

3rd Quarter: ____ / ____ / 2017 \$ _____

3rd Quarter: ____ / ____ / 2017 \$ _____

4th Quarter: ____ / ____ / _____ \$ _____

4th Quarter: ____ / ____ / _____ \$ _____

Alimony

Paid to: _____

SSN: _____ - _____ - _____

Amount: \$ _____

Received from: _____

SSN: _____ - _____ - _____

Amount: \$ _____

Schedule C / Self-Employed Business Income & Expenses

Sales/Revenue	Taxpayer	Spouse		Taxpayer	Spouse
Gross Revenue:	\$ _____	\$ _____	Materials:	\$ _____	\$ _____
Cost of Goods Sold:	\$ _____	\$ _____	Labor:	\$ _____	\$ _____
Purchases:	\$ _____	\$ _____	Other Income:	\$ _____	\$ _____
			Inventory (at cost) 12/31/2017	\$ _____	\$ _____

Expenses	Taxpayer	Spouse		Taxpayer	Spouse
Advertising:	\$ _____	\$ _____	Travel:	\$ _____	\$ _____
Commissions/Fees:	\$ _____	\$ _____	Meals & Ent.:	\$ _____	\$ _____
Contract Labor:	\$ _____	\$ _____	Utilities:	\$ _____	\$ _____
Employee Benefits:	\$ _____	\$ _____	Wages:	\$ _____	\$ _____
Business Insurance:	\$ _____	\$ _____	Dues:	\$ _____	\$ _____
Interest:	\$ _____	\$ _____	Phone:	\$ _____	\$ _____
Legal/Professional:	\$ _____	\$ _____	Internet:	\$ _____	\$ _____
Office Supplies:	\$ _____	\$ _____	Business Gifts:	\$ _____	\$ _____
Pension/Profit-Share:	\$ _____	\$ _____	Subscriptions:	\$ _____	\$ _____
Rent:	\$ _____	\$ _____	_____	\$ _____	\$ _____
Repairs/Maintenance:	\$ _____	\$ _____	_____	\$ _____	\$ _____
Supplies:	\$ _____	\$ _____	_____	\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____	_____	\$ _____	\$ _____

If you purchased any fixed assets, please provide the following information:

T	S	Description:	Date Acquired:	Cost:
		_____	____ / ____ / 2017	\$ _____
		_____	____ / ____ / 2017	\$ _____
		_____	____ / ____ / 2017	\$ _____

*Attach a list if additional lines are necessary.

If you received any 1099 forms from your customers/clients, please provide all to your preparer.

Did you make payments to any LLC or individual for services rendered or rent for your business? Yes No

If yes, did you issue a 2017 IRS Form 1099 to each company/person that you paid \$600 or more? Yes No

If you have a solo/individual 401(k) plan, what was the 12/31/2017 balance in that account? \$ _____

Rental Property

	Property #1	Property #2	Property #3
Property Address:			
Rental Income:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Rental Expenses

Advertising:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Travel: (for the property)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
# of Miles Driven:	<u> </u>	<u> </u>	<u> </u>
Cleaning/Maintenance:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Commissions Paid:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Insurance:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Legal/Professional Fees:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Management Fees:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Mortgage Interest:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other Interest:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Repairs:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Supplies:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Property Taxes:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Utilities:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Asset Bought: (attach a list)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Improvements: (attach a list)	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Association Dues:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Did you make payments to any LLC or individual for services rendered for your rental property? Yes No

If yes, did you issue a 2017 IRS Form 1099 to each company/person that you paid \$600 or more? Yes No

Business Vehicle Expenses

	Vehicle #1	Vehicle #2	Vehicle #3
Type:	Sch. C/Self-Employed W-2 Employee	Sch. C/Self-Employed W-2 Employee	Sch. C/Self-Employed W-2 Employee
Description:	_____	_____	_____
Driven By:	_____	_____	_____
Date Placed In Service:	_____	_____	_____
Total Miles Driven:	_____	_____	_____
Business Miles Driven:	_____	_____	_____
Odometer (01/01/2017)	_____	_____	_____
Odometer (12/31/2017)	_____	_____	_____
Insurance:	\$ _____	\$ _____	\$ _____
Oil Changes:	\$ _____	\$ _____	\$ _____
Repairs:	\$ _____	\$ _____	\$ _____
Car Washes:	\$ _____	\$ _____	\$ _____
Fuel:	\$ _____	\$ _____	\$ _____
MPG:	_____ mpg	_____ mpg	_____ mpg
Parking:	\$ _____	\$ _____	\$ _____
Lease Payments:	\$ _____	\$ _____	\$ _____
Loan Interest:	\$ _____	\$ _____	\$ _____
License Tabs:	\$ _____	\$ _____	\$ _____

Home Office Expenses

Taxpayer OR Spouse

**You can only deduct a home office if you do not have an office available to you somewhere else.*

Total Square Feet of Home:	_____	Total Square of Office:	_____
Rent:	\$ _____	Repairs: (to the home office)	\$ _____
Improvements:	\$ _____	Association Fee:	\$ _____
Insurance:	\$ _____	Utilities:(water, gas, electric, garbage)	\$ _____

Tax Year 2017 IRA Contributions

Taxpayer Contribution: \$ _____

Spouse Contribution: \$ _____

Traditional IRA Roth IRA

Traditional IRA Roth IRA

Contribution already made

Contribution already made

Planning to contribute by 4/15/2018

Planning to contribute by 4/15/2018

Student Loan Payments & Interest

Taxpayer Payments: \$ _____

Spouse Payments: \$ _____

Dependent Payments: \$ _____

Taxpayer Interest: \$ _____

Spouse Interest: \$ _____

Dependent Interest: \$ _____

Higher Education (College/Post-Secondary) Expenses

Student #1: _____

Student #2: _____

Freshman Sophomore Junior

Freshman Sophomore Junior

Senior Grad

Senior Grad

Tuition Paid: \$ _____

Tuition Paid: \$ _____

Books: \$ _____

Books: \$ _____

Supplies, etc.: \$ _____

Supplies, etc.: \$ _____

529 Plan / Qualified Tuition Plan Contributions

Contribution Amount: \$ _____

Dependent Name: _____

Contribution Amount: \$ _____

Dependent Name: _____

*If you need to include additional dependents, please attach a list.

Medical Expenses

Please be aware, you cannot begin deducting medical expenses unless they exceed 10%* of your AGI.

Health Insurance¹: \$ _____

Medical Supplies³: \$ _____

Dental Insurance¹: \$ _____

Clinics/Hospitals³: \$ _____

Cobra Premiums¹: \$ _____

Glasses/Contacts³: \$ _____

Medicare Premiums²: \$ _____

Hearing Aids³: \$ _____

Doctor³: \$ _____

Prescriptions³: \$ _____

Dentist³: \$ _____

Miles driven for medical reasons: _____

*Medical expenses must exceed 7.5% if you or your spouse were born before January 2, 1951.

¹Only list health or dental insurance if it is NOT withheld pre-tax from your paycheck.

²Medicare premiums are listed on Form 1099-SSA.

³Only list expenses that were NOT reimbursed by an FSA, HSA or MSA or health insurance.

HSA / MSA Contributions & Withdrawals

	Taxpayer	Spouse
Annual Deductible:	\$ _____	\$ _____
Contributions:	\$ _____	\$ _____
Withdrawals:	\$ _____	\$ _____
Account Type:	HSA MSA FSA	HSA MSA FSA
Coverage Type:	Single Family	Single Family
Were all withdrawals used for medical expenses?	Yes	No

Long-Term Care Insurance

	Taxpayer	Spouse
Amount:	\$ _____	\$ _____
Policy #: (REQUIRED)	_____	_____
Insurance Company:	_____	_____

Real Estate Taxes

Primary Residence:	\$ _____	Cabin:	\$ _____
Secondary Residence:	\$ _____	Prepaid 2018 Tax:	\$ _____

Miscellaneous Deductions (Not Entered Elsewhere)

Vehicle Registration:	\$ _____	Tax Preparation:	\$ _____
# of Vehicles in Above Figure:	_____	Union Dues:	\$ _____
Safety Deposit Box:	\$ _____	Uniform:	\$ _____

Mortgage Interest

	Name of Lender	Interest Paid
Primary Res. - 1st Mortgage:	_____	\$ _____
Primary Res. - 2nd Mortgage:	_____	\$ _____
Secondary Residence:	_____	\$ _____
Cabin:	_____	\$ _____
Home Equity Loan/Line:	_____	\$ _____
Mortgage Insurance Premiums:	\$ _____	*Only list insurance for loans taken out in 2007 or later

*Make sure you include Form 1098 for each mortgage listed here.

Unreimbursed Employee Business Expenses (Not Entered Elsewhere)

	Taxpayer	Spouse
Office Supplies:	\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____
Travel:	\$ _____	\$ _____
Meals & Entertainment:	\$ _____	\$ _____
Internet:	\$ _____	\$ _____
Subscriptions:	\$ _____	\$ _____
Phone:	\$ _____	\$ _____
Referral Fees:	\$ _____	\$ _____
Business Gifts:	\$ _____	\$ _____
Union Dues:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Teachers (K-12) Educator Expenses:	\$ _____	\$ _____

If you purchased any fixed assets, please provide the following information:

T	S	Description	Date Acquired	Cost
		_____	____/____/2017	\$ _____
		_____	____/____/2017	\$ _____
		_____	____/____/2017	\$ _____

**If additional assets were purchased, please attach a list including all information above.*

Does your employer have a business expense reimbursement policy?	Taxpayer	Yes	No
	Spouse	Yes	No

If you get reimbursed from your employer for any of the expenses listed above, please list the amounts below:

Auto / Mileage:	_____	
Meals & Entertainment:	\$ _____	
Cell Phone:	\$ _____	
Other:	\$ _____	*Attach a list if you need more space

Charitable Activities

Donations

Per IRS Guidelines: All donations must be substantiated by receipt/letter from recipient with the exception of donations less than \$250, which can be documented with a cancelled check or credit card statement instead. Receipt/letter must be received by date of tax-return filing. Non-cash contributions should be valued using garage-sale prices, and donations totaling over \$5,000 require an appraisal.

Total donations by cash, check or charge: \$ _____

Total value of property donated: \$ _____

Description of what was donated: _____

Name of Organization: _____

Organization Address: _____

Date of Donation(s): ___/___/2017; ___/___/2017; ___/___/2017;

*Attach a list for additional property donations

Volunteering

Volunteer Expenses: \$ _____ Miles Driven: _____

**Only include actual out of pocket expenses (your time does not count)

Investment Expenses (Not Entered Elsewhere)

Management Fees: \$ _____ Internet Expense: \$ _____

Margin/Interest Paid: \$ _____ Subscriptions: \$ _____

Job-Seeking Expenses (Not Entered Elsewhere)

Subscriptions: Taxpayer Spouse Agency Fees: Taxpayer Spouse

Internet: Taxpayer Spouse Meals & Ent.: Taxpayer Spouse

Office Supplies: Taxpayer Spouse Travel: Taxpayer Spouse

Miles Driven: _____ *If you have additional expenses, attach a list.

Daycare Expenses

Child #1 Name: _____ Child #2 Name: _____

Amount Paid: _____ Amount Paid: _____

Provider's Name: _____ Provider's Name: _____

Provider's Tax ID: _____ Provider's Tax ID: _____

Provider's Address: _____ Provider's Address: _____

*If additional space is needed, please attach a list including all information above.

Minnesota K-12 Expenses

Student #1

Student #2

Student's Name:	_____	_____
Grade:	_____	_____
Tuition:	\$ _____	\$ _____
Books/Supplies:	\$ _____	\$ _____
Musical Instruments:	\$ _____	\$ _____
Type of Instrument:	_____	_____
Gym Clothes:	\$ _____	\$ _____
Transportation Fees ¹ :	\$ _____	\$ _____
Tutoring:	\$ _____	\$ _____
Drivers Education:	\$ _____	\$ _____
Lessons:	\$ _____	\$ _____
Computer:	\$ _____	\$ _____
Education Software:	\$ _____	\$ _____

*If additional space is needed, please attach a list including all information above.

¹Transportation expenses must be paid to 3rd parties. This is not the same as mileage on your own vehicle.