



Dear Valued Client,

Thank you for allowing Myslajek Kemp & Spencer, Ltd. the opportunity to prepare your 2018 income tax returns. Your 2018 Tax Organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your 2018 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 before completing any section.
 2. Open the file that you saved to your desktop with Adobe Acrobat.
 3. Enter all relevant 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 2019!

Warm regards,

Myslajek Kemp & Spencer, Ltd.

CHECKLIST - TAX YEAR 2018

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 2018 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 2018 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 2018. 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 2018 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 2018.

Property tax statements for 2018 and 2019 for all real estate owned. ***2019 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 2018. Be sure to also include the Q4 payment which is paid in January of 2019. 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 files include all necessary data)**

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 2018 (signed), Questionnaire, and Data Sheet.

If we did not prepare your 2017 tax return(s), please include it with your documentation.

2018 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 2018 tax return.

Please answer the following questions:

1. Did you receive a Form 1095-A, 1095-B, or 1095-C for 2018?

Yes
No

2. Did you have health insurance for every month of 2018?

Yes
No
(Please indicate months without insurance)

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun |
| Jul | Aug | Sep | Oct | Nov | Dec |

3. Did your spouse have health insurance for every month of 2018?

Yes
No
No Spouse
(Please indicate months without insurance)

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun |
| Jul | Aug | Sep | Oct | Nov | Dec |

4. Did everyone else on your tax return have health insurance for every month of 2018?

Yes
No
No Dependents
(Please indicate months without insurance)

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun |
| Jul | Aug | Sep | Oct | Nov | Dec |

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: _____

2018 DUE DILIGENCE QUESTIONNAIRE

*** NEW IRS REQUIREMENT FOR 2018 ***

Tax preparers are required to have documentation regarding filing status and dependents. This questionnaire is required to be completed in order for us to prepare your 2018 tax return.

Please answer the following questions:

1. Is there a change in the number of dependents you can claim?

Yes

No

(If yes, please update Page 7 with new dependent's personal information)

2. Did all dependents live with you in the US for the entire year (except temporary absences)?

Yes

No

If no, list dependent(s) and number of days they lived with you below:

Dependent: _____ Days: _____

Dependent: _____ Days: _____

3. Did you (and your spouse if you MFJ) provide over half of each dependent's support?

Yes

No

If no, list the dependent(s) who you did not provide over half of their support:

Dependent: _____

Dependent: _____

4. Did any dependent have income over \$4,149 in 2018?

Yes

No

5. Did you (and your spouse if MFJ) pay over half of the cost of you and your dependent's home in 2018?

Yes

No

If no, explain: _____

6. Did you release any dependent(s) to someone else?

Yes

No

If yes, list the dependent(s) whose claim was released below:

Dependent: _____

Dependent: _____

7. Do any of your college attending dependents have a felony drug conviction?

Yes

No

If yes, list those dependent(s)

Dependent: _____

Dependent: _____

QUESTIONNAIRE – TAX YEAR 2018

- Did your marital status change?
If yes, how? _____ and 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 2018? If yes, update page 11.
- If you haven't already contributed to a Traditional or Roth IRA for 2018, 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? ____ / ____ / 2018
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 2018?
If yes, include all 1098's forms and closing statements.
- Did you sell or dispose of any stock in 2018?
If yes, include all 1099 forms, brokerage statements, and cost basis info
- Did you own any stock that became worthless in 2018?
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 2018 (...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 2018?

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 \$15,000 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 2018?
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 2018?
If yes, include all 1099-A forms or 1099-C forms.

Did you make any purchases in 2018 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 2017 return.

New/Updated Taxpayer Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / _____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

New/Updated Spouse Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / _____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

New/Updated Address Home Mailing

Street Address: _____

City: _____

State: _____ Zip Code: _____

New/Updated Dependent Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / _____

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

1st Quarter: ____ / ____ / 2018 \$ _____

2nd Quarter: ____ / ____ / 2018 \$ _____

3rd Quarter: ____ / ____ / 2018 \$ _____

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

State

1st Quarter: ____ / ____ / 2018 \$ _____

2nd Quarter: ____ / ____ / 2018 \$ _____

3rd Quarter: ____ / ____ / 2018 \$ _____

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) 12/31/2018 | \$ _____ | \$ _____ |

| | | | | | |
|-----------------------|-----------------|---------------|-----------------|-----------------|---------------|
| 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: |
|----------|----------|---------------------|-----------------------|--------------|
| | | _____ | ____ / ____ / 2018 | \$ _____ |
| | | _____ | ____ / ____ / 2018 | \$ _____ |
| | | _____ | ____ / ____ / 2018 | \$ _____ |

*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 2018 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 12/31/2018 balance in that account? \$ _____

Rental Property

| | Property #1 | Property #2 | Property #3 |
|-------------------------------|-------------|-------------|-------------|
| Property Address: | _____ | _____ | _____ |
| Rental Income: | \$ _____ | \$ _____ | \$ _____ |
| Rental Expenses | | | |
| Advertising: | \$ _____ | \$ _____ | \$ _____ |
| Travel: (for the property) | \$ _____ | \$ _____ | \$ _____ |
| # of Miles Driven: | _____ | _____ | _____ |
| Cleaning/Maintenance: | \$ _____ | \$ _____ | \$ _____ |
| Commissions Paid: | \$ _____ | \$ _____ | \$ _____ |
| Insurance: | \$ _____ | \$ _____ | \$ _____ |
| Legal/Professional Fees: | \$ _____ | \$ _____ | \$ _____ |
| Management Fees: | \$ _____ | \$ _____ | \$ _____ |
| Mortgage Interest: | \$ _____ | \$ _____ | \$ _____ |
| Other Interest: | \$ _____ | \$ _____ | \$ _____ |
| Repairs: | \$ _____ | \$ _____ | \$ _____ |
| Supplies: | \$ _____ | \$ _____ | \$ _____ |
| Property Taxes: | \$ _____ | \$ _____ | \$ _____ |
| Utilities: | \$ _____ | \$ _____ | \$ _____ |
| Asset Bought: (attach a list) | \$ _____ | \$ _____ | \$ _____ |
| Improvements: (attach a list) | \$ _____ | \$ _____ | \$ _____ |
| Association Dues: | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

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

If yes, did you issue a 2018 IRS Form 1099 to every 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 (01/01/2018) | _____ | _____ | _____ |
| Odometer (12/31/2018) | _____ | _____ | _____ |
| 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 2018 IRA Contributions

Taxpayer Contribution: \$ _____

Spouse Contribution: \$ _____

Traditional IRA Roth IRA

Traditional IRA Roth IRA

Contribution already made

Contribution already made

Planning to contribute by 4/15/2019

Planning to contribute by 4/15/2019

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

Amount: \$ _____

Dependent: _____

Name of Fund: _____

Amount: \$ _____

Dependent: _____

Name of Fund: _____

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

Medical Expenses

Please be aware, you cannot begin deducting medical expenses unless they exceed 7.5%* 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: _____

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: | \$ _____ |

MN Residents 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.

MN Residents 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 |
|---|---|-------------|---------------|----------|
| | | _____ | ___/___/2018 | \$ _____ |
| | | _____ | ___/___/2018 | \$ _____ |
| | | _____ | ___/___/2018 | \$ _____ |

**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): ____/____/2018; ____/____/2018; ____/____/2018;

*Attach a list for additional property donations

Volunteering

Volunteer Expenses: \$ _____ Miles Driven: _____

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

MN Residents Investment Expenses (Not Entered Elsewhere)

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

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

MN Residents 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.