MKS Myslajek Kemp & Spencer, Ltd.
Certified Public Accountants & Consultants

Dear Valued Client,

Thank you for allowing Myslajek Kemp & Spencer, Ltd. the opportunity to prepare your 2021 income tax returns. Your 2021 Tax Organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your 2021 Tax Organizer:

- Print out the organizer and enter your data by hand. Please do not use highlighters, staples or post-it notes.
- 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 Reader 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 Reader.
    3. Enter all of your relevant data in this organizer.
    4. Save and close the document.
- Submit all documents to us at one time using one of the methods listed below:
    » Drop off the tax organizer and your source documents at our office.
    » Mail the organizer and source documents to our office.
    » Upload your files at: https://www.hightail.com/u/myslajek

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 2022!

Warm regards,

Myslajek Kemp & Spencer, Ltd.

Checklist – Tax Year 2021

Taxpayer Name(s): ______________________ Accountant: ______________ Appt. Date: ________

Please gather the following and **submit all items at one time at least one week prior to your appointment.**

- ☐ A signed copy of the 2021 Client Engagement Letter. (REQUIRED) We will not begin working on your return until we receive this signed letter. See page 3.
- ☐ This completed check list, COVID-19 questionnaire, due diligence questionnaire (if applicable), and data sheet.
- ☐ All W-2 forms for wages, salaries, and tips.
- ☐ All 1099 forms for interest, dividends, stock sales, miscellaneous income, rents, etc.
- ☐ If you collected unemployment compensation attach Form 1099-G
- ☐ If you took any distributions from a retirement account, attach Form 1099-R.
- ☐ 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 2021. 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 from prior years 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 showing mortgage interest paid for the year.
- ☐ All closing disclosures/ALTA statements if you PURCHASED, SOLD or REFINANCED real estate in 2021.
- ☐ Property tax statements for 2021 and 2022 for all real estate owned. ***Current year statements may not be available until the end of March.**
- ☐ All CRP (Certificate of Rent Paid) forms if you paid rent for your home.
- ☐ A list of all estimated tax payments made for tax year 2021. Be sure to also include the 4th quarter payment which is paid in January of 2022. See page 8.
- ☐ A categorized list of income and expenses for self-employed activities and rental properties. See pages 9, 10 & 11.
- ☐ If you use QuickBooks, please send us a QuickBooks backup file and current password. (**.QBB files include all necessary data**)
- ☐ Any tax notices recently sent to you by the IRS, MN Revenue or other taxing authority.
- ☐ If we did not prepare your 2020 tax return(s), please include it with your documentation.
- ☐ If you had health insurance through a healthcare exchange such as MNSure, attach Form 1095-A.
- ☐ Attach all receipts for dependent care, including all info listed on page 14 of this organizer.
- ☐ A categorized list of unreimbursed employee business expenses. See page 16.

Client Engagement Letter - Tax Year 2021 **(REQUIRED)**

I have engaged Myslajek Kemp & Spencer, Ltd. ("MKS") to prepare Federal and Minnesota income tax returns for the year ended December 31, 2021:

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 all documents, receipts, canceled checks and other records required to substantiate the items of income and expense claimed on my return for a minimum of seven years.
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 meal 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 I have questions on these penalties I will ask my tax preparer. 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 2021 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, 2022 to ensure that MKS will have adequate time to review my data by April 15, 2022. If MKS has not received all of my information by April 1, 2022, my return may not be completed by April 15, 2022 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 eligible tax returns, which require a corresponding signed Form 8879. 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:______________

COVID-19 Questionnaire - All Taxpayers

Amount received for third Economic Impact Payment (REQUIRED): $ ____________________

Provide Letter 6475. Full stimulus was $1,400 per person (including dependents) issued early to mid 2021. Partial or no payment may have been issued if over the income limits. Use this link to check the date/where your payment was issued: https://sa.www4.irs.gov/irfof-wmsp/login

Sign up for an ID.me account with the IRS online to verify the amount issued (or check your bank statements).

Total amount of Advance Child Tax Credit payments received (REQUIRED): $ ____________________

Provide Letter 6419. You can sign up for an ID.me account with the IRS online to verify the amount of advance payments issued.

COVID-19 Questionnaire - Self-Employed Taxpayers Only

From 1/1/21 to 3/31/21, were you unable to work due to you or someone in your household contracting COVID-19?

☐ Yes If yes, please fill out the following.
☐ No

Number of days you were unable to work while sick: ____________________

Number of days out caring for household members due to COVID-19 infection, isolation order, or children schooling from home: ____________________

Did your business receive a grant, loan, or benefit from any of the following pandemic assistance programs:

☐ Paycheck Protection Program If yes, amount received: $ __________ Date received: __________
☐ SBA Economic Injury Disaster Loan (EIDL)
☐ SBA Economic Injury Disaster Loan (EIDL) Advanced Grants
☐ SBA Debt Relief Program (6 months of payments on eligible current SBA loans)
☐ Other (i.e. state, county or city programs)

Was your PPP loan(s) forgiven?

☐ Yes If yes, date(s) forgiven (provide forgiveness documentation): __________
☐ No

Did your business claim the employee retention credit(s) for qualified leave wages paid to employees due to sick leave or other reasons related to COVID-19?

☐ Yes If yes, provide payroll tax returns for relevant quarters (if not prepared by MKS) and documentation of amount received.
☐ No

2021 Due Diligence Questionnaire **(REQUIRED)**

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 2021 tax return.

Please answer the following questions:

1. Is there a change in the number of dependents you can claim?
   - ☐ Yes **(If yes, please update page 8 with new dependent's personal information)**
   - ☐ No

2. Did all dependents live with you in the U.S. 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: ____________

3. Did you (and your spouse, if you file a joint return) 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 2021?
   - ☐ Yes
   - ☐ No

5. Did you (and your spouse if you file a joint return) pay over half of the cost of you and your dependent's home in 2021?
   - ☐ 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 2021 **(REQUIRED)**

Yes No

☐ ☐ 1. Did your marital status change?
If yes, how? (Update page 8): ____________________

☐ ☐ 2. Is there a change in the number of dependents you can claim? If yes, update page 8.

☐ ☐ 3. Did you contribute to a Traditional or Roth IRA (outside of an employer retirement plan ex: 401k/403B)? If you haven't already, do you plan to? If yes, update page 12.

☐ ☐ 4. Did you pay any student loan interest?
Attach Form 1098-E and update page 12.

☐ ☐ 5. Did you or your dependents incur any higher-education expenses? This may need to be obtained from the school's student portal. Attach Form 1098-T & update page 12.

☐ ☐ 6. Did you make a contribution to a 529 plan? (Otherwise known as a "qualified tuition plan")

☐ ☐ 7. Did you make a withdrawal from an education savings/529 Plan? If yes, attach Form 1099-Q.

☐ ☐ 8. Did you make a withdrawal or contribution to a health savings / medical savings account?
If yes, attach Form 1099-SA and update page 13.

☐ ☐ 9. Did you have any non-reimbursed employee business expenses?
If yes, update page16.

☐ ☐ 10. Did you purchase a home in 2008 and claim the First-Time Home Buyer Credit?
If yes, attach that return unless we prepared it.

☐ ☐ 11. Did you refinance or take out a home equity loan during 2021?
If yes, attach all 1098's forms and closing statements.

☐ ☐ 12. Did you sell or dispose of any stock in 2021?
If yes, attach all 1099 forms, brokerage statements, and cost basis info.

☐ ☐ 13. Did you own any stock that became worthless in 2021?
If yes, attach brokerage statements.

☐ ☐ 14. Did you sell an existing business or rental property?
If yes, attach closing statements.

☐ ☐ 15. Did you start a new business or purchase a rental property?
If yes, update pages 9 or 10 and attach any closing statements.

☐ ☐ 16. Did you have health insurance through a health insurance marketplace such as MN Sure?
Please attach Form 1095-A.

☐ ☐ 17. Did you purchase an electric or energy efficient vehicle this year? (Does not include leases)
If yes, attach the purchase invoice.

☐ ☐ 18. Did you receive any payments from property sold prior to 2021?

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

☐ ☐ 20. Do you want to allocate $3 to the Presidential Election Campaign Fund?

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

Questionnaire – Tax Year 2021 **(REQUIRED)**

Yes No

☐ ☐ 22. Did you incur a casualty or theft loss attributable to a Federally Declared Disaster?
If yes, describe: ____

☐ ☐ 23. Did you make gifts of more than $15,000 to any individual?
If yes, describe: ____

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

☐ ☐ 25. Did you have any affiliation with a foreign bank or brokerage account in 2021?
If yes, include documentation.

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

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

☐ ☐ 28. Did you receive any gambling winnings?
If yes, total losses were: $__________ include all W-2G(s) forms and documented losses.

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

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

☐ ☐ 31. Did you have any debt canceled or forgiven in 2021?
If yes, include all 1099-A forms or 1099-C forms.

☐ ☐ 32. Did you make any purchases in 2021 for which sales or use tax was not paid?
If yes, amount: $_________________________

☐ ☐ 33. Do you want to contribute to the MN Wildlife Fund?
If yes, amount: $_________________________

☐ ☐ 34. Did you make any energy saving home improvements to your home?
If yes, describe:_________________________________ Cost: $ __________________

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

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

☐ ☐ 37. Did you "mine", buy, sell, or exchange a crypto currency (ex: bitcoin); or use and/or receive a cryptocurrency as payment for goods or services?
If sold, include a list of cryptocurrency sold in the following format:
SALE DATE | QTY SOLD | SALE AMOUNT | DATE ACQUIRED | BASE VALUE

☐ ☐ 38. Did you have an allowance or expense account at work?
If yes, update page 16.

☐ ☐ 39. Did you sell, exchange, purchase, abandon, or foreclose on any real estate?
If yes, attached all 1099's & closing disclosures/ALTA settlement statements.

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 2020 return.

New/Updated Taxpayer Information

Full Name: _______________ ____ ________________

SSN: ____-____-______

Date of Birth: ____/____ /______

Cell Phone: ____-____-______

Work Phone: ____ -____ -______

Email: ___________________________

New/Updated Spouse Information

Full Name: _______________ ____ ________________

SSN: ____-____-______

Date of Birth: ____/____ /______

Cell 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.

☐ My account information is the same as it appears on my 2020 tax return. ***Verify the last 4 of the account number.**

Type of account: ☐ Checking ☐ Savings

Bank Name: __________________________

Routing #: __________________________

Account #: __________________________

Estimated Tax Payments Made (Do not list W-2 withholding)

Federal

1st Quarter: ____ /____ / 2021 $____________

2nd Quarter: ____ /____ / 2021 $____________

3rd Quarter: ____ /____ / 2021 $____________

4th Quarter: ____ /____ / ____ $____________

State

1st Quarter: ____ /____ / 2021 $ ____________

2nd Quarter: ____ /____ / 2021 $ ____________

3rd Quarter: ____ /____ / 2021 $ ____________

4th Quarter: ____ /____ / ____ $ ____________

Alimony

Paid to: ________________________________ SSN: ______-______-______ Amount: $______________________

Received from: __________________________ SSN: ______-______-______ Amount: $______________________

Date of divorce decree or the date that it was last modified: _______________________

Schedule C / Self-Employment Business Income & Expenses

Sales/Revenue	Taxpayer	Spouse		Taxpayer	Spouse
Gross Revenue:	$	$	Materials:	$	$
Cost of Goods Sold:	$	$	Labor:	$	$
Business Bank Account(s) Balance as of 12/31/21:	$	$	Other income:	$	$
			Inventory 12/31/21 (at cost):	$	$

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

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

T	S	Description:	Date Acquired:	Cost:
☐	☐		/ / 2021	$
☐	☐		/ / 2021	$
☐	☐		/ / 2021	$

*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 2021 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 12/31/2021 balance in that account? $

Rental Property

	Property #1	Property #2	Property #3
Property Address:	________	________	________
Rental Income:	$________	$________	$________
Rental Expenses			
Advertising:	$________	$________	$________
Travel: (for the property)	$________	$________	$________
Number 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 list)	$________	$________	$________
Improvements: (attach 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 2021 IRS Form 1099 to every company/person that you paid $600 or more?

☐ Yes
☐ No

Business Vehicle Expenses

	Vehicle #1	Vehicle #2	Vehicle #3
Description:	____________	____________	____________
Driven By:	____________	____________	____________
Date Placed In Service:	____________	____________	____________
Total Miles Driven:	____________	____________	____________
Business Miles Driven:	____________	____________	____________
Odometer (01/01/2021):	____________	____________	____________
Odometer(12/31/2021):	____________	____________	____________
Insurance:	$ ____________	$ ____________	$ ____________
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:____________

Rent: $____________

Improvements: $____________

Insurance: $____________

Total square feet of office:____________

Repairs: (to the home office: $____________

Association fee: $____________

Utilities: (water, gas, electric, garbage) $____________

Retirement Plan Contributions - Not Through Employer (401k/ 403b)

Taxpayer Contributions:

Traditional IRA ___________ Roth IRA ___________

☐ Contribution already made

☐ Planning to contribute by 4/15/2022

Spouse Contribution:

Traditional IRA ___________ Roth IRA ___________

☐ Contribution already made

☐ Planning to contribute by 4/15/2022

Student Loan Payments & Interest

Taxpayer Payments: $___________ Spouse Payments: $ ___________ Dependent Payments: $___________

Taxpayer Interest: $ ___________ Spouse Interest: $ ___________ Dependent Interest: $___________

Higher Education (College/Post-Secondary) Expenses

Student #1: ______________________________

☐ Freshman ☐ Sophomore ☐ Junior

☐ Senior ☐ Grad

Tuition Paid: $___________

Books: $___________

Supplies, etc.: $___________

Student #2 ______________________________

☐ Freshman ☐ Sophomore ☐ Junior

☐ Senior ☐ Grad

Tuition Paid: $ ___________

Books: $ ___________

Supplies, etc.: $___________

529 Plan / Qualified Tuition Plan Contributions:

Amount: $___________ Dependent: ___________ Name of Fund: ___________ Account # ___________

Amount: $___________ Dependent: ___________ Name of Fund: ___________ Account # ___________

*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 Insurance[1]: $___________

Dental Insurance[1]: $___________

Cobra Premiums[1]: $___________

Medicare Premiums[2]: $___________

Doctor[3]: $___________

Dentist[3]: $___________

Medical Supplies[3]: $ ___________

Clinics/Hospitals[3]: $ ___________

Glasses/Contacts[3]: $ ___________

Hearing Aids[3]: $ ___________

Prescriptions[3]: $ ___________

Miles driven for medical reasons: ___________

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

[2]Medicare premiums are listed on Form 1099-SSA.

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

Health Savings Account / Medical Savings Account 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: $__________

Personal Vehicles

Vehicle Registration: $__________

# of Vehicles in Above Figure: __________

Investments

Margin/Interest Paid: __________

Mortgage Interest

	Name of Lender	Interest Paid
Primary Residence 1st Mortgage:	__________	$__________
Primary Residence 2nd Mortgage:	__________	$ __________
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.

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 canceled 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): ___ / ___ /2021: ___ / ___ /2021; ___ /___ /2021
*Attach a list for additional property donations

Donation made directly from a Traditional IRA account: $__________________________
*If you made a donation that was initiated directly from a Traditional IRA account, please provide all related documentation for that donation.

Volunteering

Volunteering Expenses: $_________________ Miles Driven:_________________
**Only include actual out of pocket expenses (your time does not count)

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:	$ ______________	$ ______________
Driver's Education:	$ ______________	$ ______________
Lessons:	$ ______________	$ ______________
Computer:	$ ______________	$ ______________
Education Software:	$ ______________	$ ______________

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

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

MN Residents Unreimbursed Employee Business Expenses (Not Entered Elsewhere)

	Taxpayer	Spouse
Office Supplies:	$ ______	$ ______
Taxes/Licenses:	$ ______	$ ______
Travel:	$ ______	$ ______
Meals:	$ ______	$ ______
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
☐	☐	______	___ / ___ /2021	$ ______
☐	☐	______	___ / ___ /2021	$ ______
☐	☐	______	___ / ___ /2021	$ ______

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

Does your employer have a business expense reimbursements 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: $ ______

Cell Phone: $ ______

Other: $ ______ *Attach a list if you need more space.