Dear Valued Client,

Thank you for allowing Myslajek Kemp & Spencer, Ltd. the opportunity to prepare your 2022 income tax returns. Your 2022 Tax Organizer is now available! Please follow the outline below to complete and submit your organizer.

Methods to complete your 2022 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.
    - For best results if using a digital method, 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.

Once completed, submit all documents to us at one time using one of the following methods:

- » Drop off the tax organizer and your source documents at our office.
- » Mail the tax organizer and source documents to our office.
- » Upload your files electronically 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 postponement of your appointment.

We wish you the very best and a prosperous 2023!

Warm regards,

Myslajek Kemp & Spencer, Ltd.

1000 Shelard Parkway, 6th Floor, Saint Louis Park, MN 55426 • Phone: (952) 544-4147 • Fax: (952) 544-2628

www.myslajek.com

Checklist – Tax Year 2022

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 2022 Client Engagement Letter. (REQUIRED) We will not begin working on your return until we receive this signed letter. See page 3.
- ☐ This completed checklist, due diligence questionnaire (if applicable), and data sheets from this tax organizer.
- ☐ 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 1099 brokerage statements showing the investment transactions. We also need the cost basis for all investments sold in 2022. Most 1099's 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 2022.
- ☐ Property tax statements for 2022 and 2023 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 2022. Be sure to also include the 4th quarter payment which is paid in January of 2023. 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 along with your current password as well as which year of QuickBooks software you use. (**.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 2021 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 2022 **(REQUIRED)**

I have engaged Myslajek Kemp & Spencer, Ltd. ("MKS") to prepare Federal and Minnesota income tax returns for the year ended December 31, 2022:

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 2022 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 March 24, 2023 to ensure that MKS will have adequate time to review my data by April 18, 2023. If MKS has not received all of my information by March 24, 2023, my return may not be completed by April 18, 2023 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

Are you a frontline worker who applied for and received Frontline Worker Pay benefits totaling $487.45?

Taxpayer: ☐ Yes ☐ No   Spouse: ☐ Yes ☐ No

COVID-19 Questionnaire - Self-Employed Taxpayers Only

Did your business receive a grant, loan, or benefit from any pandemic assistance programs in 2022 (such as Restaurant Revitalization Funds or Shuttered Venue Operators Grant?

If yes, describe:____

Amount Received: $_____________   Date Received:_____________

Was your PPP loan(s) forgiven in 2022?

☐ 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).

☐ No

Have you received the Employee Retention Credit that your business claimed?

☐ Yes   If yes, date(s): _____________ and amount(s) _________________ received. Please provide documentation from the IRS.

☐ No

2022 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 2022 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
   - ☐ N/A (Skip to next page)

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 $4,400 in 2022?
   - ☐ 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 2022?
   - ☐ 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 2022 **(REQUIRED)**

How would you like your completed tax return provided back to you?: ☐ Electronic ☐ Mailed ☐ Office Pick-Up

If you provided physical copies of tax documents, would you like them returned to you or shredded?:

☐ Returned ☐ Shredded

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") If yes, please update page 12.
☐	☐	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 2022? If yes, attach all 1098's forms and closing statements.
☐	☐	12. Did you sell or dispose of any stock in 2022? If yes, attach all 1099 forms, brokerage statements, and cost basis info.
☐	☐	13. Did you own any stock that became worthless in 2022? 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/energy efficient vehicle or install an EV Charger this year? (Lease excluded) If yes, attach the purchase invoice.
☐	☐	18. Did you receive any payments from property sold prior to 2022?
☐	☐	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 2022 **(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 $16,000 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 2022?
If yes, what was the highest balance your account reached throughout the year? $__________

☐ ☐ 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 2022?
If yes, include all 1099-A forms or 1099-C forms.

☐ ☐ 32. Did you make any purchases in 2022 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 2021 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 bank is the same as it appears on my 2021 tax return. ***Verify the last 4 digits of that account on the account # line.**

Type of account: ☐ Checking ☐ Savings

Bank Name: ________________________

Routing #: ________________________

Account #: ________________________

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

Federal

1st Quarter: ___ /___ / 2022 $__________

2nd Quarter: ___ /___ / 2022 $__________

3rd Quarter: ___ /___ / 2022 $__________

4th Quarter: ___ /___ / ____ $__________

State

1st Quarter: ___ /___ / 2022 $ __________

2nd Quarter: ___ /___ / 2022 $ __________

3rd Quarter: ___ /___ / 2022 $ __________

4th Quarter: ___ /___ / ___ $ __________

Pass-Through Entity Tax Payment Made (S-Corporations, Partnerships)

1st Quarter: ___ /___ / 2022 $__________

2nd Quarter: ___ /___ / 2022 $__________

3rd Quarter: ___ /___ / 2022 $__________

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 12/31/22:	$________	$________	Other income:	$________	$________
			Inventory 12/31/22 (at cost):	$________	$________

Number of fuel gallons purchased for non-highway use: #________ #________

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:**
☐	☐	________________	___ /___ / 2022	$________
☐	☐	________________	___ /___ / 2022	$________
☐	☐	________________	___ /___ / 2022	$________

*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 2022 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 12/31/2022 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 2022 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 (Jan-Jun):			
Total Miles Driven (Jul-Dec):			
Business Miles Driven (Jan-Jun):			
Business Miles Driven (Jul-Dec):			
Odometer (01/01/2022):			
Odometer (12/31/2022):			
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: $ ____________

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 4/15/2023

Spouse Contribution:

Traditional IRA ____________ Roth IRA ___________

☐ Contribution already made

☐ Planning to contribute by 4/15/2023

Student Loan Payments & Interest

Taxpayer Payments: $____________ Spouse Payments: $ ____________ Dependent Payments: $____________

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

Did you receive any student loan forgiveness? If yes, what was the total loan amount forgiven? $ ________________

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.: $ _____________

*Please provide Form 1098-T. This can be downloaded within the school's Online student portal.

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.

Medical Expense Accounts

	Taxpayer	Spouse
HSA Contributions:	$__________	$__________
HSA Withdrawals:	$__________	$__________
Coverage Type:	☐ Single ☐ Family	☐ Single ☐ Family

Were all withdrawals from your HSA/MSA/FSA used for medical expenses? ☐ Yes ☐ No

***Please include forms 5498-SA and 1099-SA. You may need to request these forms from your account administrator or log into your Online account to download.**

Long-Term Care Insurance

	Taxpayer	Spouse
Amount:	$__________	$__________
Policy #:	__________	__________
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

***Please 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): ___ / ___ /2022; ___ / ___ /2022; ___ /___ /2022

*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.

Donation(s) made through a Donor Advise Fund: $_________________

Volunteering

Volunteering Expenses: $_________________ Miles Driven: _________________

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

Daycare Expenses

Child #1 Name: __________________________

Amount Paid: __________________________

Provider's Name: __________________________

Provider's Tax ID: __________________________

Provider's Address: __________________________

Child #2 Name: __________________________

Amount Paid: __________________________

Provider's Name: __________________________

Provider's Tax ID: __________________________

Provider's Address: __________________________

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

	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
☐	☐	________	___ /___ / 2022	$ ________
☐	☐	________	___ /___ / 2022	$ ________
☐	☐	________	___ /___ / 2022	$ ________

*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.