



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

Cambridge: 244 Birch Street, Suite B  
Cambridge, MN 55008  
Phone: (763) 689-9674  
Fax: (763) 689-6635  
[www.myslajek.com](http://www.myslajek.com)

Dear Valued Client,

Thank you for allowing MKS, Ltd. the opportunity to prepare your 2023 income tax returns. Please follow the outline below to complete your Tax Organizer and submit your documents.

Ways to complete your 2023 Tax Organizer:

- Submit source documents, including the Tax Organizer, to us all at once using one of the following methods:
  - Complete, and drop off the tax organizer and your source documents at one of our office locations.
  - Mail the organizer and source documents to one of our office locations.
  - Upload your files electronically at: [www.myslajek.com](http://www.myslajek.com)

Please provide all your source documents (W-2s, 1099s, etc.) as well as the Tax Organizer at least one week prior to your appointment. Postponement of your appointment may occur if we have not received all necessary documents.

In addition to in-person meetings, tax appointments can be hosted remotely via Microsoft Teams. A phone meeting or email exchange are always an option as well. The method your accountant will use to contact you will be communicated to you during appointment scheduling.

MKS is excited to announce the opening of our new Cambridge office location this year! This move is part of our ongoing commitment to better serve our clients and meet the growing demands of our dynamic industry. We welcomed Mary Martin-Kahn to our MKS team this past year, who has been instrumental in the successful opening of our new Cambridge office.

We wish you the best and a prosperous 2024!

Warm regards,

MKS, Ltd.

## Checklist – Tax Year 2023

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 2023 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, miscellaneous income, rents, unemployment, etc.

If you took any distributions or made contributions to an HSA attach Form(s) 1099SA and 5498SA.

If you took any distributions from a retirement account, attach Form 1099-R.

If stocks, bonds, or mutual funds were transferred or sold please provide a 1099 Composite Tax Statement for each brokerage account detailing your investment transactions. Most 1099's contain all necessary information. If cost basis is missing on any transactions please provide the date of purchase and price paid for each transaction. You may need to review prior year's statements or contact your broker to obtain basis information. We are unable to complete your return without cost basis 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 2023.

Property tax statements for 2023 and 2024 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 2023 Be sure to also include the 4th quarter payment which is paid in January of 2024. See page 9.

A categorized list of income and expenses for self-employed activities and rental properties.  
See pages 10, 11 & 12.

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. Please note thumb drives are no longer accepted by MKS. Files should be submitted electronically here: [mks.app.box.com](https://mks.app.box.com))**

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

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 15 of this organizer.

Totals of all cash and non-cash donations made last year. See page 15.

If we did not prepare your 2022 tax return(s), please include it with your documentation.

## Client Engagement Letter - Tax Year 2023 (REQUIRED)

I have engaged Myslajek Kemp & Spencer, Ltd. ("MKS") to prepare Federal and Minnesota income tax returns for the year ended December 31, 2023

Individual taxpayer(s) Name(s): \_\_\_\_\_  
Dependent taxpayer(s) name(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 2023 returns are prepared. In the event that any bills are not paid, I will pay collection costs including reasonable attorney fees. I understand paying my invoice with any credit card will result in an additional 3% processing fee charge.
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. Any and all filings related to the Corporate Transparency Act are not included as part of tax preparation.
10. I understand that MKS must receive all of my tax information as soon as possible, but not later than March 22, 2024 to ensure that MKS will have adequate time to review my data by April 15, 2024. If MKS has not received all of my information by March 22, 2024, my return may not be completed by April 15, 2024 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: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Dependent: \_\_\_\_\_ Date: \_\_\_\_\_  
Myslajek Kemp & Spencer, LTD: \_\_\_\_\_ Date: \_\_\_\_\_

All Taxpayers

Did you receive any Minnesota Direct Tax Rebate Payments in 2023? (\$260 was issued per person – including up to three dependents – for taxpayers whose income fell below \$150k if filing joint, \$75k for all other filers)

Yes

No

If yes, amount received: \$\_\_\_\_\_. Please provide form 1099Misc that was issued for this amount

Did you receive any State General Welfare, Qualified Disaster Relief, or Direct Tax Rebate payments in 2023 from any state other than Minnesota?

Yes

No

If yes, state and amount received: State:\_\_\_\_\_ \$\_\_\_\_\_. Please provide any tax forms or notices confirming the amount you received.

Did you contribute any funds to the Minnesota Housing Tax Credit Program last year?

If yes, amount contributed \$\_\_\_\_\_. Please provide the Tax Credit Certificate you received upon acceptance of your contribution.

Corporation/LLC Owners Only

Have you submitted your company's Beneficial Ownership Information to FinCen per the Corporate Transparency Act? Businesses registered before 1/1/24 have until 12/31/24 to file.

Yes

No

## 2023 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 2023 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 9 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 \$4,700 in 2023?

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 2023

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 2023 (REQUIRED)

How should we provide you a completed copy of your tax return?:  Electronically  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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your marital or tax filing status changed in any way?<br>If yes, how and date of change? (Update page 9) _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there a change in the number of dependents you can claim? If yes, update page 9.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has your address changed in the last year? If yes, update page 9.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you sell, exchange, purchase, abandon, or foreclose on any real estate?<br>If yes, attached all 1099's & closing disclosures/ALTA settlement statements.               |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you contribute to a Traditional or Roth IRA (outside of an employer retirement plan ex: 401k/403B)?<br>If you haven't already, do you plan to? If yes, update page 13. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you receive a payment and/or make a withdrawal from a retirement account<br>If yes, include Form 1099-R.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income? If yes, include income documentation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did any of your life insurance policies mature, or did you surrender a policy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. 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 13.        |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you pay any student loan interest?<br>Attach Form 1098-E and update page 12.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you make a contribution to a 529 plan? (Otherwise known as a "qualified tuition plan")<br>If yes, please update page 13   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you make a withdrawal from an education savings/529 Plan? If yes, attach form 1099-Q  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you make a contribution to a Health Savings/Medical Savings Account?<br>If yes, update page 14 and attach 5498SA  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Did you make a withdrawal from a Health Savings/Medical Savings Account?<br>If yes, update page 14 and attach 1099SA  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you purchase a home in 2008 and claim the First-Time Home Buyer Credit?<br>If yes, attach that return unless we prepared it.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you refinance or take out a home equity loan during 2023?<br>If yes, update page 14 and attach all 1098 forms and closing statements.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you have any investment accounts? If yes, attach 1099 Composite Tax Statement(s).<br>The 1099 tax form is different than quarterly or year-end summary statements.     |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you own any stock that became worthless in 2023? If yes, attach brokerage statements.   |

Questionnaire - Tax Year 2023 (REQUIRED)

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>19. Did you “mine”, buy, sell or exchange a crypto currency (ex: Bitcoin); or use and/receive a cryptocurrency as payment for goods or services?<br/>                     If sold, include a list of cryptocurrency sold in the following format:<br/>                     SALE DATE   QTY SOLD   SALE AMOUNT   DATE ACQUIRED   BASE VALUE</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>20. Do you have children that earned investment income? If yes, include their Form 1099’s.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>21. Did you start a new business or purchase a rental property?<br/>                     If yes, update pages 10 or 11 and attach any closing statements.</p>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>22. Did you sell an existing business or rental property? If yes, attach closing statements.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>23. Did you receive any payments from property sold prior to 2023?</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>24. Did you have ownership interest in a Partnership or S-Corporation?<br/>                     If yes, include all K-1 Schedules.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>25. Did you have health insurance through a health insurance marketplace such as MN Sure?<br/>                     If yes, attach Form 1095-A</p>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>26. Did you purchase an electric/energy efficient vehicle or install an EV charger this year?<br/>                     (Lease excluded) If yes, attach the purchase invoice.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>27. Did you make any energy saving home improvements to your home?<br/>                     If yes, describe: _____ Cost: \$ _____</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>28. Did you incur a casualty or theft loss attributable to a Federally Declared Disaster?<br/>                     If yes, describe: _____</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>29. Did you make gifts of more than \$17,000 to any individual?<br/>                     If yes, describe: _____</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>30. Did you make any cash or non-cash donations? If yes, update page 15.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>31. Did you initiate any Qualified Charitable Donations directly from an IRA?<br/>                     If yes, update page 15 and provide documentation.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>32. 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.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>33. Did you have any affiliation with a foreign bank or brokerage account in 2023?<br/>                     If yes, what was the highest balance your account reached throughout the year?<br/>                     \$ _____</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>34. Did you receive any gambling winnings? If yes, total losses were: \$ _____<br/>                     Include all W-2G(s) forms and documented losses.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>35. Did you cash any Series EE or I Series U.S. Saving bonds issued after 1989?<br/>                     If yes, include all documentation.</p>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>36. Did you have any debt canceled or forgiven in 2023?<br/>                     If yes, include all 1099-A forms or 1099-C forms.</p>   |

Questionnaire - Tax Year 2023 (REQUIRED)

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Did you make any purchases in 2023 for which sales or use tax was not paid?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Did you receive correspondence from the IRS or state tax authorities?<br>If yes, include a copy of any correspondence received. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Did you have an allowance or expense account at work? If yes, update page 17.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Did you have any non-reimbursed employee business expenses? If yes, update page 17.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Are you a public safety benefit recipient who has insurance premiums withheld directly from your PERA benefits?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Do you want to contribute to the MN Wildlife Fund? If yes, amount: \$ _____   |



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 what appears on my 2022 return, including bank account information.

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 2022 tax return. \*Please verify the last 4 digits of your account even if it has not changed.

Bank Name: \_\_\_\_\_
Routing #: \_\_\_\_\_
Account #: \_\_\_\_\_

Type of account: Checking Savings

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

Federal

1st Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
2nd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
3rd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
4th Quarter: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

State

1st Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
2nd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
3rd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
4th Quarter: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

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

1st Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
2nd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
3rd Quarter: \_\_\_\_/\_\_\_\_/2023 \$ \_\_\_\_\_
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**

<b>Sales/Revenue</b>	<b>Taxpayer</b>	<b>Spouse</b>		<b>Taxpayer</b>	<b>Spouse</b>
Gross Revenue:	\$ _____	\$ _____	Materials:	\$ _____	\$ _____
Cost of Goods Sold:	\$ _____	\$ _____	Labor:	\$ _____	\$ _____
Business Bank Account(s) Balance as of 12/31/23	\$ _____	\$ _____	Other income:	\$ _____	\$ _____
			Inventory		
			12/31/23 (at cost):	\$ _____	\$ _____
			Number of fuel gallons purchased for non-highway use:		
			# _____	# _____	

<b>Expenses</b>	<b>Taxpayer</b>	<b>Spouse</b>		<b>Taxpayer</b>	<b>Spouse</b>
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:

<b>T</b>	<b>S</b>	<b>Description:</b>	<b>Date Acquired:</b>	<b>Cost:</b>
_____	_____	_____	___ / ___ / 2023	\$ _____
_____	_____	_____	___ / ___ / 2023	\$ _____
_____	_____	_____	___ / ___ / 2023	\$ _____

\*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 2023 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 12/31/2023 balance in that account?    \$ \_\_\_\_\_

Rental Property

	Property #1	Property #2	Property #3
Property Address:	_____	_____	_____
Rental Income:	\$ _____	\$ _____	\$ _____
<b>Rental Expenses</b>			
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 2023 IRS Form 1099 to every company/person that you paid \$600 or more?

- Yes
- No

**Business Vehicle Expenses**

	<b>Vehicle #1</b>	<b>Vehicle #2</b>	<b>Vehicle #3</b>
Description:	_____	_____	_____
Driven by:	_____	_____	_____
Date placed in service:	_____	_____	_____
Business miles driven:	_____	_____	_____
Odometer (01/01/2023):	_____	_____	_____
Odometer (12/31/2023):	_____	_____	_____
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. W2 employees do not qualify for a home office deduction.**

Total square feet of home:	_____	Total square feet of office:	_____
Rent:	\$ _____	Repairs:	\$ _____
Improvements:	\$ _____	Association fee:	\$ _____
Insurance:	\$ _____	Utilities: (water, gas, electric, garbage)	\$ _____

**Retirement Plan Contributions - Not Through Employer (Ex: 401K, 403B)**

**Taxpayer Contributions:**

Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_  
 Contribution already made  
 Planning to contribute by 4/15/2024  
 Roth Conversion(s) done in 2023  
 Total Converted \$ \_\_\_\_\_

**Spouse Contributions:**

Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_  
 Contribution already made  
 Planning to contribute by 4/15/2024  
 Roth Conversion(s) done in 2023  
 Total Converted \$ \_\_\_\_\_

**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: \_\_\_\_\_

Student #2 \_\_\_\_\_

Freshman      Sophomore      Junior  
 Senior          Grad

Freshman      Sophomore      Junior  
 Senior          Grad

Tuition Paid: \$ \_\_\_\_\_

Tuition Paid: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Supplies, etc.: \$ \_\_\_\_\_

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<sup>1</sup>: \$ \_\_\_\_\_

Medical Supplies<sup>3</sup>: \$ \_\_\_\_\_

Dental Insurance<sup>1</sup>: \$ \_\_\_\_\_

Clinics/Hospitals<sup>3</sup>: \$ \_\_\_\_\_

Cobra Premiums<sup>1</sup>: \$ \_\_\_\_\_

Glasses/Contacts<sup>3</sup>: \$ \_\_\_\_\_

Medicare Premiums<sup>2</sup>: \$ \_\_\_\_\_

Hearing Aids<sup>3</sup>: \$ \_\_\_\_\_

Doctor<sup>3</sup>: \$ \_\_\_\_\_

Prescriptions<sup>3</sup>: \$ \_\_\_\_\_

Dentist<sup>3</sup>: \$ \_\_\_\_\_

Miles driven for medical reasons: \_\_\_\_\_

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

<sup>2</sup>Medicare premiums are listed on Form 1099-SSA.

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

**Medical Expense Accounts**

	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
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	**Principal Paid
Primary Residence 1st Mortgage:	_____	\$ _____	\$ _____
Primary Residence 2nd Mortgage:	_____	\$ _____	\$ _____
Cabin:	_____	\$ _____	\$ _____
Home Equity Loan/Line:	_____	\$ _____	\$ _____
Percentage of Home Equity Loan/Line used for home improvements:	_____		
Mortgage Insurance Premiums:	\$ _____		

\*\*Please provide if total indebtedness is over \$750k, \$1M if loan originated 2017 or earlier

**\*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: \_\_\_\_\_

\*Attach a list for stock donations or additional property donations.

Qualified Charitable Donation made directly from a Traditional IRA: \$ \_\_\_\_\_

\*If you are over 70 1/2 and made a donation initiated directly from a Traditional IRA account please provide all related documentation for that donation.

Contribution(s) made to a Donor-Advised Fund: \$ \_\_\_\_\_

### 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

	<b>Student #1</b>	<b>Student #2</b>
Student's Name:	_____	_____
Grade:	_____	_____
Tuition:	\$ _____	\$ _____
Books/Supplies:	\$ _____	\$ _____
Musical Instruments:	\$ _____	\$ _____
Type of Instrument:	_____	_____
Gym Clothes:	\$ _____	\$ _____
Transportation Fees <sup>1</sup> :	\$ _____	\$ _____
Tutoring:	\$ _____	\$ _____
Driver's Education:	\$ _____	\$ _____
Lessons:	\$ _____	\$ _____
Computer:	\$ _____	\$ _____
Education Software:	\$ _____	\$ _____

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

<sup>1</sup>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)**

\*With the exception of Educator Expenses, unreimbursed expenses are not Federally deductible.

	<b>Taxpayer</b>	<b>Spouse</b>
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
		_____	___ / ___ / 2023	\$ _____
		_____	___ / ___ / 2023	\$ _____
		_____	___ / ___ / 2023	\$ _____

\*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.