MYSLAJEK KEMP & SPENCER, LTD.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

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

Cambridge: 244 Birch Street, Suite B
Cambridge, MN 55008
Phone: (763) 689-9674
www.myslajek.com

Dear Valued Client,

Thank you for allowing MKS, Ltd. the opportunity to prepare your 2024 income tax returns. Please follow the outline below to complete your Tax Organizer and submit your documents.

Ways to complete your 2024 Tax Organizer:

- Submit source documents, including the Tax Organizer, 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

Please provide all your source documents (W-2s, 1099s, etc.), completed questionnaire, and signed engagement letter at least one week prior to your appointment (if you have an appointment scheduled, which is not required). Postponement of your appointment may occur if we have not received all necessary documents one week prior to your scheduled meeting.

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.

We are excited to share that MKS has welcomed Guardian Wealth Advisors (GWA) into our office this year. This collaboration brings together MKS's extensive accounting expertise with GWA's proficient financial advisory services, allowing us to offer a more comprehensive suite of solutions under one roof. We look forward to delivering an even higher standard of service and continuing to be your partner in success.

We wish you the best and a prosperous 2025!

Warm regards,

MKS, Ltd.

Checklist – Tax Year 2024

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 2024 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 2024.
- ☐ Property tax statements for 2024 and 2025 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 2024 Be sure to also include the 4th quarter payment which is paid in January of 2025. 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**. **Please note thumb drives are no longer accepted by MKS. All files should be submitted electronically through our website at www.myslajek.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 14 of this organizer.
- ☐ Totals of all cash and non-cash donations made last year. See page 14.
- ☐ If we did not prepare your 2023 tax return(s), please include it with your documentation.

Client Engagement Letter - Tax Year 2024 **(REQUIRED)**

I have engaged Myslajek Kemp & Spencer, Ltd. ("MKS") to prepare Federal and State income tax returns for the year ended December 31, 2024

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 2024 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, exempt organizations, 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 (Beneficial Ownership Information) 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 21, 2025 to ensure that MKS will have adequate time to review my data by April 15, 2025. If MKS has not received all of my information by March 21, 2025, my return may not be completed by April 15, 2025 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: _____

2024 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 2024 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'spersonal 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 $5,050 in 2024?
   - ☐ 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 2024?
   - ☐ 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 2024 (**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	
☐	☐	1. Has your marital or tax filing status changed in any way? If yes, how and date of change? (Update page 8)_____
☐	☐	2. Is there a change in the number of dependents you can claim? If yes, update page 8.
☐	☐	3. Has your address changed in the last year? If yes, update page 8.
☐	☐	4. Did you sell, exchange, purchase, abandon, or foreclose on any real estate? If yes, attached all 1099's & closing disclosures/ALTA settlement statements.
☐	☐	5. 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.
☐	☐	6. Did you receive a payment and/or make a withdrawal from a retirement account If yes, include Form 1099-R.
☐	☐	7. Did you receive any disability income? If yes, include income documentation.
☐	☐	8. Did any of your life insurance policies mature, or did you surrender a policy?
☐	☐	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 12.
☐	☐	10. Did you pay any student loan interest? Attach Form 1098-E and update page 11.
☐	☐	11. Did you make a contribution to a 529 plan? (Otherwise known as a "qualified tuition plan") If yes, please update page 12
☐	☐	12. Did you make a withdrawal from an education savings/529 Plan? If yes, attach form 1099-Q
☐	☐	13. Did you make a contribution to a Health Savings/Medical Savings Account? If yes, update page 13 and attach 5498SA
☐	☐	14. Did you make a withdrawal from a Health Savings/Medical Savings Account If yes, update page 13 and attach 1099SA
☐	☐	15. Did you purchase a home in 2008 and claim the First-Time Home Buyer Credit? If yes, attach that return unless we prepared it.
☐	☐	16. Did you refinance or take out a home equity loan during 2024? If yes, update page 13 and attach all 1098 forms and closing statements.
☐	☐	17. Do you have any investment accounts? If yes, attach 1099 Composite Tax Statement(s). The 1099 tax form is different than quarterly or year-end summary statements.
☐	☐	18. Did you own any stock that became worthless in 2024? If yes, attach brokerage statements.

Questionnaire - Tax Year 2024 (**REQUIRED**)

Yes No

☐ ☐ 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?
If sold, include a list of cryptocurrency sold in the following format:
SALE DATE | QTY SOLD | SALE AMOUNT | DATE ACQUIRED | BASE VALUE

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

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

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

☐ ☐ 23. Did you receive any payments from property sold prior to 2024?

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

☐ ☐ 25. Did you have health insurance through a health insurance marketplace such as MN Sure?
If yes, attach Form 1095-A

☐ ☐ 26. Did you purchase an electric/energy efficient vehicle or install an EV charger this year?
(Lease excluded) If yes, attach the purchase invoice.

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

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

☐ ☐ 29. Did you make gifts of more than $18,000 to any individual?
If yes, describe: _____

☐ ☐ 30. Did you make any cash or non-cash donations? If yes, update page 14.

☐ ☐ 31. Did you initiate any Qualified Charitable Donations directly from an IRA?
If yes, update page 14 and provide documentation.

☐ ☐ 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.

☐ ☐ 33. Did you have any affiliation with a foreign bank or brokerage account in 2024?
If yes, what was the highest balance your account reached throughout the year?
$_____

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

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

☐ ☐ 36. Did you have any debt canceled or forgiven in 2024?
If yes, include all 1099-A forms or 1099-C forms.

Questionnaire - Tax Year 2024 (REQUIRED)

Yes	No	
☐	☐	37. Did you make any purchases in 2024 for which sales or use tax was not paid?
☐	☐	38. Did you receive correspondence from the IRS or state tax authorities? If yes, include a copy of any correspondence received.
☐	☐	39. Did you have an allowance or expense account at work? If yes, update page 16.
☐	☐	40. Did you have any non-reimbursed employee business expenses? If yes, update page16.
☐	☐	41. Are you a public safety benefit recipient who has insurance premiums withheld directly from your PERA benefits?
☐	☐	42. Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	43. Do you want to contribute to the MN Wildlife Fund? If yes, amount: $_____
☐	☐	44. 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.
☐	☐	45. If you work directly with a Financial Advisor do you give MKS permission to exchange tax-pertinent information with your advisor (if applicable)?

Name of Advisor:_____
Email Address:_____
Phone Number:_____

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 2023 return, including bank account information.

New/Updated Taxpayer Information

Full Name: _____ ___ _____

SSN: ___-___-_____

Date of Birth: ___/___ /_____

Cell Phone: ___-___-_____

Work Phone: ___ -___ -_____

Email: _____

Occupation: _____

New/Updated Address ☐ Home ☐ Mailing

Street Address: _____

_____

City: _____

State: _____ Zip Code: _____

New/Updated Spouse Information

Full Name: _____ ___ _____

SSN: ___-___-_____

Date of Birth: ___/___ /_____

Cell Phone: ___-___-_____

Work Phone: ___ -___ -_____

Email: _____

Occupation: _____

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 2023 tax return. ***Please verify the last 4 digits of your account even if it has not changed.**

Type of account: ☐ Checking ☐ Savings

Bank Name: _____

Routing #: _____

Account #: _____

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

Federal

1st Quarter: ___ /___ / 2024 $_____

2nd Quarter: ___ /___ / 2024 $_____

3rd Quarter: ___ /___ / 2024 $_____

4th Quarter: ___ /___ /____ $_____

State

1st Quarter: ___ /___ / 2024 $ _____

2nd Quarter: ___ /___ / 2024 $ _____

3rd Quarter: ___ /___ / 2024 $ _____

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

Sales/Revenue	**Taxpayer**	**Spouse**
Gross Revenue:	$_____	$_____
Cost of Goods Sold:	$_____	$_____
Business Bank Account(s) Balance as of 12/31/24	$_____	$_____

	Taxpayer	**Spouse**
Materials:	$_____	$_____
Labor:	$_____	$_____
Other income:	$_____	$_____
Inventory 12/31/24 (at cost):	$_____	$_____
Number of fuel gallons purchased for non-highway use:	#_____	#_____

Expenses	**Taxpayer**	**Spouse**
Advertising:	$_____	$_____
Commissions/Fees:	$_____	$_____
Contract Labor:	$_____	$_____
Employee Benefits:	$_____	$_____
Business Insurance:	$_____	$_____
Interest:	$_____	$_____
Legal/Professional:	$_____	$_____
Office Supplies:	$_____	$_____
Pension/Profit Share:	$_____	$_____
Rent:	$_____	$_____
Repairs/Maintenance:	$_____	$_____
Supplies:	$_____	$_____
Taxes/Licenses:	$_____	$_____

	Taxpayer	**Spouse**
Travel:	$_____	$_____
Meals:	$_____	$_____
Utilities:	$_____	$_____
Wages:	$_____	$_____
Phone:	$_____	$_____
Internet:	$_____	$_____
Business Gifts:	$_____	$_____
Subscriptions:	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

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

T	**S**	**Description:**	**Date Acquired:**	**Cost:**
☐	☐	_____	___ /___ / 2024	$_____
☐	☐	_____	___ / / 2024	$_____
☐	☐	_____	___ / / 2024	$_____

*Attach a list if additional lines are necessary.

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

Do not provide receipts for business expenses under $2,500.

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 2024 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 12/31/2024 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 2024 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:			
Business miles driven:			
Odometer (01/01/2024):			
Odometer (12/31/2024):			
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: _____

Rent: $_____

Improvements: $_____

Insurance: $_____

Total square feet of office: _____

Repairs: $ _____

Association fee: $ _____

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 4/15/2025
- ☐ Roth Conversion(s) done in 2024

  Total Converted $ _____

Spouse Contributions:

Traditional IRA _____ Roth IRA _____

- ☐ Contribution already made
- ☐ Planning to contribute by 4/15/2025
- ☐ Roth Conversion(s) done in 2024

  Total Converted $ _____

Student Loan Payments & Interest

Taxpayer Payments: $_____ Spouse Payments: $ _____ Dependent Payments: $ _____

Taxpayer Interest: $ _____ Spouse Interest: $ _____ Dependent Interest: $ _____

*Please provide Form 1098-E

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]:	$_____	Medical Supplies[3]:	$_____
Dental Insurance[1]:	$_____	Clinics/Hospitals[3]:	$_____
Cobra Premiums[1]:	$_____	Glasses/Contacts[3]:	$_____
Medicare Premiums[2]:	$_____	Hearing Aids[3]:	$_____
Doctor[3]:	$_____	Prescriptions[3]:	$_____
Dentist[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	**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

	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)

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

	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
☐	☐	_____	___ / ___ / 2024	$_____
☐	☐	_____	___ / ___ / 2024	$_____
☐	☐	_____	___ / ___ / 2024	$_____

*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.