Individual Income Tax Questionnaire

11610 Andrew Street
Brainerd, MN 56401
(Business Hwy 371 S)

Phone - (218) 829-3501 - Brainerd
(218) 963-3424 - Nisswa

Credits: see page 4 for required documentation

I (We) assure you that the information provided in this form, along with any other information sheets provided for preparation of my (our) income tax returns is correct to the best of my (our) knowledge and belief. I (We) understand that payment for your services is due upon receipt of my (our) tax returns.

______________________ Signature ______________________ Signature __________ Date

	Taxpayer(s)	Social Security #	Occupation	Date of Birth
Name(s)		- -		
		- -		
Address	Street	City	State	Zip

If you have any refunds and you would like them to be directly deposited to your account, please provide :

________ Voided check (for checking account)
________ Deposit Slip (for savings account)
________ **Same as your 2016 tax return**

Home Phone ____________________
Work Phone ____________________
Cell Phone ____________________
Cell Phone ____________________
Fax ____________________
E-Mail ____________________

Did you or do you plan to make IRA contributions for this year? Yes____No____

Contributor	Type of Account (Traditional, Roth, Educ.)	Dates	Amounts

Did you have an interest in or a signature authority over a financial account in a foreign country? Yes____No____
If Yes : Name of country____________

Did you pay $2,000 or more to any one household employee this year? Yes____No____

Do you want to designate $3 to the federal presidential election campaign fund? Yes____No____ Yes____No____

Do you want to designate $5 to the state elections campaign fund? Yes____No____ Yes____No____

Your choice(s) of political party? ____________ ____________

Did you have a theft or casualty loss over 10% of your gross income after insurance proceeds? Yes____No____
If yes, please explain : ____________________

Did you make gifts of more than $14,000 to any one individual during the year? Yes____No____
If yes, please explain : ____________________

Did you receive correspondence from the State or the IRS during the year? Yes____No____
If yes, please explain : ____________________

If you want to donate to the Minnesota Nongame Wildlife fund, fill in the amount : Income Tax Return $________
Property Tax Return $________

Do you foresee any significant changes to your financial situation that will affect your tax liability for 2018? If so, please explain briefly : ____________________

Property Tax Refund: If you want us to prepare your Minnesota renter or homeowner property tax refund return form M-1PR, you need to provide us with your 2017 Certificate of Rent Paid or your 2018 Statement of Property Taxes Due.
There is an additional fee for this service.

We will notify you by mail when your tax returns are completed. Please let us know if your mailing address is different from the address above. ____________________

Wage and Salary Income

(Attach All W-2s Received)

Employer	Gross Wages (Box 1)	Federal Tax	State Tax

Retirement Income

(Attach All 1099s Received)

Payor	Gross Distribution	Taxable Distribution	Federal Tax	State Tax
Social Security				
Social Security				
Railroad Retirement				
IRA's				
Pensions				

Interest Income

(Attach All 1099 Forms Received Including All Tax-Exempt Interest Received)
(If Interest is Received on a Contract For Deed, The Payor's Name, Address and Social Security # are Required)

Payor	Amount	Payor	Amount

Dividend Income

(Attach All 1099 Forms Received Including All Tax-Exempt Dividends)

Payor	Dividends	Qualified Dividends	Capital Gains	Tax Exempt	Foreign Tax

Miscellaneous Income

(Attach Relevant Forms)

Unemployment Compensation		Estates or Trusts	
Alimony		Royalties	
VA Pension		Welfare Assistance	
VA Disability		Partnership or S-Corp (provide K-1)	
Tips and Gratuities		Lawsuit Recoveries	
Directors Fees		Cancellation of debt	
Prizes and Awards		Other (Describe) :	
Worker's Compensation			

Security and Real Estate Sales

Foreclosures, Abandonments, Ponzi Scheme Losses and Other Property Transactions Need to be Listed Here.

Description	Date Bought	Date Sold	Sales Price	Cost	Expenses

Medical and Dental Expenses

Medical Insurance………...……..………… ____________
Medicare Insurance……………...………..…. ____________
Long Term Care Insurance…..…Taxpayer ____________
Spouse ____________
Name of Company ________________
Policy # (s): ________________
Prescription Drugs………...…...…...……….. ____________
Glasses and Contacts………..……......…… ____________
Hearing Aids……………………..……..…... ____________
Doctors, Dentists, Hospitals and Clinics : ____________

HSA Contributions……………………………. ____________

Ambulance…………………………….… ____________
Medical Transportation:
Mileage ______miles @ $ .17
Parking, Bus, Taxi…………………..….. ____________
Motels…………………………….……… ____________
Other Expenses (Describe) :
Less HSA Reimbursements
included above………….....………...…… ( )
Less Insurance Reimbursements
included above………….....………...…… ( )

Interest Paid

	Financial Institution	Amount Paid
Deductible Home Mortgage:		
Interest Paid to Banks and Other Financial Institutions :		
List All Mortgages and Equity Loans		
(Attach All Forms 1098 Received)		
Deductible Mortgage Insurance:		
(Only Applies to New Mortgages)		
Points Paid on Purchase or Refinance of Mortgage Loans :		
(Include Copy of Settlement Statement)		

Interest Paid to Individuals on a Contract For Deed : (Payee's Name, Address and Social Security Number must be included; failure to provide is subject to a fine)

Name…………………………………….……….……….
Address……………………………....……….……....
Social Security Number……….………..……..…..

	Interest Paid to	Amount Paid
Investment Interest :		
Investment Loan Relates to :		
Brokerage Margin Account:		
Other (Describe)		

Student Loan Interest :
Student's Name…………………………....………..………
Interest Paid (Attach Forms 1098-E)……………...………..

Contributions

Only amounts given to qualified charitable organizations qualify. Examples of NON-DEDUCTIBLE amounts are to Political Organizations and Candidates, Dues and Fees paid to lodges and fraternal orders, Raffles, Bingo, and Pull Tabs.
Please list all of your qualified charitable gifts here as you may receive a deduction on your State return even if you do not itemize deductions on your Federal return.

Cash Contributions :

Religious Organizations...…….……………… ____________
Schools……………….……….…..………….. ____________
United Way……………………….....……… ____________
Boy Scouts / Girl Scouts……..………..……. ____________
Other (Please list) :

Volunteer Mileage : ______miles @$ .14 ____________

Non-Cash Contributions:

1) Complete the worksheet included with your organizer.
2) You must have a receipt stating the amount received by the organization from the sale of a donated vehicle, boat, etc.

If TOTAL Non-Cash Contributions are:
Less than $250: Receipt not required if impractical.
Document donations with written description.

More than $250: Receipts required.

The IRS requires proof for ALL cash contributions to qualified charitable organizations.
(receipt, cancelled check, bank statement, credit card statement, etc.)

Taxes Paid

Auto Licenses : List separately

(Describe) : ____________________ ______

____________________ ______

____________________ ______

Real Estate Taxes :

Home……………………..…..….. ______

M-1PR Refund Received…… (   )

Second Home/Cabin………… ______

Land…………………….……….. ______

____________________ ______

____________________ ______

____________________ ______

Sales Tax - on these major purchases: vehicle, boat, home building materials, etc.

____________________ ______

____________________ ______

Income Taxes :

	Date Paid	Federal	State
Prior Years Refunds Received……………………..……...……………………..…….			
Prior Years Additional Payments……..……..…..……...…..……...……………….….……			
Estimated Tax Payments:			
Prior Year 4th Installment Due January 15, 2017………..………………….…………			
1st Installment Due April 15, 2017……….……….......……………...………...…….			
2nd Installment Due June 15, 2017………………...……...…………………….…..…..			
3rd Installment Due September 15, 2017…….………………...……….……………...…….			
4th Installment Due January 15, 2018………………………...……...…………….…….			

Other Deductions

Alimony Paid…………...………...….……… ______

Name and Social Security # of Recipient

____

Work or Job Related Expenses :

Union and Professional Dues…..……... ______

Work Supplies………………………..……. ______

Tools and Safety Equipment……….…. ______

Required Uniforms and Laundry……… ______

Trade Journals and Subscriptions……. ______

Your Continuing Education :

(Enter information for your dependents education on the dependent questionnaire)

Tuition and Fees………...……….…….… ______

Books and Supplies….……...……..…. ______

Travel or Miles @ $ .535 ……..…...…………… ______

Tax Preparation Fee………..……………...……. ______

Safe Deposit Box……………….…….…………..…. ______

Investment Fees and Expenses……….…………. ______

IRA Maintenance Fees……………………..…..……. ______

Adoption Expenses…………………..…..…….. ______

Explain ____________________

Moving Expenses (over 50 miles)……..……….……. ______

Explain ____________________

Mileage:

________ miles @ $ .17 ______

____

____

Job Hunting Expenses…………………………..…….….…….…. ______

Other Items (Describe) :

____________________ ______

____________________ ______

____________________ ______

____________________ ______

If you have expenses for business, work, or farm use of your personal automobile, fill in the required information on the separate information questionnaires.

Please bring the following documents with your information:

W-2 Forms for Wages and Gambling Winnings.
1099 Forms for Interest, Dividends, Stock Transactions, Real Estate Sales, and Miscellaneous Income.
1099 Forms for Pension and IRA Distributions.
1099 Forms for Unemployment Compensation Received.
K-1 Forms for Partnerships, S-Corporations, Estates and Trusts.
1098 Forms for Interest Paid on Mortgages.
1098-E Forms for Interest Paid on Student Loans.
1098-T Forms for Tuition Payments.
1099-C Forms for Cancellation of Debt.
SSA-1099 Forms for Social Security Benefits Received.
RRB-1099 Forms for Railroad Retirement Benefits received.
Real Estate Sales / Purchases Closing Statements.
Contract For Deed - Name, Address, and Social Security Number Information.
Refinancing Loan Closing Statements.
Any Tax Notices from the Internal Revenue Service or Minnesota Department of Revenue.

Credits:
Mortgage Interest Credit:
Mortgage Interest Certificate.
Child & Dependent Care Credit:
Qualifying Expenses
Education Credits:
Forms 1098-T and Cost of Books.
Solar, Wind & Geothermal Energy:
Receipts for Qualified Property.
Adoption Credit:
Receipts for Qualified Expenses.
Energy Credits:
Receipts for Energy Efficient Costs.

Payment for tax preparation is expected at the time your returns are filed. All unpaid balances are subject to a 1 1/2% per month (18% annual rate) service charge.