

416 S 6th St, Ste 200 Brainerd, MN 56401 Phone - (218) 829-3501

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 # | <u>Occupation</u> | Date o | of Birth |
| Name(s) | | | | |
| value(s) | | | | |
| | | | | |
| Address | | | | |
| Street | City | State | | Zip |
| f you have any refunds and you would like them to be | Home Phone |) | | |
| lirect deposited to your account, please provide : | Work Phone | | _ | |
| | Cell Phone | | _ | |
| Voided check (for checking account) | Fax | | _ | |
| Deposit Slip (for savings account) | E-Mail | | _ | |
| Same as your 2023 tax return | E-Mail | | <u> </u> | |
| | | | | |
| Did you or do you plan to make IRA contributions for this | • | A | 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 |
| old you have all interest in or a signature authority over a | a ililanciai account ili a | If Yes : Name of country | 163_ | |
| Did you pay \$2,700 or more to any one household emplo | vee this year? | n rec manie er eeumry | Yes | No |
| Do you want to designate \$3 to the federal presidential e | | Yes No | Yes | No |
| Do you want to designate \$5 to the state elections campa | aign fund? | YesNo | Yes_ | No |
| Your choice(s) of political party? | | | | |
| Did you have a theft or casualty loss over 10% of your gr | oss income after insura | nce proceeds? | Yes | No |
| If yes, please explain: | | p | | |
| Did you make gifts of more than \$18,000 to any one indiv | vidual during the year? | | Yes | No |
| If yes, please explain : | 5 | | | |
| Did you receive correspondence from the State or the IR | S 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 explain briefly: | situation that will affect | your tax liability for 2025? If so | o, please | |

M-1PR, you need to provide us with your 2024 Certificate of Rent Paid or your 2025 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.

| | | d Salary Income | | | | |
|---------------------------------|---------------------------|--------------------------------|--------------------|---------------------|-----------|--|
| | (Attach All | I W-2's Received) | | | | |
| Employer | | Gross Wages (Box 1) | | Federal Tax | State Tax | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Dativa | ment Income | | | | |
| | | 1099's Received) | | | | |
| Payor | , | Gross | Taxable | Federal | State | |
| • | | Distribution | Distribution | Tax | Tax | |
| Social Security | | | | | | |
| Railroad RetirementIRA's | | | | | | |
| Pensions | | | | | | |
| | | | | | | |
| | Into | rest Income | | | | |
| (Attach A | III 1099's Received Inclu | | ıpt Interest Recei | ved) | | |
| (If Interest is Received on a C | Contract For Deed, The | Payor's Name, Add | dress and Social | Security # are Req | uired) | |
| Payor | Amount | | Payor | | Amount | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | Divid | lend Income | | | | |
| (Atta | ch All 1099's Received | | xempt Dividends |) | | |
| Payor | Dividends | Qualified | Capital | Tax | Foreign | |
| • | | Dividends | Gains | Exempt | Tax | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | nneous Income | | | | |
| Unemployment Compensation | • | evant Forms) Fstates or Trust | S | | | |
| Alimony | | | | | | |
| VA Pension | | • | nce | | | |
| VA Disability | | | G-Corp (Provide K | | | |
| Tips and Gratuities | | • | ries | , | | |
| Directors Fees | | | Debt | | | |
| Prizes and Awards | | Other (Describe |): | | | |
| Workers' Compensation | | | , | | | |
| | Security and | d Real Estate Sale | s | | | |
| (Foreclosures, Abandonments | s, Ponzi Scheme Losses | s and Other Proper | ty Transactions I | Need to be Listed H | Here) | |
| Description | Date Acquired | Date Sold | Sales Price | Cost | Expenses | |
| | | | | | | |
| | | | | | | |

| Medical and Der | ntal Expenses | | | |
|---|--|---------------|--|--|
| Medical Insurance | Ambulance | | | |
| Medicare Insurance | Medical Transportation: | | | |
| Long Term Care InsuranceTaxpayer | Mileagemiles @ \$.21 | | | |
| Spouse | | | | |
| Name of Company | | | | |
| Policy # (s): | Parking, Bus, Taxi | | | |
| Prescription Drugs | Motels | - | | |
| Glasses and Contacts | Other Expenses (Describe): | | | |
| Hearing Aids | | | | |
| Doctors, Dentists, Hospitals and Clinics : | | | | |
| | Less HSA Reimbursements | | | |
| | included above | () | | |
| | Less Insurance Reimbursements | | | |
| HSA Contributions | included above | () | | |
| Interest | ! Paid | | | |
| Deductible Home Mortgage: | Financial Institution | Amount Paid | | |
| Interest Paid to Banks and Other Financial Institutions : | | | | |
| List All Mortgages and Equity Loans | | - | | |
| (Attach All 1098 Forms Received) | | - | | |
| Deductible Mortgage Insurance: | | | | |
| (Only Applies to New Mortgages) | _ | | | |
| Points Paid on Purchase or Refinance of Mortgage Loans : | | | | |
| (Include Copy of Settlement Statement) | | | | |
| , | Addraga | | | |
| Interest Paid to Individuals on a Contract For Deed: (Payee's Name and Social Security # must be included; failure to provide is subject to | | | | |
| Name | o a ilile) | | | |
| Address | | | | |
| Social Security # | | | | |
| • | | | | |
| Investment Interest: | Internat Delita | Amazunt Daid | | |
| Investment Loan Relates to : | Interest Paid to | Amount Paid | | |
| Brokerage Margin Account: | | | | |
| Other (Describe) | | - | | |
| | | | | |
| Student Loan Interest : | | | | |
| Student's Name | | | | |
| Interest Paid (Attach 1098-E Forms) | | | | |
| Contribu | utions | | | |
| Only amounts given to qualified sharitable arganizations qualify. Eve | males of NON DEDITION F amounts are t | o political | | |
| Only amounts given to qualified charitable organizations qualify. Exa organizations and candidates, dues and fees paid to lodges and frate | - | o political | | |
| Please list all of your qualified charitable gifts here as you may r | - | | | |
| if you do not itemize deductions. | eceive a deduction even | | | |
| | | | | |
| Cash Contributions : | Non-Cash Contributions: | | | |
| Religious Organizations | 1) Complete the worksheet included with yo | our organizer | | |
| Schools | 2) You must have a receipt stating the amount | - | | |
| United Way | by the organization from the sale of a donated | | | |
| Boy Scouts / Girl Scouts | vehicle, boat, etc. | | | |
| Other (Please list) : | -,, | | | |
| (| If TOTAL Non-Cash Contributions are: | | | |
| | Less than \$250: Receipt not required if i | mpractical. | | |
| | Document donations with written description | | | |
| | | | | |
| | More than \$250: Receipts required. | | | |
| Volunteer Mileage:miles @\$.14 | · · | | | |

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 | Real Es | state Taxes : | | | |
| (Describe): | Home | . | | | |
| | M-1P | R Refund Received | | (|) |
| | Secon | nd Home/Cabin | | | |
| | Land. | | | | |
| Sales Tax - on these major purchases: vehicle, boat, home | building materials, etc. | | | | |
| | . <u> </u> | | _ | | |
| | | | | | |
| Income Taxes : | | Date Paid | Federal | Stat | e |
| Prior Years Refunds Received | | | | | |
| Prior Years Additional Payments | | | _ | | |
| Estimated Tax Payments: | | | | | |
| Prior Year 4th Installment Due January 15, 2024 | <u> </u> | | | | |
| 1st Installment Due April 15, 2024 | | | _ | | |
| 2nd Installment Due June 15, 2024 | ····· | | _ | | |
| 3rd Installment Due September 15, 2024 | | | _ | | |
| 4th Installment Due January 15, 2025 | | | | | |
| | Other Deductions | | | | |
| Alimony Paid | Tax Preparation Fee | | | | |
| Name and Social Security # of Recipient | | | | | |
| · | · | cpenses | | | |
| | IRA Maintenance Fees. | ······ | | | |
| Work or Job Related Expenses : | Adoption Expenses | | | | |
| Union and Professional Dues | Explain | | | | |
| Work Supplies | Moving Expenses (military active duty) | | | | |
| Tools and Safety Equipment | Explain | | | | |
| Required Uniforms and Laundry | Mileage: | | | | |
| Trade Journals and Subscriptions | | miles @ \$.21 | | | |
| · | | _ | | | |
| | | | | | |
| Your Continuing Education : | • . | | | | |
| (Enter information for your dependents | Other Items (Describe) | : | | | |
| education on the dependent questionnaire) | | | | | |
| Tuition and Fees | | | | | |
| Books and Supplies | | | | | |
| Travel or Miles @ \$.67 | | | | | |
| | | | | | |
| | | | | | |

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 #

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 and Supplies.

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.