

PERSONAL DATA

	Taxpayer (or single)	Spouse
Last Name:		
First Name & Init:		
Home Phone:		
Office Phone:		
Cell Phone:		
Occupation:		
Social Sec. #		
Birthdate:		
Mailing Address:		
City, State, Zip:		
County:		
Email:		

DEPENDENTS

First Name, Initial, & Last Name	Relationship	Birthdate:	Social Security Number	# of months living in your home	Place an "X" below if the dependent is not living with you.

If more lines are needed above, list two on a line or continue below.

Social Security Numbers are required for all dependents.

If married but filing separately, list name of spouse and Social Security Number at the top of the page.

If filing "Head of Household" and qualifying person is your child but not your dependent above, enter child's name here:

Questions: (Yes answers, please explain by attaching details)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did your name, address, or marital status change during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you being claimed as a dependent on another tax return? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you (or your spouse) blind or permanently disabled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you a non-custodial parent claiming dependents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

INCOME TAXES PAID OR REFUNDED

	Federal	State	Local
Balance paid on last year's return (or prior years)			
Refunds received from last year's return (or prior years)	()	()	()
ESTIMATED TAX PAID			
List actual amounts paid. Do not include credits from prior years. If state / local tax was paid on different dates, please indicate or attach any details.	1st Qtr.		
	2nd Qtr.		
	3rd Qtr.		
	4th Qtr.		

INCOME

WAGES / SALARIES / W-2 FORMS

T/S	Name of Employer	Withheld Fed. Tax	Gross Earnings	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose all W-2 wage and tax statements

MISCELLANEOUS INCOME (Show losses in brackets)

TSJ	SOURCE OF INCOME	AMOUNT
	Alimony (Not child support)	
	Jury Duty (Or other public service)	
	Tips / Gratuities (Not reported on W-2)	
	Prizes / Awards / Contest Winnings (Attach 1099 Form or explain)	
	Commissions / Bonuses (Not reported on W-2)	
	Pensions / Annuities (furnish 1099-R Forms or detail)	
	IRA / Keogh (Retirement Plan Withdrawals. Attach Form 5498)	
	IRA Conversion to Roth IRA (Attach Form 5498)	
	Unemployment Compensation (Attach 1099-G Form)	
	Partnerships / Estates / Trusts (Furnish K-1 Forms or details)	
	Small Business Corporations / Sub Chapter S (Furnish K-1 Forms)	
	Gambling Winnings (Attach W-2G)	
	Other (Explain):	

NON-TAXABLE INCOME (Important to list even if it is not taxable)

	Child Support / Payments / Assistance (Not Alimony)	
	Veterans Benefits / Disability Income	
	Workmen's Compensation / Loss of Time Payments	
	Other (Explain):	

SOCIAL SECURITY		Total Received
Code: T-Taxpayer S-Spouse J-Joint	Use amount reported on Social Security Benefit Statement (SSA-1099)	Taxpayer:
		Spouse:

<----- Use these codes if you are married, filing jointly. NOTE: Part of this income may be subject to taxation.

DIVIDEND / INTEREST INCOME

TSJ	FROM WHOM RECEIVED	DIVIDENDS	INTEREST

DIVIDENDS	List gross amounts as reported in box 1 of all 1099-DIV Forms. If the amounts appear in other boxes on these forms, attach a copy.
INTEREST	List amount as reported in box 1 of all 1099-INT and 1099-OID Forms. If amounts appear in other boxes on these forms, attach a copy. MB-Municipal Bonds US-United States Bonds IN-Installment Sale MF-Mortgage Financed By Seller TE-Tax Exempt (Explain) (Show name, Address and Soc. Sec. No. of payer) Do not list IRA or Keogh plan reported interest (not taxable until withdrawn)

IMPORTANT: BE SURE TO LIST TAX EXEMPT INCOME ABOVE (USE CODE OR EXPLAIN)

CAPITAL GAINS AND LOSSES

Sale of Property / Real Estate/ Stock / Bonds (Attach 1099-B Forms)

TSJ	Description	Date Acquired MO/DAY/YR	Date Sold MO/DAY/YR	Sale Price	Cost or Basis (Include Expense of Sale)
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

Installment Sales:

1. If anything above was sold on the installment basis, list line number from above.
2. If so, how much did you receive on the principal during the year?
3. How much (if any) received on principal on a prior year installment sale?
4. List all interest received from installment sales on above page 4.

* If new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation.

Please Provide Y.E. Brokerage Statements

RENTAL INCOME / EXPENSES

TSJ	Property Code	Description of Property	Address
	A		
	B		
	C		
	D		

INCOME	A	B	C	D
Rent Received				
Other				
EXPENSES				
Real Estate Taxes				
Mortgage Interest				
Insurance				
Cleaning / Maint.				
Yard / Snow Removal				
Rubbish Hauling				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Wages / Labor				
Management Fee				
Travel Expense (details)				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Interest				
Repairs				
Other				

Comments:	
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FARM INCOME / DEDUCTIONS

Name of Proprietor		Social Security No.	
Principal Product Sold		Federal Tax ID No.	

FARM INCOME

Sales of livestock and other items for re-sale	
Cost (or basis) of items sold above	
Sales of Livestock, Crops, Plants and other products	
Co-op Distribution received from 1099 (detail below)	
Ag Program Payments	
Machine Work Income	
Crop Insurance Program	
Other Income	

FARM DEDUCTIONS

Car & Truck Expense		Labor Hired	
Chemicals		Rent-Equipment	
Conservation Expense		Rent-Building	
Custom Hire		Repairs	
Feed Purchased		Seed	
Fertilizers & Lime		Storage	
Freight / Trucking		Supplies	
Gasoline		Property Tax	
Fuel		Payroll Tax	
Oil		Electricity	
Insurance		Telephone	
Mortgage Interest		Veterinary	
Other Interest		Breeding Fees	
Other:		Small Tools	
Fencing		Twine	
Employee Benefit Prog.		Personal Health Insur.	

1. Did you pay federal tax on any gas used off road? Yes No

If so, number of gallons

Comments:

BUSINESS OR FARM ASSETS SOLD

Date of Sale	x	Asset Description	Selling Price

1. If any of the above assets were sold on a contract for deed, place a check mark next to the asset description.

BUSINESS OR FARM ASSETS ACQUIRED

Date of Acquisition		Asset Description	Purchase Price

1. Were there any other assets traded in on the purchase above? Yes or No ----->

If so, describe:	
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SELF EMPLOYMENT INCOME / EXPENSES

Name of Proprietor		Business Activity	
Business Name		Product or Service	
Business Address		Federal Tax ID No.	
1. Do you use your home for business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you hire any employees that qualify for jobs credit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. How many months of business this past year?			
INCOME		COSTS OF GOODS SOLD	
Gross Receipts		Beginning of Year Inventory	
Sales		Withdrawal of Personal Use	
Returned Sales		Cost of Labor	
Income from 1099's		Materials / Supplies	
Commissions		Other	
Other			
		End of Year Inventory	
EXPENSES			
Advertising		Wages	
Bad Debts (Explain)		Payroll Taxes	
Bank Charges		Social Security	
Car / Truck Expenses		Unemployment Tax	
Commissions		Property Tax	
Dues / Subscriptions		Misc. Taxes	
Employee Benefit Programs		Auto Mileage	
Freight		Total Miles Driven	
Insurance		Total Business Miles	
Interest (Business)		Parking Expenses	
Laundry		Travel	
Legal & Professional		Airfare, Cab Etc	
Office Supplies		Lodging	
Pension Programs		Other	
Utilities		Meals & Entertainment	
Rent		Small Tools	
Repairs & Maintenance		Safety Gear	
Supplies		Mortgage Interest	
Telephone & Fax		Personal Health Insurance	
Other			
Employment Retirement			
Comments:			

* Please provide any 1099 K forms received.

TAXES

Description of Tax	State Located	Amount of Tax
Real Estate Taxes (Home-do not include special assessments)		
Real Estate Taxes (Other) (Not if rental property)		
Sales Tax Paid		
Personal Property Tax (If any)		
Auto Licenses (Not a deduction in all states)	Number of Licenses	Total Cost
State or Local Income Taxes (Not listed elsewhere or on W-2) (Describe)		
Other		
Comments or Explanation:		

INTEREST

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)		
	Paid to an individual (List name, address, Soc. Sec. No. below)		
	Name	Address	Social Sec. No.

Mortgage Interest Second Home	Paid to Financial Institution (Form 1098)		
	Paid to an individual (List name, address, Soc. Sec. No. below)		
	Name	Address	Social Sec. No.

Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes No

If yes, what is your combined mortgage debt? _____

Points paid to acquire new mortgage? _____

Home Equity Loan Interest (Form 1098) _____

Home Improvement Loan Interest (Form 1098) _____

Other _____

Deductible Investment Interest (explain below) _____

Comments or Explanations:	
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Note: Personal interest from credit cards, department stores, autos, bank loans etc. is not deductible.

CONTRIBUTIONS

Church and Religious				If no receipt	X	Amount
	Church (Name)					
	Church (Other)					

DONATIONS MUST HAVE A VALID RECEIPT FOR SUBSTANTIATION REQUIREMENTS

Other Charitable Organizations					
If No Receipt	X	Amount	If No Receipt	X	Amount
Cancer			Heart Fund		
Easter Seals			Christmas Seals		
Red Cross			United Way		
Scouts			YMCA / YWCA		
Blind			Educational TV / Radio		
Muscular Dystrophy					
Arthritis Foundation					
Veterans Organization Name					
Schools (Name & describe)					
Misc. Door-to-Door					
Other					
Summary Total Optional (See note below)					

Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible.

Non-Cash Contributions (Fair Market Value of Property, Clothing, Furniture, Food, Etc.)

	Name of Organization	Items Donated	Date	Value

Note: If above non-cash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization and the method used to arrive at fair market value.

Volunteer Work - Mileage (Church, Hospitals, or Non-Profit Organizations)

	Name of Organization	Activity Performed	Parking	Miles Driven

Meals, lodging and other expenses, may also be allowed - list full details.

Comments or explanations:

MISCELLANEOUS DEDUCTIONS

T / S		Amount	T / S		Amount
	Tax Preparation Fees			Safe Deposit Box	
	Union Dues			Professional Dues	
	Subs. Trade Journals			Tools / Shoes / Glasses	
	Uniforms & Upkeep			Special Uniform	
	Second Job Mileage			IRA / Keogh Fund Fees	
	Telephone (Explain requirement):				
	Investment Expenses (Describe):				
	Education Expenses (Explain):				
	Alimony Paid	Paid to Name:	Social Security #		

See Page 13 for Auto and Employee Business Expenses

COLLEGE / TECH SCHOOL EXPENSES

Who Attended	Husband <input type="checkbox"/>	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>			
Name of School	# of Credits	Date Paid	Tuition	Fees	Yr in School	Books

CHILD AND DEPENDANT CARE EXPENSES

If required to be gainfully employed (or a full time student) X if service performed in your home.

Name of Provider	Soc. Sec. or ID Number	Address	Paid

Federal ID Number if you file Schedule H	#	Total Child Care Paid During Year	
		No. of Children under age of 13	

Form W-10 should be used to obtain details. If more space is needed, attach with same details

MOVING EXPENSES

Miles from old home to old job	#	Miles from old home to your new job	#
Cost to ship household goods			
Travel & Lodging during the move			
Cost of meals are not allowed			
		Reimbursements (if not on W-2)	

IRA / KEOGH / SEP / RETIREMENT CONTRIBUTIONS

X if covered by a retirement plan at work	Date	IRA / ROTH	SEP/ SIMPLE
Single or Husband - X if spousal acct.			
Wife - X if spousal acct.			

If you want the minimum allowable deduction - write MAX in money columns. You will be informed of amount to deposit. A maximum of \$5500 contributions to an IRA is permitted even if not-deductible. Over Age 50 maximum of \$6500 allowed.

List total value of All IRAs at 12-31	Single or husband		Wife

EMPLOYEE BUSINESS EXPENSES

Vehicle Mileage Detail		Odometer Reading		Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.		A. End of Year	+		
Subtract B from A for 1. Total miles driven		B. Beginning of Year	-		
Subtract 2. from 1. to get personal miles 3.		1. Total miles driven	=		
Divide 2. by 1. for % of business use		2. Business miles	-		
# of round trip miles from home to work?		3. Personal miles	=		
# of days worked last year?		Percent of business use		%	%

Vehicle Expense (if both husband and wife have deductions. Use vehicle 1 for husband and vehicle 2 for wife)

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Parking Tolls		
Washing / Lube			Licenses		
Repairs / Maintenance			Lease Payments		
Tires/ Accessories			Interest		
Insurance					
	Date of Service	Year	Make/Model	Cost/Basis	X if new this year
Vehicle 1					Furnish details on newly acquired vehicles & trade in or disposition of old vehicle
Vehicle 2					

Travel Expenses - Away from home (days gone overnight)

	Taxpayer	Spouse		Taxpayer	Spouse
Transportation			Auto Rentals		
Lodging			Cabs, Bus, Etc.		

Other Business Expense (if more lines needed, continue on back page or attach)

Postage / Cards			Commissions		
Office Supplies					

Reimbursement for All Expenses Above - if not reported on W-2

Meals & Entertainment only - if not reported on W-2

Meals & Tips			Tickets & Events		
Entertainment			Gifts		

Reimbursement for Meals & Entertainment only - if not reported on W-2

Did you purchase any other business equipment during the year?	Yes	No
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If yes, list or attach the date purchased, cost, description and trade in details if applicable.

I have adequate records & sufficient written evidence to support use of vehicles & deductions.	Please Sign <input style="width: 150px; height: 20px;" type="text"/>
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OFFICE IN THE HOME

If justified for Business or Professional use for:		Husband	Wife	Both	<input type="checkbox"/>
Date aquired home		Sq Footage of living area	Utilities		
Cost of land		Sq Footage of work area	Interest		
Cost of home		Rubbish & Maintenance	Taxes		
Cost of improvements		Other	Insurance		

QUESTIONS

For "Yes" answers, supply details below.

1. Were you notified by the IRS or STATE of any changes to any prior tax return? Yes No
2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes No
3. Did you (or your spouse) make any gifts of over \$15,000.00 to any individual?
(No tax advantage to you) Yes No
4. Do you have any foreign income or foreign bank accounts? Yes No
5. Did you (or your spouse) have living expenses in a foreign country as a result
of income earned abroad? Yes No
6. Do you have any worthless stocks or uncollectible bad debts? Yes No
7. Did you (or your spouse) become disabled during the year? Yes No
8. Are you (or your spouse) a handicapped employee? Yes No
9. Do you conduct trade or business in virtual currency? (i.e., bitcoin,
litecoin, etc.)? Yes No
10. Did you (or your spouse) use bartering to exchange any goods or services? Yes No
11. Did you start a new business during the year or do you expect to start one
this year? Yes No
12. Do you expect any significant changes in income, withholding taxes or your
tax liability for the coming year? Yes No
13. Did you (or your spouse) receive any source of income that is not listed in
this booklet? Yes No
14. Do you have any children 14 or under with investment income? Yes No
15. Did you adopt a child? Yes No
16. Did anyone in your household attend a post secondary school this year? Yes No
17. Did your household experience a casualty or theft loss this year? Yes No
18. Did you set up a Health Savings Account? Yes No
19. Did you refinance your property in 2017? If so please provide loan documents. Yes No
20. Do you pay long term care insurance premiums? Yes No

If you answered "Yes" to any of the questions above, please supply the details below:

ADDITIONAL DETAILS AND COMMENTS

Page #	Description	Amount
Questions?		

2017 SIGNIFICANT TAX CODE ITEMS

- Affordable Care Act (Obamacare) became effective 1-1-14
- Tax penalty may be imposed on uninsured Taxpayers - greater of \$695 per adult, \$347 per child or 2.5% of household income
- Refundable Health Insurance Premium Tax Credits available to qualified Taxpayers
- New 1095 Forms issued for health insurance reporting to IRS
- 2017 Mileage Rates - Business 53.5 cents, med. and moving 17 cents, charity 14 cents
- Small business repair and maintenance final regulations established by the IRS
- Charitable donations require receipts
- 179 depreciation capped at \$25,000 for Minnesota, \$500,000 for federal.
- Annual gifting set at \$15,000
- Partnership Tax filing date moved to March 15
- C Corporation Tax filing date changed to 4½ months from year end

CHECK LIST & CERTIFICATION

- Review amounts and details listed in this booklet to assure completeness & accuracy.
- Attach all copies of W-2 and W-2G forms.
- Attach a copy of all 1099 forms as requested.
- Submit other supportive documents that may be requested or which are necessary to help justify or clarify a deduction, transaction, sale, etc.
- If you pay estimated tax, attach estimated forms provided by the IRS and State.
- If submitting tax data for the first time, attach a copy of the previous years return.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign)

When complete: Please mail, drop off, or e-mail. Please call for an appointment.