

# 2023

## INCOME TAX GUIDE & ORGANIZER

PROVIDED BY:

**Kalvig  
&  
Associates**  
EST. 1974  
**Bookkeeping and Tax Service**



Open Monday – Friday  
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This booklet is provided to assist you in compiling the necessary information to prepare your taxes accurately and to assure that all income, credits and allowable deductions are accounted for. Email to: [dlkalvig@paulbunyan.net](mailto:dlkalvig@paulbunyan.net) or [kalvigandassoc@paulbunyan.net](mailto:kalvigandassoc@paulbunyan.net)

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## Notables:

Mileage rates have changed. Rate for business miles is 65.5¢, medical miles 22¢ and charity miles 14¢.

**\*REQUIRED\*** The 1040 form requires taxpayers to answer a question about Digital Assets. Digital Assets refers to virtual currency, cryptocurrency, etc. See question #2 on page 14 for the required IRS information.

Significant changes have been made to the residential energy credits. List any improvements or additions to your home on page 15.

**NEW 2023\*** The Minnesota Social Security subtraction has been expanded to allow taxpayers with adjusted gross income below \$100,000 for married filing joint or \$78,000 for single or head of household returns – to subtract all taxable Social Security benefits.

## 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 in 2023 living in your home

If more lines are needed above, add to page 15 and check this box ☐

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)	(       )	(       )	(       )
<b>ESTIMATED TAX PAID</b>			
List actual amounts paid. Do not include credits from prior years.	1st Qtr.		
	2nd Qtr.		
If state / local tax was paid on different dates, please indicate or attach any details.	3rd Qtr.		
	4th Qtr.		

# INCOME

## WAGES / SALARIES / W-2 FORMS

Code: T-Taxpayer   S-Spouse   J-Joint  
Use these codes if you are married, filing jointly. NOTE: Part of this income may be subject to taxation.

T/S	NAME OF EMPLOYER

Enclose all W-2 wage and tax statements

## MISCELLANEOUS INCOME (Show losses in brackets)

TSJ	SOURCE OF INCOME	AMOUNT
	Alimony (Not child support) (Year divorce legal)	
	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)	
	Military Retirement	
	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)	

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

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

SOCIAL SECURITY (up to 85% may be taxable)		Total Received
Use amount reported on Social Security Benefit Statement (SSA-1099)	Taxpayer:	
	Spouse:	

## 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 5


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

**\* Please Provide Year End Brokerage Statements \***

## RENTAL INCOME / EXPENSES

TSJ	Property Code	Description of Property	Address		
	A				
	B				
	C				
	D				
<b>INCOME</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Rent Received					
Other					
<b>EXPENSES</b>					
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:					

## FARM INCOME / EXPENSES

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 (provide 1099, if applicable)	
Co-op Distribution received from 1099 (detail below)	
Ag Program Payments	
Machine Work Income	
Crop Insurance Program	
Other Income	

### FARM EXPENSES

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 <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If so, number of gallons	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	
--------------------------	--	--

Comments:	
-----------	--

[illegible]

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

[illegible][illegible]**OFFICE IN THE HOME** - self employed only

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			



## BUSINESS (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"/> (see page 8)	No <input type="checkbox"/>
2. How many months of business this past year?			
<b>INCOME</b>		<b>COSTS OF GOODS SOLD</b>	
Sales		Beginning of Year Inventory	
Returned Sales		Withdrawal of Personal Use	
Income from 1099's		Cost of Labor	
Commissions		Materials / Supplies	
Other		Other	
		End of Year Inventory	
<b>EXPENSES</b>			
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	
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.

## ITEMIZED DEDUCTIONS

**You may be able to file a Schedule A (Itemized Deductions) when allowable personal expenses exceed the standard deduction.**

**2023 Standard Deduction**  
**S/MFS \$13,850 MFJ \$27,700 HOH \$20,800**

\*See note on page 12 regarding contributions

List only the amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

DO NOT DUPLICATE ANY ENTRY

### MEDICAL

Only the amount of unreimbursed medical expenses that exceed 7.5% of adjusted gross income is allowed.

T/S	Drugs and Medicine			Amount	
	Prescription Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance			Amount	
	Health Insurance Paid By You				
	Group Health Plans (Deducted from Salary)				
	Medicare Premiums				
T/S	Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Paid By You	T/S	Other Medical Expenses	Paid By You
				Eyeglasses / Contact Lenses	
				Hearing Aid & Supplies	
				X-Ray / Lab Fees	
				Ambulance	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Artificial Limbs	
				Qualified OTC	
	Lodging: While away from home				
	Transportation: Total number of miles driven for medical reasons or actual costs				
	Above amounts reimbursed by insurance or Health Savings Plan (HSA)				

Comments:

## 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)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Auto Licenses (Not a deduction in all states)</div> <div style="width: 10%;">Number of Licenses</div> <div style="width: 20%;"></div> <div style="width: 20%;">Total Cost</div> <div style="width: 10%;"></div> </div>		
State or Local Income Taxes (Not listed elsewhere or on W-2) (Describe)		
◆ Max Federal deduction is \$10,000		

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 <input type="checkbox"/> No <input type="checkbox"/>
---	--

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)	
--	--

Use of Home Equity Loan (explain below)	
---	--

Deductible Investment Interest (explain below)	
--	--

Comments or Explanations:	
---------------------------	--

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

## CONTRIBUTIONS

### NOTE

- **Minnesota allows a 50% tax deduction for non-itemizers for charitable contributions over \$500. List all charitable contributions here to see if you are eligible.**

Church and Religious		If no receipt	X	Amount
<input type="checkbox"/>	Church (Name)		<input type="checkbox"/>	
<input type="checkbox"/>	Church (Other)		<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	

### 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
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

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
<input type="checkbox"/>				
<input type="checkbox"/>				

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

Comments or explanations:

### MISCELLANEOUS DEDUCTIONS - only allowed on MN Tax Return

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):			Gambling Losses	
	Investment Expenses (Describe)				
	Educator Expenses (Explain):				

### COLLEGE/TECH SCHOOL EXPENSES

Name of School	Student's Name	# of Credits	Date Paid	Tuition	Fees	Yr in School	Books

### CHILD AND DEPENDENT 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 - only allowed on MN Tax Return (list details on pg. 15)

### K-12 EDUCATION SUBTRACTION AND CREDIT ONLY ALLOWED ON MN TAX RETURN

Child's Name	Grade	Textbooks/Supplies	Field Trip Fees	Equipment Rental	Home School Supplies/Materials	Tuition	Other

Other: i.e. driver's education instructor fees, tutoring, required summer school, hardware/software (limits apply)

### ◆IRA / KEOGH / SEP / RETIREMENT CONTRIBUTIONS

Name	Retirement Plan at Work Y/N	Spousal Account Y/N	Date	IRA Traditional	IRA Roth	SEP/SIMPLE

If you want the partial allowable deduction - write MAX in money column. You will be informed of amount to deposit. A maximum of \$6,500 contribution to an IRA is permitted even if not-deductible. Over Age 50 maximum of \$7,500 allowed.

List total value of All IRAs at 12-31	Taxpayer		Spouse	
---------------------------------------	----------	--	--------	--

**◆Age limitation for IRA contributions has been removed**

## QUESTIONS

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Were you notified by the IRS or STATE of any changes to any prior tax return?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. At any time during 2023 did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Did you (or your spouse) make any gifts of over \$17,000.00 to any individual? (No tax advantage to you)  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have any foreign income or foreign bank accounts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did you (or your spouse) have living expenses in a foreign country as a result of income earned abroad?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have any worthless stocks or uncollectible bad debts?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Did you (or your spouse) become disabled during the year?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you (or your spouse) a handicapped employee?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Did you (or your spouse) use bartering to exchange any goods or services?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Did you start a new business during the year or do you expect to start one this year?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Did you (or your spouse) receive any source of income that is not listed in this booklet?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you have any children 14 or under with investment income?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Did you adopt a child?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Did anyone in your household attend a post secondary school this year?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Did you refinance your property in 2023? If so please provide loan documents.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Do you pay long term care insurance premiums?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Did you pay student loan interest?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Did you pay K-12 expenses such as computer equipment, school supplies, music lessons or instruments? (If yes, see page 13 for details)   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Did you pay for health insurance through the state?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If you answered “Yes” to any of the questions above,  
please supply the details on the next page.**

ADDITIONAL DETAILS AND COMMENTS		
Page #	Description	Amount
<p style="text-align: center;"><b>You can receive your refund by direct deposit. Enclose a voided check to provide your banking information.</b></p>		
Questions?		

## 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) \_\_\_\_\_

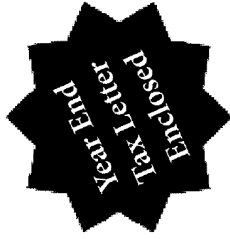
**When complete: Please mail, drop off, or e-mail. Please call for an appointment.**



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## Nongame Wildlife Checkoff Pledge Reminder



Yes! I wish to help Minnesota Wildlife by donating the following amount to the Nongame Wildlife Checkoff on my state income tax form. \$



PRSRT MKT  
U.S. POSTAGE  
**PAID**  
MAILED FROM  
ZIP CODE 56601  
PERMIT NO. 71