

TAX DATA QUESTIONNAIRE – 2024

Name (Taxpayer) _____
 Name (Spouse) _____
 Address _____
 City _____
 Home # _____
 Cell # (T) _____
 Occupation (T) _____
 Birth Date (T) _____
 Are you blind? (T) _____
 E-Mail Address (T) _____

Social Security # _____
 Social Security # _____
 County _____
 State _____ Zip _____
 Work# (T) _____ Work# (S) _____
 Cell# (S) _____
 (S) _____
 (S) _____
 (S) _____
 (S) _____

REFUNDS or TAX PYMTS-Please indicate:

Direct Deposit - Refunds: Yes ___ No ___
Electronic Withdrawal - Tax Due: Yes ___ No ___
Elec W/D-Estimated Tax Pymts: Yes ___ No ___

Please Add or Update:

Bank Name: _____
Routing #: _____ **Ckg** _____ **Sav** _____
Bank Acct #: _____

DEPENDENTS—(Children, Parents, Others)*PLEASE BRING IN BIRTH CERT FOR A NEW CHILD*

Names	Birth Date	Live at Home yes/no	Relation & Stu/Disable	Earnings If yes-\$\$\$	Social Security# (MANDATORY)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

How many people live in your home? _____
 Federal Presidential election campaign fund? Yes _____ No _____
 State election fund? Yes _____ No _____ DFL _____ IR _____ General _____ Minor _____
 Minnesota Non-Game Wildlife fund? How Much? _____

ENERGY CREDIT ITEMS: Furnace, central A/C, water heater, insulation, windows, doors, \$ _____
 *Please provide invoice panelboard, heat pumps, biomass stoves, & home energy audits
 or statement* Solar, wind, and geothermal energy property, solar water heaters, \$ _____
 fuel cells & battery storage

CHILD & DEPENDENT CARE CREDIT EXPENSES WHILE YOU WORK (DAYCARE/PRESCHOOL):

Dependent Names	To Whom Paid	Address	S.S. #/I.D. #	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALIMONY Paid to: _____ Soc. Sec. # _____ Amount \$ _____

IRA CONTR. - REG. ___ ROTH ___ SEP ___ SIMPLE ___ Taxpayer \$ _____ Spouse \$ _____

HEALTH SAVINGS ACCT (HSA'S) - Contribution:(5498-SA) Taxpayer/Spouse \$ _____
 Or Pre-Tax by employer (W-2) Taxpayer/Spouse \$ _____
 Distribution: (1099-SA) Taxpayer\$ _____ Spouse\$ _____

SELF-EMPLOYED HEALTH INSURANCE PREMIUMS – Taxpayer \$ _____ Spouse\$ _____

LONG TERM CARE Insurance Premiums Paid:(for MN Credit & Medical Exp. Deduction)

Taxpayer/Spouse:	Ins. Co	Policy #	Amount
_____	_____	_____	_____
Long Term Care	Insurance Distrib (1099-LTC)	\$ _____	

INCOME SCHEDULE (Include all W-2's)

INTEREST INCOME (Include all 1099's):

Name of Payor:

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

CONTRACT FOR DEED

Interest _____

Principal _____

INTEREST FORFEITURE From Premature Withdrawals: _____

DIVIDEND INCOME (Include all 1099's)

Name of Payor:	Total Dividend	Qualifying Dividends	Cap Gain Dist	1250 Gain	Non Div	Sec 199A FTP	State Exempt \$
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____	_____	_____

DO YOU HAVE ANY FOREIGN FINANCIAL ACCTS? No _____ Yes _____, where? _____

MUNICIPAL BOND INTEREST: (Include all 1099's)

Name of Payor:	Interest Earned	SPABI	% or \$ Minnesota Bonds
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

****Did you receive, sell, exchange, gift or otherwise dispose of any financial interest in any digital asset?***

No _____ Yes _____ If Yes, please explain and/or include 1099 statement or transaction report

SALE OF STOCKS, DIGITAL ASSETS, BONDS, REAL ESTATE, PERSONAL RESIDENCE:

(Include all 1099's)

Property Description	Date Acquired	Date Sold	Sale Price	Cost Basis	Investment Property Yes/No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ITEMIZED DEDUCTION SCHEDULE

MEDICAL EXPENSES:

Prescription Medicines & Drugs _____
 Medical Insurance Premiums _____
 Medicare Insurance Premiums-Pt B&D _____
 Medical Miles to/from _____
 Lodging & Transportation _____
 Doctors, Dentists, Etc _____
 Hospitals _____
 Eyeglasses & Contacts _____
 Medical Supplies _____
 Hearing Aids/Supplies _____
 Other _____
 Nursing Home Expense _____
 Medical Insurance Reimbursed
 (if not deducted from above) _____

TAXES PAID:

Real Estate (homestead) _____
 Property Tax Refund (_____) _____
 Real Estate (lake home) _____
 Real Estate (other) _____
 Auto License (list) _____
 Add'l State Tax Pd Last Yr _____
 Sales Tax - Large Purchases _____

ESTIMATED TAXES PAID:

	Date Paid	Federal	State
1st Qtr	_____	_____	_____
2nd Qtr	_____	_____	_____
3rd Qtr	_____	_____	_____
4th Qtr	_____	_____	_____
Total	_____	_____	_____

INTEREST PAID: (Include 1098's)

Home Mortgages _____
 Vacation Home _____
 Home Equity LOC* _____
 *(to buy, build or improve home)
 If either paid to an Individual;
 Name _____ Address _____
 SS# _____ Amount _____
 Points Paid Home Purchase _____
 Points Paid Refinancing _____
 Date/How many years? _____
 Need closing statement _____
 Investment Interest Paid _____
 Mortgage Ins Premium _____

PLEASE LIST ALL CHARITABLE CONTRIBUTIONS

****POSSIBLE STATE SUBTRACTION****

Church _____
 Religious (other) _____
 X-Mas/EasterSeals _____
 Red Cross _____
 March of Dimes _____
 Cancer/Heart Fund _____
 Boy/Girl Scouts _____
 Non-Game Wildlife _____
 Other Cash _____
 School Donations _____
 Volunteer Miles _____
 Non-cash Cont. _____
All cash/ck contrib. need written acknowledgment from the charity or bank record to substantiate the contribution
For non-cash greater than \$500-need date, donor name, address, & desc of items

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues _____
 Business Publications _____
 Business Licenses _____
 Business Mileage _____
 Miles _____
 Reimb Amt _____ In W-2? _____
 Other Business Expenses _____
 Job Seeking Expenses _____
 1st to 2nd Job Miles _____
 Work Tools/Equipment _____
 Uniforms/Cleaning _____
 Required Education Cost _____
 Other _____
 Educator Expenses (K-12) _____

*Gambling Losses _____

Did you purchase an electric vehicle and/or charging station? Please provide invoice _____