

PERSONAL INFORMATION

Marital status at the end of 2025:

- Single
- Married Filing Joint
- Married Filing Separate

OFFICE USE ONLY:

2025

Date in _____

SCOTT

KRIS

RICK

Name: _____ SS# _____ DOB: _____

Head of Household – You need to supply over half the support of the household. Which bills do you pay?

Circle all that apply: RENT PROPERTY TAX MORTGAGE UTILITIES

- Injured Spouse

Who owes the debt? Name: _____

- Dependent Of Another (\$40)

IF INFO BROUGHT IN BY 3RD PARTY, NAME & RELATIONSHIP TO TAXPAYER(S) _____

HOW WOULD YOU LIKE TO BE NOTIFIED WHEN YOUR TAXES ARE DONE? TEXT CALL (circle one)

By providing your phone number, and choosing to be notified via text, you agree to receive text messages related to your taxes from Albert Lea Tax Service. Message Frequency varies. Data rates may apply. Text HELP for help. Text STOP to opt-out.

	First and Last Name	SSN	Date of Birth	Phone #	Disabled/Blind
Taxpayer					YES NO
Spouse					YES NO

YES NO

Did your address change during the year?

If "yes", new address: _____

Were you a part-year resident in multiple states?

If "Yes", state you lived in _____ and then moved to _____ date moved _____

Have you, or your spouse been a victim of tax related identity theft or issued an Identity Protection Pin?

If "Yes", we will need a copy of the IRS letter that was sent to you in order to complete your taxes.

Do you want to have any refunds direct deposited?

SAME If "Yes", bank name: _____ Checking _____ Savings _____
Routing # _____ Account # _____

INFORMED? WAS CLIENT INFORMED THAT IF THEY OPT OUT OF DIRECT DEPOSIT FOR THEIR REFUND, IT WILL BE DELAYED, AND WE ARE UNSURE HOW LONG IT WILL BE DELAYED.

Did you make gifts to any one person in excess of \$19,000 during the year?

If "Yes", are you splitting the gift with your spouse? _____ Yes _____ No

HEALTH CARE INFORMATION

Did any member of your household have healthcare coverage through the Marketplace (MNSure)?
If "Yes", we will need Form 1095-A to complete your taxes.

I authorize the Minnesota Department of Revenue to share necessary return information with MNSure for the purpose of contacting me with information about my estimated eligibility for free or reduced-cost health insurance. (NO, unless marked otherwise)

MINNESOTA NONGAME WILDLIFE FUND

If filing a Minnesota Tax Return, do you want to donate to the Minnesota Nongame Wildlife Fund?
If "Yes," How much? \$5.00 \$10.00 \$15.00 \$20.00 Other \$ _____

NOTES

DEPENDENT INFORMATION - (if you don't have dependents you can skip to "INCOME" section)

NOTE: A dependent who is over 18, not in school, and whose income is less than \$5,200 can still be claimed by you.

YES NO

Did you adopt any dependents during the year? Adoption expenses \$ _____

Will you be claiming the same dependents as the previous tax year?

If "No", complete entire line for each dependent you will be claiming.

(Age 19-23)

First and Last Name	SSN	Relationship	Months in home	Date of Birth	Disabled	Full-time Student
			8332			
			8332			
			8332			
			8332			

Can you provide documentation to substantiate eligibility for and the amount of the credits claimed on the tax return? (Child Tax Credit, Earned Income Credit, Other Dependent Credit, Education Credits, etc.)

If "Yes", what forms of proof can you provide: (CIRCLE ALL THAT APPLY)

SCHOOL HEALTHCARE MEDICAL DAYCARE OTHER: _____

Did you have any childcare expenses during the year? Amount \$ _____ flexed on W-2

Daycare FEIN or SS# _____ Name: _____

Address: _____

Would you like to elect to receive advance payment of your 2026 Minnesota child tax credit?

Do you want the advance payments direct deposited?

SAME If "Yes", bank name: _____ Checking _____ Savings _____
Routing # _____ Account # _____

- \$1,750 per child under 18 at the end of 2025
\$291.67 per child (50% of Credit)
Paid in 3 installments (July, September & November)
- No maximum number of children
- Combined with the Working Family Credit, then phased out
- Reduced by 12% of amount above income thresholds

PAYMENTS WILL AFFECT SNAP BENEFITS

Income – Greater of earned income or AGI

- Less than \$37,910 for MFJ
- Less than \$31,950 all others
- Phase out begins above these thresholds

Did you have any K-12 required school expenses? (you will need to provide receipts to IRS if audited)

If "Yes", please complete spreadsheet below.

RESIDENT STATE: (circle one)

MINNESOTA

IOWA

K-12 REQUIRED SCHOOL EXPENSES	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name of Student				
Grade in May 2025				
Public, Private or Homeschool				
Enrichment Outside School: (must be academic in nature)				
Organization				
Class Type				
Individual Instruction: tutor, driver's ed, piano, instrument				
Instructor/Organization				
Class Type				
Required School Expenses:				
Calculator/Paper/Pencils/Etc.				
Purch/Rent Musical Instrument				
Computer Hardware/Software				
Private School Name				
Private School Tuition				

INCOME

YES NO

[] [] W-2's _____ **(Overtime Premium Limits: Single \$12,500 Joint \$25,000)**
[] [] Did you receive overtime? If yes, what was premium amount: Taxpayer \$ _____ Spouse \$ _____
[] [] Did you receive tips as part of an occupation listed as eligible by the IRS? If Yes, amount: \$ _____
[] [] Gambling winnings (Form W2 G) _____
[] [] Pension or IRA distributions (Form 1099-R) _____
[] [] Did you or your spouse contribute to a pension without contributing to social security at the same time?
If "Yes", were you a basic member? _____ YES NO
(Income limits for MN Public Pension Subtraction: Single AGI \$103,489 and Married AGI \$127,319)
[] [] Dividends received (Form 1099-DIV) _____
[] [] Interest received (Form 1099-INT) _____
[] [] Sales of stock, investments, land, etc. (Form 1099-B) _____
[] [] Unemployment benefits (Form 1099-G) _____
[] [] Miscellaneous income (Form 1099-MISC) _____
[] [] Non-Employee Compensation (Form 1099-NEC) _____
[] [] Social Security benefits (Form SSA-1099) _____
[] [] Cancellation of debt (Form 1099-C) _____
[] [] Did you receive, sell, send, or exchange any virtual currency? (cryptocurrency, bitcoin)
[] [] Did you own property, receive income, pay taxes or have financial interest/authority in a foreign country?
[] [] Alimony received: Date of divorce: _____ amount received: \$ _____
[] [] Schedule K-1's from any Partnerships, LLC, LLP, trust or S-corporations _____
[] [] Other income (jury duty, prizes, scholarships, etc.) Explain: _____
[] [] Proceeds from real estate transactions (Form 1099-S) Description: _____
Date Acquired: _____ Date Sold: _____ Purchase Price: _____
Improvements: _____ Expense of sale: _____
Was it your primary home? Yes No If yes, how days did you own/use home in last 5 years? _____

NON-TAXABLE INCOME – needed for property tax refund and rent credit

[] [] Supplemental Security (SSI) \$ _____
[] [] MN Family Investment Program (MFIP) \$ _____
[] [] MN Supplemental Aid (MSA) \$ _____
[] [] General Assistance (GA) \$ _____
[] [] Worker's Compensation: \$ _____
[] [] Sick Pay \$ _____

ADJUSTMENTS TO INCOME

[] [] For Teachers: Education expenses for classroom supplies up to \$300.
If "Yes", Taxpayer \$ _____ Spouse \$ _____
[] [] Did you contribute any amount to a Health Savings Account (HSA) outside of work during the year?
Taxpayer \$ _____ Spouse \$ _____ Type of Plan? YOURSELF FAMILY
(Max contributions: Yourself \$4,300, Family \$8,550 and between age 55-65 an additional \$1000)
[] [] Did you receive any distributions from a Health Savings Account (HSA) during the year?
Taxpayer \$ _____ Spouse \$ _____ was it all used for medical? YES NO
[] [] Alimony Paid
If "Yes", name: _____ SS# _____ Divorce date _____ Amt \$ _____
[] [] Student loan interest paid
If "Yes", Taxpayer \$ _____ Spouse \$ _____ Dependent(s) \$ _____
Original Loan Amount \$ _____ Amount paid for the year \$ _____
[] [] Have you had any student loans forgiven?
If "Yes", did you receive a 1099-C (cancellation of debt form)?
If "Yes", we will need the 1099-C to report amount forgiven. \$ _____
[] [] Did you make any contributions to a Traditional IRA during the year? (Deductible)
If "Yes", Taxpayer \$ _____ Spouse \$ _____
[] [] Did you make any contributions to a ROTH IRA during the year? (Non-Deductible)
If "Yes", Taxpayer \$ _____ Spouse \$ _____
(Max contribution combined for Traditional and Roth is \$7000, age 50+ is \$8000)

CREDITS

YES NO

[] [] Did you make a contribution or receive a distribution from an Education Savings Account, Qualified Tuition Program or 529 Plan during the year?
If "Yes", Plan Trustee: _____ Account # _____
Contribution Amount \$ _____ Distribution amount \$ _____

[] [] Did you pay tuition expenses that were required for attending a college, university, or vocational school for yourself, your spouse, or a dependent during the year? BRING FORM 1098-T
Taxpayer \$ _____ Spouse \$ _____ Dependent(s) \$ _____

[] [] Did you purchase required books? Cost of books (first 4 years of school only) \$ _____

[] [] Did you receive grants and scholarships? \$ _____ **MN ADJ**

How many years have you used the American Opportunity Tax Credit? (AOTC) 1 2 3 4

[] [] Did you make any energy-efficient improvements to your main home during the year?
Solar Electric \$ _____ Solar Water \$ _____ Wind Energy \$ _____
Tax credit is
30% of
project cost
up to max
amounts
Geothermal Heat Pump \$ _____ Qualified Battery Storage: _____
Insulation (max \$1,200) \$ _____ Exterior Doors (max \$500, \$250 per door) \$ _____
Windows (max \$600) \$ _____ A/C (max \$600) \$ _____
Gas/Propane/Oil Water Heater (max \$600) \$ _____
Gas/Propane/Oil Furnace or Hot Water Boiler (max \$600) \$ _____
Improvement or Replacement of panelboard, circuits or feeders (max \$600) \$ _____
Home Energy Audit (max \$150) \$ _____ Electric/Gas Heat Pump (max \$2,000) \$ _____
Electric/Gas heat pump water heater (max \$2,000) \$ _____ Biomass Stove/Boiler (max \$2,000) \$ _____

[] [] Did you purchase a NEW hybrid, alternative motor, or electric motor energy-efficient vehicle?
If "Yes", date purchased: _____ Year: _____ Make: _____ Model: _____
VIN # _____

[] [] Did you make any estimated payments toward your 2025 taxes?
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____

[] [] Did you apply an overpayment of your 2024 taxes to your 2025 estimated taxes?
Federal \$ _____ State \$ _____

[] [] If you have an overpayment of 2025 taxes do you want the refund applied to your 2026 estimated taxes?

HOMEOWNERS

[] [] Did you own and occupy your home on January 2, 2025?
If "Yes", you may be eligible for a Minnesota Property Tax Refund based on your income and the amount you pay in property taxes. Bring your 2026 Property Tax Statement and we will check.

[] [] Did any adults live with you that were not your spouse, dependent, parent or a renter?
If "Yes", name(s) _____ Total Income: \$ _____

[] [] For the Special Refund, did you own and occupy your home on January 2, 2025 AND January 2, 2026?

[] [] Do you use the office in the home deduction for your business or self-employment income?

[] [] Were you born after January 2, 1960 and considered disabled by the Social Security Administration?

RENTERS

Starting in 2024 you claim the Renter's Credit as part of your Minnesota Individual Income Tax return. It will be part of the amount owed or refund. You will no longer file a Renter's Property Tax Refund return. This means renters who previously filed both returns will not receive a separate refund later in the year.

[] [] Are you a Renter?
If "Yes", you may be eligible for a Minnesota Rent Credit Refund based on your income and rent paid. Bring your 2025 Certificate of Rent Paid, provided by your landlord and we will check.

[] [] Were you born after January 2, 1960 and considered disabled by the Social Security Administration?

[] [] Does Certificate of Rent Paid form have ECN certificate number/ barcode at top right?
If "No", we cannot file without.