

PERSONAL INFORMATION

Marital status at the end of 2022:

- ___ Single
___ Married Filing Joint
___ Married Filing Separate

Date Separated: _____ Name: _____ SS# _____

___ 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

OFFICE USE ONLY: 2022

Date in _____

Scott Ashley Pete Paul Teresa

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

Table with 6 columns: Taxpayer/Spouse, First and Last Name, SSN, Date of Birth, Phone #, Disabled/Blind (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 # _____

[] [] Did you make gifts to any one person in excess of \$16,000 during the year?

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

HEALTH CARE INFORMATION

YES NO

[] [] Did any member of your household have healthcare coverage through the Marketplace?

If "Yes", we will need Form 1095-A to complete your taxes.

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

YES NO

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

If "No", complete entire line for each dependent you will be claiming. (19-23)

Table with 7 columns: First and Last Name, SSN, Relationship, Months in home, Date of Birth, Disabled, Full-time Student.

[] [] Can you provide proof to the IRS, if requested, for dependent related credits?

(Child Tax Credit, Earned Income Credit, Education Credits, etc.)

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

SCHOOL HEALTHCARE MEDICAL DAYCARE OTHER: _____

[] [] Did you adopt any dependents during the year?

If "Yes", adoption expenses \$ _____

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

Daycare FEIN or SS# _____ Name: _____

Address: _____

YES NO

[] [] 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.

Table with 5 columns: K-12 REQUIRED SCHOOL EXPENSES, CHILD 1, CHILD 2, CHILD 3, CHILD 4. Rows include Name of Student, Grade in May 2022, Public, Private or Homeschool, Enrichment Outside School, Organization, Class Type, Individual Instruction, Instructor/Organization, Class Type, Required School Expenses (Gym Shoes & Clothing, Calculator/Paper/Pencils/Etc., Purch/Rent Musical Instrument, Computer Hardware, Educational Software), Private School Name, Private School Tuition.

INCOME

YES NO

- [] [] W-2's
[] [] Interest received (Form 1099-INT)
[] [] Dividends received (Form 1099-DIV)
[] [] Sales of stock, investments, land, etc. (Form 1099-B)
[] [] Pension or IRA distributions (Form 1099-R)
Did you transfer any IRA amount to a non-profit? Yes No If "Yes", amount \$
In 2020 did you take any retirement account distributions due to COVID-19? Yes No
If "Yes", was the tax spread over 3 years or all paid in 2020? 3 years all paid in 2020
[] [] Unemployment benefits (Form 1099-G)
[] [] Social Security benefits (Form SSA-1099)
[] [] Miscellaneous income (Form 1099-MISC)
[] [] Non-Employee Compensation (Form 1099-NEC)
[] [] Cancellation of debt (Form 1099-C)
[] [] Gambling winnings (Form W2 G)
[] [] Did you file an Iowa tax return last year? (answer only if we did NOT do your taxes last year)
If "Yes", what was your Federal refund amount? \$
[] [] 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:

NON-TAXABLE INCOME – needed for property tax refund or 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

YES NO

- 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
- 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", how much was 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 \$ _____

CREDITS

YES NO

- Did you make a contribution to 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 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? \$ _____
- Did you make any energy-efficient improvements to your main home during the year?
Insulation \$ _____ Exterior Door \$ _____ Windows \$ _____
A/C, water heater, biomass stove \$ _____ Furnace \$ _____
Main circulating fan in furnace \$ _____
- 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 2022 taxes?
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____
Date: _____ Federal \$ _____ State \$ _____
- Did you apply an overpayment of your 2021 taxes to your 2022 estimated taxes?
Federal \$ _____ State \$ _____
- If you have an overpayment of 2022 taxes do you want the refund applied to your 2023 estimated taxes?

DID YOU RECEIVE THE MINNESOTA FRONTLINE WORKER PAY OF \$487.45?

YES NO

- Taxpayer?
- Spouse?

DO YOU WANT TO DONATE TO THE MINNESOTA NONGAME WILDLIFE FUND?

YES NO

- If "Yes," How much? \$5.00 \$10.00 \$15.00 \$20.00 Other \$ _____

HOMEOWNERS AND RENTERS

YES NO

[] [] Are you a Homeowner?

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 2023 Property Tax Statement that you receive in March/April 2023 and we will check.

[] [] 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 2022 Certificate of Rent Paid, provided by your landlord and we will check.

ITEMIZED DEDUCTIONS - Standard Deduction for Federal & Minnesota:

Single: \$12,950 Over 65 or blind ADDITIONAL deduction: \$1,750
Married Filing Joint: \$25,900 Over 65 or blind ADDITIONAL deduction: \$1,400
Head of Household: \$19,400

If you are under the Federal/Minnesota Standard Deduction amounts and are filing an Iowa return, you may still be able to itemize in Iowa. Iowa Standard Deduction: Single/\$2,210 and Married/\$5,450

MEDICAL & DENTAL (IS OVER 7.5% OF INCOME)

Pre-Taxed Self Employed

Health insurance premiums _____

Medicare _____ Part D _____

*LONG TERM CARE

Ins. Co. Name: _____

Premium: His/ _____ Hers/ _____

Policy #'s: His/ _____ Hers/ _____

Medical Miles:

Jan - June @ .18/mile _____

July - Dec @ .22/mile _____

Other medical & dental expenses (out of pocket)

Prescriptions _____

Dr/Hospital _____

Hearing Aids _____ Glasses _____

Chiropractor _____ Dental _____

Medical Supplies _____

Nursing Home Exp: His/ _____ Hers/ _____

TAXES YOU PAID - Max of \$10,000

State tax paid in 2022 for 2021 _____

General sales tax vehicle purchased _____

Real Estate 1st Home _____ 8829

2nd Home _____ 8829

Personal Property (Auto Tabs)

1st _____ 2nd _____

3rd _____ 4th _____

MN ITEMIZING W-2 EMPLOYEE NOT REIMB

Miles Jan - June @ .585/mile _____

Miles July - Dec @ .625/mile _____

Overnites _____ Perdiem \$55/day _____

Unreimbursed Tools _____

Unreimbursed Clothing/boots/gloves _____

Unreimbursed Motels _____

INTEREST TAXPAYER PAID

Refinance Expense (bring closing forms)

Home mortgage interest & points (1098)

1st _____ 2nd _____

Motorhome interest _____

Home Equity Loan Int (used for home) _____

Home mortgage interest not on 1098

(contract for deed)

Paid to name: _____

Soc Sec#: _____

Amount paid: _____

Points/Origination Fees _____

Mortgage Insurance Premiums _____

*GIFTS TO CHARITY (RECEIPTS REQUIRED)

Church _____

Charity _____

Charitable Miles-.14/mile _____

IA - .39/mile _____

Charitable property _____

OTHER MISCELLANEOUS

Gambling Loss _____

Ordinary Losses _____

Annuity or Roth loss _____