

2025

INCOME

APPOINTMENT DATE: _____
TIME: _____

750 So. Plaza Dr. #204		PHONE NUMBERS		PLEASE SEND OR BRING WITH YOU THE FOLLOWING: W-2, 1099, 1099-R, 1099-B, MISC INCOME DOCUMENTS, FORM K-1,CONSOLIDATED INVESTMENT 1099,MORTGAGE INTEREST, PROPERTY TAX STATEMENT NEW CLIENTS BRING A COPY OF LAST YEARS TAX RETURN				
Mendota Heights, MN 55120		(H)						
Phone # 651-454-5576		(W)						
Fax # 651-666-5524								
NAME	SOCIAL SECURITY #	D.O.B	DEPENDENTS NAME		SOCIAL SECURITY #	D.O.B		
(H)								
(W)								
DIVIDEND INCOME REC'D	AMT.	INTEREST INCOME REC'D	AMT.	** BUSINESS EXPENSES **	AMT.	RENTAL PROP. EXPENSES	AMT.	AMT.
CORP NAME		REC'D FROM:		GROSS RECEIPTS OR SALES		GROSS RENT REC'D		
CORP NAME		REC'D FROM:		COST OF GOODS SOLD		EXPENSES		
CORP NAME		REC'D FROM:		OFFICE SUPPLIES & EXPENSES		ADVERTISING		
CORP NAME		REC'D FROM:		INSURANCE		RENTAL MILE @ .67 CENTS		
TYPE OF INCOME	AMT.	OTHER INCOME	AMT.	ADVERTISING		CLEANING		
W-2		UNEMPLOYMENT		BUSINESS MILES @ .67 CENTS		COMMISSION & SAL.		
W-2		SOCIAL SECURITY (H)		ENTERTAINMENT		GARDENING/LANDSCAPE		
W-2		SOCIAL SECURITY (W)		REPAIRS / MAINTENANCE		INSURANCE		
ALIMONY		TIPS		TELEPHONE		INTEREST		
PENSIONS & ANNUITIES		PRIZES & AWARDS		UTILITIES		INTEREST		
ROYALTIES		GAMBLING Winnings (W2-G)		BANK FINANCE CHARGES		JANITOR/HAULING		
ESTATES & TRUSTS FORM K-1		COMMISSIONS		CREDIT CARD INTEREST		MANAGEMENT FEES		
JURY DUTY		STATE TAX REFUND		OTHER:		REPAIRS		
FORM 1099'S		MN PROPERTY TAX REFUND		OTHER:		REPLACEMENT SUPPLIES		
				OTHER:		UTILITIES		
PLEASE KEEP ORIGINAL RECEIPTS FOR AT LEAST 6 YEARS				OTHER:		IMPROVEMENTS		

2024 DEDUCTIONS

MEDICAL	AMT.	TAXES	AMT.	CONTRIBUTIONS	AMT.	MISC DEDUCTIONS	AMT.
GLASSES & CONTACTS		REAL ESTATE TAXES ON HOME		CHURCH:		GAMBLING LOSSES	
EYE EXAMINATIONS		OTHER REAL ESTATE TAX PAID		SYNAGOGUE:		UNION/PROFESSIONAL DUES	
LAB FEES - TOTAL		AUTO LICENSE TAB - CAR 1		BOY/GIRL SCOUTS		JOB SUPPLIES (H)	
HEARING AIDS & BATTERIES		AUTO LICENSE TAB - CAR 2		CANCER FUND		JOB SUPPLIES (W)	
DENTURES		AUTO LICENSE TAB - CAR 3		HEART ASSOC.		TOOLS/EQUIPMENT	
DENTAL EXPENSES		PERSONAL PROP. TAX - BOAT		UNITED WAY		UNIFORMS-COST/CLEANING (H)	
MEDICAL MILES @ .21 CENTS		PERSONAL PROP. TAX - OTHER:		CASH (KEEP RECEIPTS/DOCS)		UNIFORMS-COST/CLEANING (W)	
MEDICAL SUPPLIES				OTHER:		EMPLOYMENT AGENCY FEES	
HOSPITAL CARE COSTS TOTAL		STATE SALES TAX		OTHER:		SAFETY DEPOSIT BOX	
AMBULANCE		BALANCE PRIOR YEAR				TAX PREP FEES	
DOCTORS TOTAL		HOME MORTGAGE INT. - 1ST		DONATED GOODS (UNDER \$500)		ALIMONY PAID (NEED S.S. #)	
LONG-TERM CARE INSURANCE (H)		HOME MORTGAGE INT. - 2ND		DONATED GOODS (OVER \$500)		DAYCARE EXPENSES:	
POLICY #		HOME MORTGAGE INSURANCE		CHARITY MILES @ .14 CENTS		PROVIDER: _____	
PROVIDER:				*GOODS OVER \$500: NEED TO BE ITEMIZED WITH F.M.V. AND ALSO HAVE TO HAVE DATED SLIP ATTACHED FROM EACH CHARITY		ADDRESS: _____	
LONG-TERM CARE INSURANCE (W)		REFINANCING / NEW PURCHASE				EIN/S.S#: _____	
POLICY #		SETTLEMENT DATE:		*SAME CHARITIES CAN BE COMBINED ON ONE SLIP.		AMT: _____	AMT: _____
PROVIDER:		TERM LENGTH (YEARS)					
PREScriptions		** PLEASE PROVIDE SETTLEMENT STMT.**		ADOPTION EXPENSES W/ DOCS		JOB TRAINING	
OTHER AFTER-TAX INS. PREMIUMS							
OTHER:		HOME IMPROVEMENT LOAN INT.					
HEALTH SAVINGS ACCOUNT	AMT.	BUSINESS AUTO LOAN INT.				COLLEGE TUITION FOR CHILD -1	
DISTRIBUTIONS (H)		ENERGY ITEMS PURCHASED				COLLEGE TUITION FOR CHILD -2	
DISTRIBUTIONS (W)		ITEM: _____ COST: _____				*COLLEGE TUITION MUST HAVE 1098-T*	
CONTRIBUTIONS (H)		ITEM: _____ COST: _____				K-12 SCHOOL EXP. CHILD -1	
CONTRIBUTIONS (W)		** PLEASE PROVIDE RECEIPT **				K-12 SCHOOL EXP. CHILD -2	