

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer** **Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2023 \_\_\_\_\_

**Taxpayer** **Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

**NOTES/QUESTIONS:**

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.  
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.  
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.  
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—
—	_____	_____	—

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.  
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.  
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
—	_____	_____	—
—	_____	_____	—

**NOTES/QUESTIONS:**



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2023 \_\_\_\_\_ Amount received in 2022 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds \_\_\_\_\_ **2023 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_

Alimony received \_\_\_\_\_ **T/S** \_\_\_\_\_ **Agreement Date** \_\_\_\_\_ **2023 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_

Unemployment compensation \_\_\_\_\_ **Taxpayer** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_  
 Unemployment compensation repaid \_\_\_\_\_  
 Social security benefits \_\_\_\_\_  
 Medicare premiums to be reported on Schedule A \_\_\_\_\_  
 Railroad retirement benefits \_\_\_\_\_

**T/S/J** \_\_\_\_\_ **2023 Information** \_\_\_\_\_ **Prior Year Information** \_\_\_\_\_  
 Other Income: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

**Traditional IRA Contributions for 2023 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2023

**Roth IRA Contributions for 2023 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2023

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2023 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2023 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2023.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2023 Information	Prior Year Information
___	_____	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

\*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2023 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (22 cents)	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2023 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2022 state and local income taxes paid in 2023	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2023 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2023 Information</b>
—	_____	_____	_____
	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
—	_____	_____	_____
T/S/J		<b>2023 Information</b>	<b>Prior Year Information</b>
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	<b>Refinancing Information:</b>	<b>Refinance #1</b>	<b>Refinance #2</b>
T/S/J			
—	Recipient/Lender name	_____	_____
—	Total points paid at time of refinance	_____	_____
—	Date of refinance	_____	_____
—	Term of new loan (in months)	_____	_____
—	Reported on Form 1098 in 2023	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2023 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2023 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA</b>		
T/S/J		<b>2023 Information</b>	<b>Prior Year Information</b>
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [3]  
Issue date \_\_\_\_\_ [4]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [5]  
Location of issuance (State issued only) \_\_\_\_\_ [6]  
Document number (New York only) \_\_\_\_\_ [7]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [10]  
Identification number \_\_\_\_\_ [12]  
Issue date \_\_\_\_\_ [13]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [14]  
Location of issuance (State issued only) \_\_\_\_\_ [15]  
Document number (New York only) \_\_\_\_\_ [16]

---

**NOTES/QUESTIONS:**



If you have an overpayment of 2023 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2024 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2024 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2024? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2024 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2024? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

**2023 Federal Estimated Tax Payments**

2022 overpayment applied to 2023 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	04/18/23	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	06/15/23	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	09/15/23	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	01/16/24	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

**\*Method of payment indicated in prior year**  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2022 return + \_\_\_\_\_ [3]

2022 overpayment applied to '23 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2023 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2022 return + _____ [31]		Amount paid with 2022 return + _____ [53]	
2022 overpayment applied to '23 estimates- _____ [32]		2022 overpayment applied to '23 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2022 return + _____ [75]		Amount paid with 2022 return + _____ [97]	
2022 overpayment applied to '23 estimates- _____ [76]		2022 overpayment applied to '23 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

### Minnesota General Information

Mark if you or your spouse are disabled \_\_\_\_\_ [1]  
 Welfare amounts received \_\_\_\_\_ [2]

### Contributions

**Amount of political and charitable contributions you wish to make to:  
 Political Contributions**

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer \_\_\_\_\_ [3] Spouse \_\_\_\_\_ [4]

Political Parties		
11 = Republican	14 = Grassroots-Legalize Cannabis	17 = Legalize Marijuana Now
12 = Democratic Farmer-Labor	16 = Libertarian	99 = General Campaign Fund

### Charitable Contribution

Nongame Wildlife Fund \_\_\_\_\_ [5]

### Credits and Subtractions

#### Long Term Care Insurance Credit

Name of insurance company (Taxpayer) \_\_\_\_\_ [6]  
 Name of insurance company (Spouse) \_\_\_\_\_ [7]  
 Policy Number (Taxpayer) \_\_\_\_\_ [8]  
 Policy Number (Spouse) \_\_\_\_\_ [9]

#### K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____	_____ [34]	_____ [35]	_____ [36]
Class type _____	_____ [37]	_____ [38]	_____ [39]
Ind. instr name _____	_____ [40]	_____ [41]	_____ [42]
Ind. instr type _____	_____ [43]	_____ [44]	_____ [45]
Music ins type _____	_____ [46]	_____ [47]	_____ [48]
Musical ins cost _____	_____ [49]	_____ [50]	_____ [51]
Type of school attended _____	_____ [52]	_____ [53]	_____ [54]
Transp provider _____	_____ [55]	_____ [56]	_____ [57]

#### M1PR Property Tax Credit

**Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements**

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Minnesota**

Part-year residency dates: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
 From \_\_\_\_\_ [58] \_\_\_\_\_ [60]  
 To \_\_\_\_\_ [59] \_\_\_\_\_ [61]  
 Other state of residence (State/Foreign country required for other nonresidents) \_\_\_\_\_ [62] \_\_\_\_\_ [63]

#### NOTES/QUESTIONS:

**Parkers Prairie Tax Service**  
**PO Box 53**  
**Parkers Prairie, MN 56361**  
**218-338-6078**

Dear Tax Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. To ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses.

**Payment is required before your return can be considered complete, and therefore, it will not be filed or released without payment.** Cash, check, credit card, or E-Check (Processing fees of E-Check \$2.00 & Credit Card 3.25% apply; only Visa & Mastercard) are all acceptable payment methods. If your check bounces, you will be subject to a \$35 returned check charge. **We are not a document storage facility; it is YOUR responsibility to keep your records. You will be provided with one copy of your tax return, if additional copies are needed a minimum \$50 fee per return will be charged.**

Starting in 2024, the Corporate Transparency Act ("CTA") mandates certain entities (primarily small and medium-size businesses) created in or registered to do business in the United States report information about their beneficial owners-the individuals who ultimately own or control a company-to the Financial Crimes Enforcement Network ("FinCEN"). If your individual return includes a business, you are responsible for compliance with the CTA, if applicable, and for ensuring that any required reporting of beneficial ownership information is timely filed with FinCEN as required by the CTA. As **Parkers Prairie Tax Service is not rendering any legal services as part of our engagement, we will not be responsible for advising you regarding the legal or regulatory aspects of your compliance with the CTA, nor are we responsible for the preparation or submission of beneficial ownership information reports to FinCEN.** If you have any questions regarding compliance with the CTA, including but not limited to whether an exemption may apply to your business or to ascertain whether relationships constitute beneficial ownership under CTA rules, we strongly encourage you to consult with qualified legal counsel experienced in this area.

**\*\*\*Assisting you with your compliance with the Corporate Transparency Act ("CTA"), including beneficial ownership information ("BOI") reporting, is not within the scope of this engagement. You have sole responsibility for your compliance with the CTA, including its BOI reporting requirements and the collection of relevant ownership information. We shall have no liability resulting from your failure to comply with CTA.** Information regarding the BOI reporting requirements can be found at <https://www.fincen.gov/boi>. Consider consulting with legal counsel if you have questions regarding the applicability of the CTA's reporting requirements and issues surrounding the collection of relevant ownership information.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

Taxpayer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Questions

Please check the appropriate box and include all necessary details and documentation.

	No	Yes
<b>Personal Information</b>		
Did your marital status change during the year? <b>If yes, explain</b> .....	_____	_____
Did you live separately from your spouse during the last six months of the year? .....	_____	_____
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year? .....	_____	_____
Did your address change from last year? <b>If yes, new address:</b> .....	_____	_____
Can you be claimed as a dependent by another taxpayer? .....	_____	_____
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? .....	_____	_____
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)? .....	_____	_____
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? <b>If yes, attach the IRS letter for filing returns in 2023:</b> .....	_____	_____
Did you reside in or operate a business in a Federally declared disaster area? .....	_____	_____
(The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires)		
Did your driver's license expire, change or are you a new client? <b>If yes, copies needed</b> .....	_____	_____
<b>COVID-19 Information</b>		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home? <b>If yes, copies needed of notice</b> .....	_____	_____
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? .....	_____	_____
<b>Dependent Information-If yes; Dependent Questionnaire Needed</b>		
Were there any changes in dependents from the prior year? <b>If yes, explain:</b> .....	_____	_____
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,500? .....	_____	_____
Do you have dependents who must file a tax return? .....	_____	_____
Did you provide over 1/2 support for any other person(s) other than your dependent children during the year?....	_____	_____
Did you pay for childcare while you worked, looked for work, or while a full-time student? <b>If yes, please provide the detail tax/payment statement:</b> .....	_____	_____
Is there any other person(s) who lived with you more than half the year but not claimed by you last year? .....	_____	_____
Did you pay any expenses related to the adoption of a child during the year?.....	_____	_____
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?.....	_____	_____
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? <b>If yes, attach the IRS letter for use during 2023:</b> .....	_____	_____
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?.....	_____	_____
Did you have ownership interest in any type of business?.....	_____	_____
Did you sell, exchange, or purchase any assets used in your trade or business? .....	_____	_____
Did you acquire a new or additional interest in a partnership or S corporation?.....	_____	_____
Did you sell, exchange, or purchase any real estate during the year?.....	_____	_____
Did you purchase or sell a principal residence during the year? .....	_____	_____
Did you foreclose or abandon a principal residence or real property during the year? .....	_____	_____
Did you acquire or dispose of any stock during the year? .....	_____	_____
Did you take out a home equity loan this year? .....	_____	_____
Did you refinance a principal residence or second home this year? .....	_____	_____
Did you sell an existing business, rental, or other property this year? .....	_____	_____
Did you lend money with the understanding of repayment and this year it became totally uncollectable?.....	_____	_____
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? .....	_____	_____
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? <b>If yes, attach the vehicle statement from the dealer</b> .....	_____	_____
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from	_____	_____

investment accounts, partnerships, or a foreign employer? ..... \_\_\_\_\_

Did you receive any income from property sold prior to this year? ..... \_\_\_\_\_

Did you receive any unemployment benefits during the year? ..... \_\_\_\_\_

Did you receive any disability income during the year? ..... \_\_\_\_\_

Did you receive any Medicaid waiver payments as difficulty of care during the year? ..... \_\_\_\_\_

Did you receive tip income not reported to your employer this year? ..... \_\_\_\_\_

Did any of your life insurance policies mature, or did you surrender any policies? ..... \_\_\_\_\_

Did you receive any awards, prizes, hobby income, gambling, or lottery winnings? ..... \_\_\_\_\_

Did you receive any income considered to be nonemployee compensation? ..... \_\_\_\_\_

Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy? ..... \_\_\_\_\_

Do you expect a large fluctuation in income, deductions, or withholding next year? ..... \_\_\_\_\_

Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork), or used digital assets to pay for goods or services? ..... \_\_\_\_\_

**Retirement Information** **No** **Yes**

Are you an active participant in a pension or retirement plan? ..... \_\_\_\_\_

Did you receive any Social Security benefits during the year? ..... \_\_\_\_\_

Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ..... \_\_\_\_\_

**If yes, were any withdrawals due to a Federally declared disaster?..... \_\_\_\_\_**

**If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2023?..... \_\_\_\_\_**

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? ..... \_\_\_\_\_

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ..... \_\_\_\_\_

Did you make any qualified charitable distributions (QCD) during the year? ..... \_\_\_\_\_

**Education Information-If yes; College Education Questionnaire Needed** **No** **Yes**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? ..... \_\_\_\_\_

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? ..... \_\_\_\_\_

**If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.**

Did anyone in your family receive a scholarship of any kind during the year? ..... \_\_\_\_\_

**If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? .....**

Did you make any withdrawals from an education savings or 529 Plan account? ..... \_\_\_\_\_

**If yes, were these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? .....**

Did you make any contributions to an education savings or 529 Plan account? ..... \_\_\_\_\_

**If Yes: Please provide Trustee Name, Account Number, and Dollar Amount.**

Did you pay any student loan interest this year? (MN Tax Credit) **If yes please provide:** ..... \_\_\_\_\_

**Amount(s) you paid toward your loan this year and the total original amount of education loans taken out for your education: .....**

Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ..... \_\_\_\_\_

**Health Care Information** **No** **Yes**

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. .... \_\_\_\_\_

Did you enroll through **MNSure.org** or Marketplace Coverage through healthcare.gov under the Affordable Care Act? **If yes, attach any Form(s) 1095-A you received.**..... \_\_\_\_\_

Did you enroll through **MNSure.org** or Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? ..... \_\_\_\_\_

Did you make any contributions to a Health savings account (HSA) or Archer MSA? ..... \_\_\_\_\_

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?..... \_\_\_\_\_

Did you pay long-term care premiums for yourself or your family?..... \_\_\_\_\_

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? ..... \_\_\_\_\_

**If yes, attach any Form(s) 5498-QA you received.**

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? ..... \_\_\_\_\_

**If yes, attach any Form(s) 1099-QA you received.**

If you are a business owner, did you pay health insurance premiums for your employees this year? ..... \_\_\_\_\_

**Itemized Deduction Information** **No** **Yes**

Did you incur a casualty or theft loss or any condemnation awards during the year?..... \_\_\_\_\_

**If yes, did the loss occur in a Federally declared disaster area?** ..... \_\_\_\_\_

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? ..... \_\_\_\_\_

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? ..... \_\_\_\_\_

**If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.**

Did you donate a vehicle or boat during the year? **If yes, attach Form 1098-C or other written acknowledgment from the donee organization.** ..... \_\_\_\_\_

Did you pay real estate taxes for your primary home and/or second home? **If yes, attach all Parcel Property Tax Statements for the current tax year; not proposed statements:** ..... \_\_\_\_\_

Did you pay any mortgage interest on an existing home loan? **If yes, attach any Form(s) 1098 you received.** ..... \_\_\_\_\_

Did you incur interest expenses associated with any investment accounts you held? ..... \_\_\_\_\_

Did you make any major purchases during the year (cars, boats, etc.)? Amount of **Sales Tax Paid?** ..... \_\_\_\_\_

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller **did not** collect state sales or use tax? ..... \_\_\_\_\_

**Miscellaneous Information**

**No Yes**

Did you make gifts of more than \$17,000 to any individual? ..... \_\_\_\_\_

Did you utilize an area of your home for business purposes? ..... \_\_\_\_\_

Did you engage in any bartering transactions? ..... \_\_\_\_\_

Did you retire or change jobs this year? ..... \_\_\_\_\_

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? ..... \_\_\_\_\_

Did you pay any individual as a household employee during the year? ..... \_\_\_\_\_

Did you make energy efficient improvements to your main home this year? ..... \_\_\_\_\_

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? ..... \_\_\_\_\_

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? ..... \_\_\_\_\_

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? ..... \_\_\_\_\_

Are you and owner of do you control 25% of a company's ownership interest for a company registered with a secretary of state of similar office before January 1, 2024? ..... \_\_\_\_\_

Do you plan to become an owner of control at least 25% of a company registered with a secretary of state or similar office for the first time after January 1, 2024? ..... \_\_\_\_\_

Did you receive correspondence from the State or the IRS? **If yes, explain:** ..... \_\_\_\_\_

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? ..... \_\_\_\_\_

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it **will not** change your tax or reduce your refund. .... \_\_\_\_\_

Do you want to donate to the MN Wildlife Checkoff? **If you check yes, it WILL change your tax due or reduce your refund by the amount donated.** ..... \_\_\_\_\_

Did you receive the First Time Homebuyer Credit in **2008** and are paying back \$500 per year? ..... \_\_\_\_\_

Were you a resident of another state or part-year resident of MN? **If yes, Need Dates of Residency/States** ..... \_\_\_\_\_

Did you receive welfare, VA benefits, or any other nontaxable income? ..... \_\_\_\_\_

Did you receive a property tax refund last year? **If yes amount received \$** \_\_\_\_\_

K-12 Education Expenses? **Fine arts, music, books, school supplies, equipment.**

**If yes, fill out the MN worksheet**..... \_\_\_\_\_

Do you receive military retirement pay (including pensions)? ..... \_\_\_\_\_

Did you contribute/withdraw from a First-Time Homebuyer Savings Account? ..... \_\_\_\_\_

Did you receive the MN Direct Tax Rebate? **What amount did your household receive?**..... \_\_\_\_\_

**The one-time rebate law provided payments of up to \$1,300 for eligible households, including:**  
**-\$520 for married couples filing a joint return with adjusted gross income of \$150,000 or less**  
**-\$260 for all other individuals with adjusted gross income of \$75,000 or less**  
**-Another \$260 for each dependent claimed on your return, up to three dependents (\$780)**

**HOW DO YOU WANT YOUR TAX RETURN DELIVERED?**

**CIRCLE YOUR CHOICE:** Paper Pick up Digital Delivery with eSignature (**No paper copies**)

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Further Notes or Questions: