PERSONAL INFORMATION

OFFICE USE ONLY:			2023
Date in ______________________________			
Scott	Ashley	Kris	Paul

Marital status at the end of 2023:
___ 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

IF INFO BROUGHT IN BY 3RD PARTY, NAME & RELATIONOSHIP TO TAXPAYER(S) ___________________________
HOW WOULD YOU LIKE TO BE NOTIFIED WHEN YOUR TAXES ARE DONE? TEXT CALL (circle one)

	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 # ________________________________
[ ] [ ] Did you make gifts to any one person in excess of $17,000 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)

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? 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.

K-12 REQUIRED SCHOOL EXPENSES	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name of Student				
Grade in May 2023				
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:				
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) _____
[ ] [ ] 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 $ _____________

MINNESOTA REBATE

[ ] [ ] Did you receive the Minnesota rebate payment? This was based on your 2021 tax return
($260 per person – taxpayer, spouse & up to 3 dependents or $1,300 per family)
If "Yes", total amount received in 2023: $____

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
(Max contributions: Yourself $3850, Family $7750 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", 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 $ ______________
(Max contribution combined for Traditional and Roth is $6500, age 50+ is $7500)

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?
Solar Electric $___________________Solar Water $_______________ Wind Energy $_______________
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) $_______

Tax credit is 30% of project cost up to max amounts

[ ] [ ] 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 2023 taxes?
Date: ____________________ Federal $ ____________________ State $ ____________________
Date: ____________________ Federal $ ____________________ State $ ____________________
Date: ____________________ Federal $ ____________________ State $ ____________________
Date: ____________________ Federal $ ____________________ State $ ____________________

[ ] [ ] Did you apply an overpayment of your 2022 taxes to your 2023 estimated taxes?
Federal $ ________________________ State $ ______________________

[ ] [ ] If you have an overpayment of 2023 taxes do you want the refund applied to your 2024 estimated taxes?

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 2024 Property Tax Statement that you receive in March/April 2024 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 2023 Certificate of Rent Paid, provided by your landlord and we will check.

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 $ ____________________

ITEMIZED DEDUCTIONS - Standard Deduction for Federal & Minnesota:

Single:	$13,850	Over 65 or blind ADDITIONAL deduction: $1,850
Married Filing Joint:	$27,700	Over 65 or blind ADDITIONAL deduction: $1,500
Head of Household:	$20,800	

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@.22/mile

Miles __________________ $ ____________________

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 2023 for 2022___________________

General sales tax vehicle purchased _______________

Real Estate 1st Home____________________ 8829

2nd Home ___________________ 8829

Personal Property (Auto Tabs)

1st _______________ 2nd______________

3rd _______________ 4th ______________

*Can use on state side even if not itemizing on federal

MN ITEMIZING W-2 EMPLOYEE NOT REIMB

Miles @.655/mile

Miles______________________ $____________________

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 _________________________

*GIFTS TO CHARITY (RECEIPTS REQUIRED)

Church ___________________________

Charity ___________________________

Charitable Miles

MN .14/mile _______________ $ ____________

IA .50/mile_________________ $ ____________

Charitable property ___________________________

OTHER MISCELLANEOUS

Gambling Loss __________________________________

Ordinary Losses_________________________________

Annuity or Roth loss ____________________________