

Sannerud, Savarese and Associates, P.A.

Tax Organizer

(This form is also available online at: www.sannerudsavarese.com)

Taxpayer Information		
<u>First & Last Name</u>	<u>SSN</u>	<u>Birthdate</u>
Taxpayer: (T) _____	_____	_____
Spouse: (S) _____	_____	_____
Street Address: _____		Email(s): _____
City, State, Zip _____		
<u>Occupation</u>	<u>Home #</u>	<u>Cell #</u>
Taxpayer: _____	_____	_____
Spouse: _____	_____	_____
Changes this past year: <input type="checkbox"/> Moved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Sold Home <input type="checkbox"/> Sold Property <input type="checkbox"/> Spouse Deceased <input type="checkbox"/> Dependent Deceased <input type="checkbox"/> Legally blind - you <input type="checkbox"/> Leg. blind - spouse		

Minnesota State Information	Full-year Resident _____	Part-year Resident _____	Nonresident _____
State(s) of Residence in 2019 and dates: _____			
School District (non MN Residents): _____ Do You Rent or Own Your Home? Rent ___ Own ___			

Dependents				
First & Last Name	Relationship	SSN#	Birthdate	Grade
#1 _____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____
#3 _____	_____	_____	_____	_____
#4 _____	_____	_____	_____	_____
#5 _____	_____	_____	_____	_____
#6 _____	_____	_____	_____	_____
<i>PLEASE...be sure dependents listed are not claiming themselves if they are filing their own tax return.</i>				
* <i>Please provide documentation from each child care provider</i>				
Provider Name:	Address	SSN#/FEIN#	Amount	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Direct Deposit Information	
<i>If you receive a refund and would like it deposited directly into your bank account, please fill out the information below:</i>	
Bank Name _____	
Routing Number _____	
Account Number _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

What's an IP PIN?

An IP PIN is a six-digit number assigned to eligible taxpayers to help prevent the misuse of their Social Security number on fraudulent federal income tax returns. Requesting an IP PIN is strictly voluntary. If you are assigned or requested an IP PIN, please provide our office with a copy of the letter with this information. We must enter the PIN to confirm your identity on any tax returns filed electronically. A new IP PIN is generated for each filing season.

INCOME

Wages/Pensions *PLEASE PROVIDE ALL W-2'S AND 1099'S*

<u>Employer's Name</u>	<u>W-2 Box 1 Wages</u>	<u>Pensions/IRA's - Box 1 Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income *PLEASE PROVIDE ALL 1099 FORMS*

<u>Payer's Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dividend Income *PLEASE PROVIDE ALL 1099 FORMS*

<u>Payer's Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Income *PLEASE PROVIDE ALL STATEMENTS*

<u>Sources</u>	<u>Amount</u>			<u>Amount</u>
State Tax Refund	_____	Social Security-Taxpayer		_____
Property Tax Refund	_____	Social Security-Spouse		_____
Unemployment (1099-G)	_____	Gambling/Lottery Winnings (Include W-2G Forms)		_____
	<u>Payer's Name</u>			<u>Amount</u>
Honorariums	_____			_____
Royalty Income	_____			_____
Other Income	_____			_____
	_____			_____
Alimony Received	_____			_____
Agreement effective prior to 01/01/2019?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Adjustments to Income

<u>Sources</u>	<u>Taxpayer Amount</u>	<u>Spouse Amount</u>
IRA Contribution(s)	_____	_____
Keogh & SEP Contribution	_____	_____
Gambling Losses	_____	_____
HSA Distributions (1099-SA)	_____	_____
HSA Contributions (5498-SA)	_____	_____
Teacher; Educator Expenses (K-12 Classroom expenses)	_____	_____
Alimony Paid	_____	_____
Agreement effective prior to 01/01/2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	_____	_____

Sales of Stock or Property

PLEASE PROVIDE ALL 1099 FORMS & SETTLEMENT STATEMENTS

<u>Description of Stock or Property</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Cost or Basis</u>	<u>Sale Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ITEMIZED EXPENSES

Medical Expenses Paid (generally must exceed 10% of adjusted gross income)					
DO NOT INCLUDE PRE-TAX OR REIMBURSED MEDICAL EXPENSES (FLEX, HSA, Cafeteria, etc.)					
		<u>Amount</u>			<u>Amount</u>
Prescription Medicine & Drugs		_____	Medical Miles (list # of miles)		_____
Medicare Premiums		_____	Medical Parking Costs		_____
Medical & Dental Insurance Premiums		_____	Lodging		_____
Long-term Care Insurance Premiums:		_____	Doctors, Chiropractors		_____
Taxpayer	Policy # _____		Hospitals, Ambulances		_____
	Company Name _____		Dentists, Orthodontists		_____
Spouse	Policy # _____		Lab Fees, X-rays, Physical Therapy		_____
	Company Name _____		Glasses, Hearing Aids, Batteries		_____
Long-term Care Expenses (nursing/home care)		_____	Medical Equipment & Supplies		_____
Cobra Premiums		_____	Psychotherapy, Psych. Counseling		_____
Other: _____		_____			

Taxes Paid					
		<u>Amount</u>			<u>Amount</u>
Real Estate Taxes:			State Taxes :		
Primary Home		_____	Balance Due on Last Year's State Return		_____
Second Home		_____	Sales Tax on Vehicle/Major Purchases		_____
Other		_____			
Vehicle License Tabs- Car, Van					
& Truck ONLY					
	Vehicle #1 _____				
	Vehicle #2 _____				
Contribution Plates? Amount?		_____			

Interest Paid		PLEASE PROVIDE ALL 1098'S	
		<u>Name of Financial Institution</u>	<u>Amount</u>
Home Mortgage Interest:			
Primary Home		_____	_____
Second Home		_____	_____
Investment Interest Paid:		_____	_____
<i>Interest paid on home equity debt no longer deductible as of January 1, 2018 <u>UNLESS</u> used to buy, build or improve your home.</i>			
		<u>Name of Financial Institution</u>	<u>Amount</u>
Home Equity Loan		_____	_____
			<u>Purpose of Loan</u>

If you refinanced your personal residence last year please provide your closing statements

Charitable Contributions (written verification required for each contribution of \$250 or more)					
Not included: political or legislative action contributions, privately held events benefiting individuals, raffle/lottery tickets, or amounts paid for bingo or similar games.					
<u>Money Contributions:</u>		<u>Amount</u>	<u>Volunteer Expenses:</u>		<u>Amount</u>
_____		_____	Auto Miles (# of miles = _____)		_____
_____		_____	Parking		_____
_____		_____	Phone		_____
_____		_____	Supplies		_____
_____		_____	Uniforms		_____
_____		_____	Travel		_____
<u>Non-cash Contributions:</u> (list fair market value or garage sale value)					
	<u>Item</u>	<u>Amount</u>		<u>Date</u>	
	_____	_____		_____	
	_____	_____		_____	
	_____	_____		_____	

EXPENSES

Education Expenses Post Secondary :		IRS Requires 1098T'S & 1098E's		
Name	Institution Attended	Yr of College	Tuition + Fees Paid	Grants Recvd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Student Loan Interest Paid & 1098E _____				

Estimated Tax Payments		PLEASE PROVIDE PROOF OF PAYMENT			
		Federal Amount	Federal Date Paid	State Amount	State Date Paid
Applied from Prior Year Return _____					
First Quarter	(April 15th pmt)	_____	_____	_____	_____
Second Quarter	(June 15th pmt)	_____	_____	_____	_____
Third Quarter	(Sept. 15th pmt)	_____	_____	_____	_____
Fourth Quarter	(January 15th pmt)	_____	_____	_____	_____

Ministers Housing			
Amount		Amount	
Rent Paid	_____	Housing Allowance	_____
Mortgage Payments	_____	Fair Rental Value of Home Owned	_____
Real Estate Taxes	_____	Fair Rental Value of Furnishings	_____
Home/Renters Insurance	_____		
Repairs & Upkeep	_____		
Furniture & Appliances	_____		
Decor Items	_____		
Utilities	_____		
Miscellaneous Supplies	_____		

~~ MINNESOTA SUPPLEMENT ~~								
MN Education Expenses K-12 UNIFORMS, MEALS & AFTER SCHOOL SPORTS ARE NOT DEDUCTIBLE								
Limits per child: K-6: \$1625.00, 7-12: \$2500.00								
Sources	Dependent #	Amount	Dep #	Amount	Dep #	Amount	Dep #	Amount
Private School Tuition	_____	_____	_____	_____	_____	_____	_____	_____
Required Education Materials	_____	_____	_____	_____	_____	_____	_____	_____
Physical Ed Clothing/Shoes	_____	_____	_____	_____	_____	_____	_____	_____
Musical Instrument Rental/Purch.	_____	_____	_____	_____	_____	_____	_____	_____
Music Lessons/Performing Arts	_____	_____	_____	_____	_____	_____	_____	_____
Tutoring	_____	_____	_____	_____	_____	_____	_____	_____
Academic Field Trips/Academic Clubs	_____	_____	_____	_____	_____	_____	_____	_____
Transportation Paid to 3rd Party	_____	_____	_____	_____	_____	_____	_____	_____
Home Computer Hardware/Software (maximum \$200 per family)	_____	_____	_____	_____	_____	_____	_____	_____

Unreimbursed Employee Business Expenses Only			
Amount		Amount	
Unreimbursed Work Miles	_____	Professional Subscriptions	_____
Unreimbursed Work Parking & Tolls	_____	Required Cell Phone/Pager	_____
Travel (work related)	_____	Required Computer/Online Services	_____
Meals (work related)	_____	Uniforms & Protective Clothing	_____
Work Tools & Equipment	_____	Dues: Union & Professional	_____
Required Work Related Supplies	_____	Other _____	_____
Licenses, Fees, Credentials	_____	Other _____	_____

Business Income & Expenses (Schedule C)

Owner of the business: Taxpayer _____ Spouse _____ Accounting Method:
 Business Name: _____ Cash _____
 Business Address: _____ Accrual _____
 City, State, Zip: _____
 Business Product or Service: _____
 Federal ID #: _____

Did you make any payments for services totaling \$600 or more to an individual or LLC? Yes No
 If yes, did you issue a 1099 form? Yes No

Income

Ending Inventory

Sales _____
 Other Income (Description) _____

\$ _____

Expenses

Advertising _____	Sales Tax Expense _____
Car & Truck Expenses _____	Payroll Taxes _____
Parking Fees & Tolls _____	Property Tax Expense _____
Commissions & Fees _____	Licenses _____
Contract Labor (1099) _____	Travel _____
Employee Benefits _____	Business Meals _____
Insurance _____	Business Entertainment (Describe) _____
Mortgage Interest _____	Utilities _____
Interest - Other _____	Wages (W-2) _____
Legal & Professional Svcs _____	Cell Phone/Business Phone _____
Office Expense _____	Computer & Software Exp. _____
Pension/Profit-Sharing Plans _____	Internet _____
Equipment Rental _____	Small Work Tools & Equipment _____
Building Rent _____	Tool & Equipment Fuel _____
Repairs & Maintenance _____	_____
Misc. Supplies _____	_____
_____	_____

Did you sell or purchase any equipment, vehicles, or furniture during the year? Yes No
 If yes, bring the purchase or sale paperwork with you.

<u>Property Description</u>	<u>Purchase/Sales Price</u>	<u>Date Acquired/Sold</u>	<u>New/Used</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Information:

Vehicle Make & Model: _____ Date Put in Service: _____
 Total Miles Driven This Year _____ Business Miles Driven This Year _____

Vehicle Make & Model: _____ Date Put in Service: _____
 Total Miles Driven This Year _____ Business Miles Driven This Year _____

Did you incur any expense for **business use of your home** during the year? Yes No
 If yes, complete the following.

Home Improvements _____	Utilities _____
Mortgage Interest _____	Homeowner Assoc Dues _____
Real Estate Taxes _____	
Insurance _____	Total area of home _____ square feet
Repairs & Maintenance _____	Business area of home _____ square feet

Rental Income & Expenses (Schedule E)

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill.

Type of rental property (see list, right) and address of each:

A _____

B _____

C _____

Types of Property:

1. Single Family Residence
2. Multi-Family Residence
3. Vac/Short Term Rental
4. Commercial
5. Land
6. Other _____

Did you make any payments for services rendered totaling \$600 or more to an individual or LLC? Yes No

If yes, did you issue a 1099 form? Yes No

	A	B	C
Rental Income	_____	_____	_____
Advertising	_____	_____	_____
Auto & Travel	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Telephone	_____	_____	_____
Utilities	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Improvements & Replacements: (include furniture, appliances, carpet, drapes, major repairs or improvements)

Description/Date

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

Vehicle Information:

Description of Vehicle: _____ Date Put in Service: _____
 Total Miles Driven This Year _____
 Business Miles Driven _____

Vacation Home Rental:

of Days Used Personally _____
 # of Days Available for Rent _____

Sannerud, Savarese and Associates, P.A.

Miscellaneous Questions

Tax Year 2019

Check appropriate box for each question.

Yes No Did you (or your spouse):

- Have health care coverage for 12 months? (Provide 1095's A, B or C, if applicable)
- Receive any tax notices from the IRS, MN Revenue or other taxing authority? (Please provide copies)
- Become a victim of identity theft?
- Open any new investment accounts this year?
- Have a financial interest in, or signature authority over a foreign financial account or were you a grantor, transferor or beneficiary of a foreign trust? This includes crypto currencies in a foreign exchange or foreign wallet and on-line gambling accounts in a foreign bank.
- Contribute to a ROTH IRA or a Traditional IRA for 2019, or do you plan to contribute?
- Transfer or rollover any amount from one retirement plan to another, including converting Traditional IRA funds to a ROTH?
- Make a Qualified Charitable Distribution (QCD) from your IRA? (Please provide documentation)
- Purchase, sell or refinance your principal home, second home, or open a home equity loan? (If yes, please provide a settlement statement)
- Have debt from a mortgage or credit card cancelled/forgiven/reduced? (1099-C, 1099-A)
- Own, mine, buy, sell or exchange any virtual currency? (Bitcoin, Litecoin, Z-Cash, Blockchain, other etc.)
- Receive a distribution from an Education Savings Account or Qualified Tuition Program? (Please provide 1099Q and expenses paid for housing and books)
- Have any dependents who began post-secondary education or plan to start next year?
- Have any dependents who received more than \$2,200 in unearned/investment income?
- Provide over half the support for anyone other than your spouse or dependent children?
- Make any gifts to an individual that totaled more than \$15,000 in 2019? Or gifts to a trust?
- Pay more than \$1,000 in a quarter or \$2,100 during the year for a nanny or for domestic services in and around your home?

For Minnesota Only:

- Pay principal and interest on a student loan? Please provide the following
 - Total amount paid toward qualified student loans in 2019 (Include payments made toward principal & interest) Taxpayer: _____ Spouse: _____
 - Total amount of qualified education loans taken out for your post-secondary education. (Original amount of loans) Taxpayer: _____ Spouse: _____
- Contribute to a 529 Educational Savings Account? (Provide year-end investment statement)
- Receive any Veterans benefits? If yes, please provide monthly dollar amount \$ _____
- Did you pay or receive alimony? If yes, how much? \$ _____
- Would you like to Donate to MN Nongame Wildlife Fund on your MN tax return? If yes, \$ _____

