

Sannerud, Savarese and Associates, P.A.
Tax Organizer 2023

Taxpayer Information			
<u>Last Name, First Name, & Middle Initial</u>	<u>SSN</u>	<u>Birthdate</u>	
Taxpayer (T) _____	_____	_____	
Spouse: (S) _____	_____	_____	
Street Address: _____			
City, State, Zip _____			
<u>Occupation</u>	<u>Email</u>	<u>Phone #</u>	
Taxpayer: _____	_____	_____	
Spouse: _____	_____	_____	
Please check all	<input type="checkbox"/> Married	<input type="checkbox"/> Moved	<input type="checkbox"/> Spouse Deceased
boxes that apply	<input type="checkbox"/> Separated	<input type="checkbox"/> Sold Home	<input type="checkbox"/> Dependent Deceased
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Sold Property	<input type="checkbox"/> Disabled
			<input type="checkbox"/> Legally blind - you
			<input type="checkbox"/> Legally blind - spouse

Minnesota State Information	Full-year Resident _____	Part-year Resident _____	Nonresident _____
State(s) of Residence in 2023 and dates: _____			
School District (non MN Residents): _____ Do You Rent or Own Your Home? Rent _____ Own _____			

See Page 6 for Dependent Information

Estimated Tax Payments	PLEASE PROVIDE PROOF OF PAYMENT			
	<u>Federal Amount</u>	<u>Federal Date Paid</u>	<u>State Amount</u>	<u>State Date Paid</u>
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)	_____	_____	_____	_____

Direct Deposit Information	
If you receive a refund and would like it deposited directly into your bank account, please fill out the information below:	
Bank Name _____	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number _____	<input type="checkbox"/> Bank account is same as it appeared on 2022 tax return
Account Number _____	Verify the last 4 digits of that account on this line
Note: If your bank was sold or merged with another bank in 2023, your routing number may be different than what we have on file.	

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 were assigned or requested an IP PIN, please provide our office with a copy of the letter with your 2023 IP PIN. We must enter the IP PIN to confirm your identity on any tax returns filed electronically. A new IP PIN is generated for each tax year.

ORGANIZER - INCOME

Wages	PLEASE PROVIDE ALL W-2 FORMS
<u>Employer's Name</u>	<u>W-2 Box 1 Wages</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Retirement Income	PLEASE PROVIDE ALL 1099 FORMS
<u>Payer's Name</u>	<u>1099-R, Box 1 - Gross Distribution</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Social Security Income	PLEASE PROVIDE SSA-1099 FORMS
<u>Amount</u>	
Taxpayer _____	
Spouse _____	

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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ORGANIZER - INCOME AND ADJUSTMENTS

Other Income		PLEASE PROVIDE ALL STATEMENTS	
<u>Sources</u>	<u>Amount</u>		<u>Amount</u>
State Tax Refund	_____	Property Tax Refund	_____
Unemployment (1099-G)	_____	Gambling/Lottery Winnings	_____
Taxpayer	_____	(Include W-2G Forms)	
Spouse	_____	Gambling Losses	_____
		(Include win/loss statements or other supporting documentation)	
	<u>Payer's Name</u>		<u>Amount</u>
Honorariums	_____		_____
Royalty Income	_____		_____
Other Income	_____		_____
	_____		_____
	_____		_____
Alimony Received	_____		_____
Date of divorce decree	_____		_____

Adjustments to Income		
<u>Sources</u>	<u>Taxpayer Amount</u>	<u>Spouse Amount</u>
IRA Contributions	_____	_____
Keogh & SEP Contributions	_____	_____
HSA Distributions (Attach 1099-SA)	_____	_____
HSA Contributions (Attach 5498-SA)	_____	_____
Were all withdrawals from your HSA used for qualified medical expenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Teacher / Educator Expenses (K-12 Classroom expenses)	_____	_____
Alimony Paid	_____	_____
Date of divorce decree	_____	_____
Student Loan Interest Paid (Form 1098E)	_____	_____
Other:	_____	_____

Ministers Housing	
<u>Amount</u>	<u>Amount</u>
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	

SCHEDULE A - ITEMIZED DEDUCTIONS

Schedule A - Medical Expenses Paid (generally must exceed 7.5% 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	_____
Healthcare Sharing Ministry Payments	_____	Other: _____	_____

Schedule A - 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		<u>License #</u>	<u>Amount Paid</u>
Vehicle #1 _____	_____	_____	_____
Vehicle #2 _____	_____	_____	_____
Contribution Plates? Amount Paid:	_____	_____	

Schedule A - Interest Paid		PLEASE PROVIDE ALL 1098s	
	<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 is no longer deductible as of January 1, 2018 UNLESS it was used to buy, build, or improve your home.</i>			
	<u>Name of Financial Institution</u>	<u>Amount</u>	<u>Purpose of Loan</u>
Home Equity Loan	_____	_____	_____
<i>If you refinanced your personal residence last year please provide your closing statements</i>			

Other/Notes:
_____ _____ _____

SCHEDULE A - CONTRIBUTIONS

Charitable Contributions

(written verification required for each contribution of \$250 or more)

Not included: political or legislative action contributions, GoFundMe or privately held events benefiting individuals, raffle/lottery tickets, or amounts paid for bingo or similar games.

<u>Cash Contributions in 2023:</u>	<u>Amount</u>	<u>Volunteer Expenses:</u>	<u>Amount</u>
_____	_____	Auto Miles (# of miles = _____)	_____
_____	_____	Parking	_____
_____	_____	Phone	_____
_____	_____	Supplies	_____
_____	_____	Uniforms	_____
_____	_____	Travel	_____

Non-Cash Contributions: (list fair market value or garage sale value)

<u>Item</u>	<u>Amount</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RECORD-KEEPING REQUIREMENTS FOR CHARITABLE CONTRIBUTIONS

<u>AMOUNT CONTRIBUTED</u>	<u>LESS THAN \$250</u>	<u>\$250 TO \$500</u>	<u>\$500 OR MORE AND SOLD BY CHARITY</u>	<u>\$500 TO \$5000 AND RETAINED FOR USE OR IMPROVED BY CHARITY</u>	<u>OVER \$5000 AND RETAINED FOR USE OR IMPROVEMENT BY CHARITY</u>
<u>NON-CASH</u>	WRITTEN RECORD OF WHAT WAS DONATED & RECEIPT REQUIRED	WRITTEN RECORD OF WHAT WAS DONATED; RECEIPT REQUIRED AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE CHARITY	WRITTEN RECORD OF WHAT WAS DONATED; RECEIPT REQUIRED AND FORM 1098-C SHOWING CHARITY'S SALES PRICE AND ATTACH 1098-C TO FORM 1040; DEDUCTION LIMITED TO 1098-C AMOUNT	RECEIPT REQUIRED AND FORM 8283 (WE PREPARE THIS FORM) AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT MEETING CERTIFICATION OF NON-SALE REQUIREMENTS. DEDUCTION ALLOWED AT FAIR MARKET VALUE	ALL OF THE PREVIOUS REQUIREMENTS, PLUS ATTACH THE APPRAISAL TO THE TAX RETURN
<u>CASH</u>	WRITTEN RECEIPT FROM CHARITY OR BANK OR CREDIT CARD RECORD REQUIRED	RECEIPT REQUIRED AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE CHARITY	RECEIPT REQUIRED AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE CHARITY	RECEIPT REQUIRED AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE CHARITY	RECEIPT REQUIRED AND CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT FROM THE CHARITY

ORGANIZER - DEPENDENTS & EDUCATION

Dependents				
First & Last Name	Relationship	SSN#	Birthdate	Grade
#1 _____	_____	_____	_____	_____
#2 _____	_____	_____	_____	_____
#3 _____	_____	_____	_____	_____
#4 _____	_____	_____	_____	_____
#5 _____	_____	_____	_____	_____
#6 _____	_____	_____	_____	_____

PLEASE...be sure dependents listed are not claiming themselves if they are filing their own tax return.

*** Please provide documentation from each child care provider**

Provider Name	Address	SSN#/FEIN#	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No 2023 Due Diligence Questions (REQUIRED IF YOU ARE CLAIMING DEPENDENTS)

- Is there a change in the number of dependents you can claim?
- Did all dependents live with you in the U.S. for the entire year except for temporary absences?
 If no, list dependents and the number of days they lived with you below:
 Dependent: _____ Days: _____
 Dependent: _____ Days: _____
 Dependent: _____ Days: _____
- Did you (and your spouse if filing jointly) provide over half of each dependent's support?
 If no, please explain: _____
- Did you (and your spouse if filing a jointly) pay over half of the cost of your and your dependent's home?
- Did you release any dependent(s) to someone else?
 If yes, list the dependent(s) whose claim was released _____
- Do any of your college attending dependents have a felony drug conviction?

Education Expenses Post Secondary	IRS Requires 1098Ts & 1098Es			
Name	Institution Attended	Year of College	Tuition + Fees Paid	Grants Rec'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Loan Interest Paid & 1098E _____

Other/Notes:

FEDERAL CHECKLIST --- REQUIRED

Yes	No	Did you (or your spouse):	Check appropriate box for each question.
<input type="checkbox"/>	<input type="checkbox"/>	Purchase health insurance through a Health Insurance Marketplace (MNSure)? If yes, attach Form 1095-A.	
<input type="checkbox"/>	<input type="checkbox"/>	Receive any tax notices from the IRS, MN Revenue or other taxing authority? (Please provide copies)	
<input type="checkbox"/>	<input type="checkbox"/>	Become a victim of identity theft?	
<input type="checkbox"/>	<input type="checkbox"/>	Open any new investment accounts this year?	
<input type="checkbox"/>	<input type="checkbox"/>	In 2023, did you receive as an award or payment (for property or services) or sell, exchange, or otherwise dispose of a digital asset including NFTs and virtual currency? If so, check each box that applies.	
<input type="checkbox"/>	<input type="checkbox"/>	Sold (converted) digital asset to US dollar	
<input type="checkbox"/>	<input type="checkbox"/>	Traded one digital asset for another	
<input type="checkbox"/>	<input type="checkbox"/>	Spent digital assets for goods and services	
<input type="checkbox"/>	<input type="checkbox"/>	Received new digital assets as a result of mining, staking or similar activities	
<input type="checkbox"/>	<input type="checkbox"/>	Received digital assets as a result of a hard fork	
<input type="checkbox"/>	<input type="checkbox"/>	Received digital assets as payment for property or services or as a results of an award	
<input type="checkbox"/>	<input type="checkbox"/>	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 cryptocurrencies in a foreign exchange or foreign wallet & online gambling accounts in a foreign bank.	
<input type="checkbox"/>	<input type="checkbox"/>	Receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, Doordash, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Receive a 1099-K tax document? (Please provide a copy)	
<input type="checkbox"/>	<input type="checkbox"/>	Own a Limited Liability Company (LLC) or a business or entity registered with a US Secretary of State office?	
<input type="checkbox"/>	<input type="checkbox"/>	Start a new business or purchase a rental property?	
<input type="checkbox"/>	<input type="checkbox"/>	Have insurance premiums withheld directly from your PERA benefits as a public safety benefit recipient?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Roth IRA for 2023 (outside of an employer plan)? If you haven't already, do you plan to?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Traditional IRA for 2023 (outside of an employer plan)? If you haven't already, do you plan to?	
<input type="checkbox"/>	<input type="checkbox"/>	Transfer or rollover any amount from one retirement plan to another, including converting Trad IRA fund to a Roth?	
<input type="checkbox"/>	<input type="checkbox"/>	Make a Qualified Charitable Distribution (QCD) from your IRA? (Please provide documentation)	
<input type="checkbox"/>	<input type="checkbox"/>	Make any residential energy improvements or pay for a home energy audit?	
<input type="checkbox"/>	<input type="checkbox"/>	Purchase an electric/energy efficient vehicle or install an EV Charger in 2023?	
<input type="checkbox"/>	<input type="checkbox"/>	Purchase, sell, or refinance your principal home, second home, or open a home equity loan? (If yes, please provide all settlement statements and associated 1098 forms)	
<input type="checkbox"/>	<input type="checkbox"/>	Have debt from a mortgage or credit card cancelled/forgiven/reduced? (1099-C, 1099-A)	
<input type="checkbox"/>	<input type="checkbox"/>	Receive a distribution from an Education Savings Account or Qualified Tuition Program? (Please provide 1099Q and expenses paid for housing and books)	
<input type="checkbox"/>	<input type="checkbox"/>	Have any dependents who received post-secondary education, or are planning to next year?	
<input type="checkbox"/>	<input type="checkbox"/>	Have any dependents who received more than \$1,250 in unearned/investment income?	
<input type="checkbox"/>	<input type="checkbox"/>	Provide over half the support for anyone other than your spouse or dependent children?	
<input type="checkbox"/>	<input type="checkbox"/>	Give any gifts to an individual that totaled more than \$17,000 in 2023? Or gifts to a trust?	
<input type="checkbox"/>	<input type="checkbox"/>	Pay more than \$1,000 in a 3-month period or \$2,600 during the year for nanny or domestic services at your home?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the MN Rebate and if yes, provide Form 1099 and amount received. \$ _____	

How would you like to receive a copy of your completed tax return?

Digital Only Paper Only Both

STATE
MN CHECKLIST - REQUIRED

Yes **No** **Did you (or your spouse):** Check appropriate box for each question.

Receive income from a basic public pension plan earned on employment income for whom employee or survivor did not earn Social Security benefits?

Pay principal and interest on a student loan? Please provide documentation

Contribute to a 529 Educational Savings Account? (Provide year-end investment statement.)

Receive a CRP form for rent paid in 2023? If yes, please include with your tax information.

Pay premiums for a Long-Term Care insurance policy? (MN Credit available)

Would you like to Donate to MN Nongame Wildlife Fund on your MN tax return? If yes, \$ _____

*** Reminder: Minnesota allows a deduction for charitable donations that exceed \$500 when claiming the standard deduction**
(This also includes non-cash donations)

Minnesota Education Expenses K-12 <i>UNIFORMS, MEALS & AFTER SCHOOL SPORTS ARE NOT DEDUCTIBLE</i>				
Limits per child: K-6: \$1625.00, 7-12: \$2500.00				
<u>Sources</u>	<u>Dependent #</u>	<u>Amount</u>	<u>Dep #</u>	<u>Amount</u>
Private School Tuition	_____	_____	_____	_____
Required Education Materials	_____	_____	_____	_____
Physical Ed Clothing/Shoes	_____	_____	_____	_____
Musical Instrument Rental/Purch.	_____	_____	_____	_____
Music Lessons/Performing Arts	_____	_____	_____	_____
Tutoring	_____	_____	_____	_____
Academic Field Trips/Academic Clubs	_____	_____	_____	_____
Driver's Education	_____	_____	_____	_____
Home Computer Hardware/Software (maximum \$200 per family)	_____	_____	_____	_____

Unreimbursed Employee Business Expenses Only - Minnesota Reporting Only			
<u>Amount</u>		<u>Amount</u>	
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 _____	_____

LETTER OF UNDERSTANDING – Tax Year 2023

This letter is to confirm our understanding of the terms of our engagement and to clarify the nature and extent of the income tax services we will provide. It is mutually agreed as follows:

1. Sannerud, Savarese & Associates, P.A. will prepare 2023 federal and resident state income tax returns based on client supplied information. It is the responsibility of the client to provide all information needed to complete the return accurately.
2. Client will:
 - Provide original documents and compiled and summarized information necessary to complete your tax returns
 - Report all 2023 income received including barter, crypto-currency, and cash revenue whether received in-person, in-kind, or electronically
 - Retain all documents, receipts, canceled checks and other records to substantiate the items of income and deductible expenditures which are claimed on the tax return
 - Review all information provided to Sannerud, Savarese, and Associates, and acknowledge that it is true, complete and correct to the best of your knowledge
 - Review completed tax returns carefully before signing and mailing or authorizing e-filing
 - Provide any additional information that may be requested by tax preparer
3. Our fees for this engagement are not contingent on the results of our services; rather they are based on our standard hourly rates.
 - In addition to the cost of the tax return, client will be billed hourly for:
 - Compiling and summarizing information (totaling receipts, etc.)
 - Calculating stock basis
 - Requested tax planning (Due to the complexity of the tax laws, it is our policy to put all tax planning advice in writing. You should not rely on any advice that has not been fully reviewed and put in writing by our firm)
 - Calling outside sources for information, etc.
 - Conducting research for unusual situations
 - Responding to taxing authority's notices
 - Representing client at an audit by taxing authorities
 - Lengthy telephone calls - 10 minutes or more
 - Aid in resolving issues of identity theft relating to tax return filing
 - Other services as may be requested by taxpayer
 - Additional copies of tax returns
 - An invoice will be mailed to the client with the completed tax return.
 - Tax returns will be e-filed upon receipt of payment and signed 8879. An additional charge will be assessed for taxpayers that choose not to e-file.
 - General Terms of Agreement are reflected on the back side of this letter

Our services are not intended to determine residency of the taxpayer, or to determine whether the taxpayer has filing requirements in states/cities other than the ones they have informed us of in writing. Additional charges may apply if you need our help to determine filing requirements with other states/cities. Our services are not intended to determine the taxpayer's obligations to file any reports or forms relating to Foreign Bank Accounts (FBAR Rules).

Sannerud, Savarese & Assoc. PA has no liability for any loss or damage resulting from the use of email transmissions.

Please sign below to accept the terms of this agreement. We wish to express our appreciation for this opportunity to work with you and we are always available to discuss or clarify any part of this letter.

Sannerud, Savarese & Associates, P.A.

Read and accepted by:

Susan E Savarese, President

Susan E Savarese, CPA

Taxpayer

Date

Spouse

Date

General Terms of Agreement.

This contract, or any other supplemental contract, shall be governed by the following terms:

- (a) Our services cannot be relied upon to disclose errors, irregularities, or illegal acts, including fraud or embezzlement that may exist. If such matters come to our attention, you will be informed.
- (b) We will not audit, review, compile or otherwise verify the data you submit; however, we may ask you to clarify some of the information.
- (c) In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. You agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions.
- (d) In the event that we are or may be obligated to pay any cost, settlement, judgment, fine, penalty or similar award or sanction as a result of a claim, investigation, or other proceeding instituted by any third party, and if such obligation is or may be a direct or indirect result of any inaccurate or incomplete information that you provided to us during the course of this engagement you agree to indemnify us, defend us, and hold us harmless against such obligation.
- (e) Payment is due upon receiving your tax return and prior to electronic submission.
- (f) Only with prior approval of the firm administrator will a Client be allowed to pick up a tax return without payment.
- (g) Service charges will be assessed at the rate of 1.5 percent per month on any balance not paid in 30 days.
- (h) If accounts are 60-90 days overdue, special arrangements must be made before SANNERUD, SAVARESE & ASSOCIATES, P.A. will provide further services.
- (i) Should the client dispute the fees or charges relating to the services provided by SANNERUD, SAVARESE & ASSOCIATES, P.A. the Client shall notify SANNERUD, SAVARESE & ASSOCIATES, P.A. of such dispute within 15 days of receipt of the first billing statement outlining the disputed fees or charges. Should the parties be unable to resolve the Client's dispute by mutual agreement, then the Client shall submit such dispute to the American Arbitration Association for binding arbitration within 30 days of receipt of the first billing statement outlining the disputed fees or charges. In the event the Client does not dispute such charges or fees within the time agreed to herein, the Client waives their right to dispute such charges. Discovery shall be limited to what is reasonable based on the amount of said dispute. The prevailing party shall be entitled to recover all costs. In addition, should the arbitrator decide there was any undue delay or unfair tactics, or abuse of the discovery process he/she shall award a reasonable sum of attorney's fees against the party involved in such tactics. Nothing herein shall be construed to limit the ability of SANNERUD, SAVARESE & ASSOCIATES, P.A. to proceed with collecting all sums due it from the Client through Court action or otherwise.
- (j) In the event collection proceedings, including collection through the arbitration process outlined in paragraph (i) above via a counterclaim, the Client agrees to pay the amount owed plus all costs and disbursements, including reasonable attorney fees.
- (k) Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgement you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this letter of understanding.
- (l) Either party may terminate this Contract by providing thirty (30) days written notice to the other party. Upon termination of the Contract, all future obligations shall end except that the Client agrees to be responsible for any unpaid invoices, service charges, and if collection is necessary, all costs and expenses, including reasonable attorney's fees SANNERUD, SAVARESE & ASSOCIATES, P.A. incurs in the collection process.
- (m) ***Privacy Notice – As your CPA:***
 - We collect information provided by you from your tax organizer, worksheets, documents and discussions.
 - We collect information that we develop as part of the engagement.
 - We are required to keep all information about our engagement confidential so we will not disclose any information about you unless we have your approval or are required/permitted by law. This applies even if you are no longer a client.
 - We are committed to safe keeping of your confidential information and we maintain physical, electronic, and procedural safeguards to protect your information.

SCHEDULE C

SCHEDULE C - Business Income & Expenses

Owner of the business: Taxpayer _____ Spouse _____ Accounting Method:
 Business Name: _____
 Business Address: _____ Cash _____
 Business Product or Service: _____ Accrual _____
 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
 If you have a solo/individual 401k plan, what was the plan balance on 12/31/2023? \$ _____ (Form 5500 Filing)
 (If you are unsure about your retirement plan, please supply a copy of your December 2023 statement)

Income

Ending Inventory

Sales _____
 Other Income (Description) _____ \$ _____

Expenses

Advertising _____	Sales Tax Expense _____	
Car & Truck Expenses _____ (see Sch C pg. 2)	Payroll Taxes _____	
Parking Fees & Tolls _____	Property Tax Expense _____	
Commissions & Fees _____	Licenses _____	
Contract Labor (1099) _____	Travel _____	
Employee Benefits _____	Business Meals _____	
Business Insurance _____	Business Entertainment (Describe) _____	
Mortgage Interest _____	Utilities _____	
Interest - Other _____	Wages (provide copy of W-3) _____	
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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
Describe _____	

SCHEDULE E

Rental Income & Expenses

If the property was purchased or converted to rental use this year, provide purchase settlement stmt & 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

	<u>A</u>	<u>B</u>	<u>C</u>
Rental Income	_____	_____	_____
Advertising	_____	_____	_____
Auto & Travel	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Property Taxes	_____	_____	_____
Telephone (Bus. Related)	_____	_____	_____
Utilities	_____	_____	_____
Association Dues	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Description/Date</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____



Charitable Contributions Noncash FMV Guide

Fair Market Value Guide

Men's Clothing

Jacket.....	\$8–\$26
Overcoat.....	\$16–\$62
Pajamas.....	\$2–\$8
Raincoat.....	\$5–\$21
Shirt.....	\$3–\$12
Shoes.....	\$4–\$26
Shorts.....	\$4–\$10
Slacks.....	\$5–\$12
Suit.....	\$16–\$62
Sweater.....	\$3–\$12
Swim trunks.....	\$3–\$8
Tuxedo.....	\$10–\$62

Women's Clothing

Bathing suit.....	\$4–\$12
Bathrobe.....	\$3–\$12
Blouse.....	\$3–\$12
Boots.....	\$2–\$5
Coat.....	\$10–\$41
Dress.....	\$4–\$20
Evening dress.....	\$10–\$62
Fur coat.....	\$26–\$415
Fur hat.....	\$7–\$16
Handbag.....	\$2–\$21
Hat.....	\$1–\$8
Jacket.....	\$4–\$12
Nightgown.....	\$4–\$12
Pants suit.....	\$7–\$26
Shoes.....	\$2–\$26
Skirt.....	\$3–\$8
Slacks.....	\$4–\$12
Suit.....	\$6–\$26
Sweater.....	\$4–\$16

Children's Clothing

Blouse.....	\$2–\$8
Boots.....	\$3–\$21
Coat.....	\$5–\$21
Dress.....	\$4–\$12
Jacket.....	\$3–\$26
Jeans.....	\$4–\$12
Pants.....	\$3–\$12
Shirt.....	\$2–\$6
Shoes.....	\$3–\$9
Skirt.....	\$2–\$6
Slacks.....	\$2–\$8
Snowsuit.....	\$4–\$20
Sweater.....	\$3–\$8

Household Goods

Bakeware.....	\$1–\$3
Bedsprad/quit.....	\$3–\$25
Blanket.....	\$3–\$16
Chair/sofa cover...\$16–\$36	
Coffeemaker.....	\$4–\$16
Curtains.....	\$2–\$12
Drapes.....	\$7–\$41
Fireplace set.....	\$21–\$83
Floor lamp.....	\$6–\$52
Glass/cup.....	\$0.50–\$2
Griddle.....	\$4–\$12
Kitchen utensils.....	\$0.50–\$2
Lamp.....	\$5–\$78
Mixer/blender.....	\$5–\$21
Picture/painting....	\$5–\$207
Pillow.....	\$2–\$8
Plate.....	\$0.50–\$3
Pot/pan.....	\$1–\$3

Sheets.....	\$2–\$8
Throw rug.....	\$2–\$12
Towel.....	\$0.50–\$4

Furniture

Bed (full, queen, king).....	\$52–\$176
Bed (single).....	\$36–\$104
Bedroom set.....	\$259–\$1,037
Chair (upholstered).....	\$26–\$104
Chest.....	\$26–\$99
China cabinet.....	\$89–\$311
Clothes closet.....	\$16–\$52
Coffee table.....	\$16–\$67
Crib and mattress.....	\$26–\$104
Desk.....	\$26–\$145
Dining room set..	\$156–\$934
Dresser with mirror.....	\$21–\$104
End table.....	\$10–\$52
Folding bed.....	\$21–\$62
Hi riser.....	\$36–\$78
High chair.....	\$10–\$52
Kitchen cabinet....	\$26–\$78
Kitchen chair.....	\$3–\$10
Kitchen set.....	\$36–\$176
Mattress (double).....	\$13–\$78
Mattress (single).....	\$16–\$36
Playpen.....	\$4–\$31
Rugs.....	\$21–\$93
Secretary.....	\$52–\$145

Sleeper sofa with mattress.....	\$88–\$311
Sofa.....	\$36–\$207
Trunk.....	\$5–\$73
Wardrobe.....	\$21–\$104

Appliances

Air conditioner.....	\$21–\$93
Dryer.....	\$47–\$93
Electric stove.....	\$78–\$156
Freezer.....	\$25–\$100
Gas stove.....	\$52–\$130
Heater.....	\$8–\$23
Microwave.....	\$10–\$50
Refrigerator.....	\$78–\$259
TV (color).....	\$78–\$233
Washing machine	\$41–\$156

Miscellaneous

Bicycle.....	\$5–\$83
Board game.....	\$1–\$3
Book (hardback).....	\$1–\$3
Book (paperback).....	\$1–\$2
Carriage.....	\$5–\$100
CD.....	\$2–\$5
Cell phone.....	\$25–\$100
Computer monitor.....	\$5–\$51
Computer printer.....	\$5–\$155
Computer system.....	\$104–\$415
Copier.....	\$41–\$207
DVD.....	\$2–\$5

DVD player/VCR....	\$8–\$16
Edger.....	\$5–\$26
eReader.....	\$10–\$50
Golf club (individual).....	\$2–\$26
Ice skates.....	\$3–\$16
Luggage.....	\$5–\$16
Mower.....	\$26–\$104
Mower (riding)...	\$104–\$311
Radio.....	\$8–\$52
Roller blades.....	\$3–\$16
Sewing machine.....	\$15–\$88
Stereo.....	\$16–\$78
Stuffed animal...\$0.50–\$1	
Tablet.....	\$25–\$150
Tennis racket.....	\$2–\$5
Typewriter.....	\$5–\$26
Umbrella.....	\$2–\$6
Vacuum cleaner...\$16–\$67	

Note: You are responsible for establishing actual value of items donated.

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Your Tax Preparer:

Attention all clients: *Please reach out to your tax preparer if you would like a digital, fillable copy of the organizer.*

Please drop off, or mail in your tax return documents. For those wanting to email, you may request a secure link from your tax preparer prior to sending your documentation. We process tax returns in the order received and will contact you with any questions and to discuss your results.

Because we process returns in the order received, we are asking that you send us your information as soon as possible. While it is helpful to receive all of your tax information at once, if you have not received all of your tax information by **March 1st**, please send us the information that you have and a listing of what is outstanding.

We look forward to working with you again this tax season!

Tax Organizer & Questionnaire 2023

Please provide your completed organizer, blue checklists, and signed letter of understanding with your supporting documents. Please do not use staples or post-it notes on your documentation.

THANK YOU!