

# HABURN CPA, LLC ~ TAX RETURN ORGANIZER

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook.

	TAXPAYER	SPOUSE
First Name & Middle Initial		
Last Name		
<b>Check here if your phone/e-mail/address is the same as the prior year → <input type="checkbox"/></b>		
Best Phone Number:		
Best E-mail to contact you		
Address		

\*\*\*HOW WOULD YOU LIKE TO BE NOTIFIED WHEN YOUR RETURN IS COMPLETE (CHECK BOX):

CALL  TEXT  MAIL (\$15)  PORTAL  (to be set-up with the portal e-mail [tasha@haburncpa.com](mailto:tasha@haburncpa.com))

YES	NO	NA	PLEASE ANSWER ALL THE QUESTIONS BELOW: – THESE ARE REQUIRED FOR US TO COMPLETE YOUR RETURN!
<input type="checkbox"/>	<input type="checkbox"/>		Did you and/or your spouse have any investments in foreign banks \$10,000 or over?
<input type="checkbox"/>	<input type="checkbox"/>		At any time during the year, did you: Receive (as a reward, award, or payment for property/service); or sell, exchange, gift, or otherwise dispose of crypto currency/NFT (or financial interest in a crypto currency/NFT)?
<input type="checkbox"/>	<input type="checkbox"/>		Did you have health insurance through MNsure and have/will receive Form 1095-A? Please provide form.
<input type="checkbox"/>	<input type="checkbox"/>		Have you or your spouse been given a six-digit IP PIN by the IRS? If yes, provide letter.
<input type="checkbox"/>	<input type="checkbox"/>		Did you make gifts of more than \$19,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>		Would you like to donate to the MN wildlife fund? (IF YES – enter amount here: _____)
<input type="checkbox"/>	<input type="checkbox"/>		Did you add money to a 529 plan? (IF YES – provide financial institution, account number, & amount).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you took money out of your HSA account, was it used all for medical expenses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you want to add funds to your HSA or IRA before 4/15 and would prefer a call before your return is done?
<input type="checkbox"/>	<input type="checkbox"/>		Did you make any charitable donations in the amount of \$500 or more? If yes, please provide. Even if you are not itemizing deductions, you are still able to use the amounts donated over \$500 on your MN return.
<input type="checkbox"/>	<input type="checkbox"/>		Did you make any ESTIMATED tax payments for the tax year? If yes, please to include the details.
<input type="checkbox"/>	<input type="checkbox"/>		Did you make a Qualified Charitable Donation (QCD) from an IRA during this tax year? If yes, please provide 1099-R and letter from financial advisor listing amounts.
<input type="checkbox"/>	<input type="checkbox"/>		Did you or your dependent receive Form 1099-K (payment card and third-party network transactions)?
<input type="checkbox"/>	<input type="checkbox"/>		Purchase/install energy-efficient home items? (include information) Please ask if you would like an item list.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you had a baby in 2025, would you like to opt into setting up a Federal Trump Account? If yes, the government will deposit \$1,000.00 into an investment account for your child born in 2025.

***Fill out the reverse side of this worksheet if you are claiming a dependent on your tax return***

**\*\*\*IF YOU ARE DUE A REFUND, HOW WOULD YOU LIKE TO RECEIVE IT?**

CHECK  
 DIRECT DEPOSIT – (provide a voided check if info has changed)  
 APPLY TO NEXT YEAR'S ESTIMATES (CHECK HERE: Federal:  State:  Both: )

**\*\*\*IF YOU OWE TAXES, HOW WOULD YOU LIKE TO PAY THEM?** (provide a voided check if info has changed)

CHECK  
 DIRECT DEBIT (FYI: Once the payment is set-up for direct debit for the year, it cannot be changed)

PERSONAL INFORMATION	TAXPAYER	SPOUSE
<b>Check here if your information below is the same as the prior year: <input type="checkbox"/></b>		
Social Security Number		
Date of Birth		
Occupation		
Blind or disabled? Check box(s)	Blind <input type="checkbox"/> Disabled <input type="checkbox"/>	Blind <input type="checkbox"/> Disabled <input type="checkbox"/>
Filing Status (Check One):	Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/>	

# DEPENDENT WORKSHEET ~ Complete this side only if you are claiming a dependent

Name (First, Last)	Check if no changes	Relationship	DOB	Social Security Number	Disabled Check box	If over 18, full time student?
	<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
	<input type="checkbox"/>				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

\*If more space is needed, please attach list

YES	NO	PLEASE ANSWER ALL QUESTIONS BELOW:
<input type="checkbox"/>	<input type="checkbox"/>	Did any of the dependents listed provide over one-half of their own support during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did any of the dependents listed file joint tax returns for the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you or your spouse be claimed as a dependent on someone else's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	All dependents listed are citizens or nationals of the United States?
<input type="checkbox"/>	<input type="checkbox"/>	All dependents listed have a valid SSN as listed on the tax return.
<input type="checkbox"/>	<input type="checkbox"/>	I/We can provide documentation to substantiate eligibility for the credits being claimed.
<input type="checkbox"/>	<input type="checkbox"/>	Were any credits disallowed or reduced for a previous tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under 19 (or 24 if a full-time student) who received more than \$1,350 in investment income?

YES	NO	For dependents <u>UNDER the age of 19 as of the end of the tax year OR, between the ages of 19 and 24 and is a FULL-TIME student</u>
<input type="checkbox"/>	<input type="checkbox"/>	All children whose name, birthday, and SSNs are all listed on my tax return are either my son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them.
<input type="checkbox"/>	<input type="checkbox"/>	The children have lived with me/us for more than one-half of the tax year unless the child was away for a temporary absence, kidnapped, or was born or died during the year.
<input type="checkbox"/>	<input type="checkbox"/>	Could the children listed be the qualifying child of any other person? ***** <b>IF YOU ARE CLAIMING A DEPENDENT AND YOU ARE NOT THE CUSTODIAL PARENT, PLEASE PROVIDE SIGNED FORM 8332</b>
<input type="checkbox"/>	<input type="checkbox"/>	If the dependent listed is between the ages of 19 and 24 and a full-time student, have you provided Form 1098-T from their college? (Please see college education section on the next page)

YES	NO	For dependents 19 or over and is NOT a full-time student
<input type="checkbox"/>	<input type="checkbox"/>	The dependent(s) being claimed are the taxpayer's son, daughter, stepchild, foster child, or a descendent of any of them, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendent of any of them, father, mother or an ancestor or sibling of any of them, or any other person who lived with the taxpayer all year as a member of the household if the relationship did not violate local law.
<input type="checkbox"/>	<input type="checkbox"/>	If claiming the dependent under the rules for qualifying relatives, none of the dependents (unless permanently or totally disabled) had gross income of \$4,300 or more, not including welfare or social security benefits.
<input type="checkbox"/>	<input type="checkbox"/>	Did the dependent live with you for the entire year?

## DAYCARE/PRESCHOOL EXPENSES

Provider #1		Provider #2	
Address			
EIN/SSN			
Amount Paid			
Children Cared for:			

## K-12 EDUCATION EXPENSES

Student Name	Grade	*Supply Cost	Band Cost/Instrument	Computer/Tablet Cost	Private School Tuition	Individual Instruction

\*No clothes, shoes, backpacks, or sports related expenses (you may include gym attire)

~PLEASE ASK US IF YOU WOULD LIKE A FULL LIST OF MN K-12 DEDUCTIBLE EXPENSES~

**COLLEGE EDUCATION (Taxpayer, Spouse, or Dependent) BRING IN FORM 1098-T**

Student Name	Full time/Part time?	Total # years attended any college	Required Books, Supplies, etc.
	FT <input type="checkbox"/> PT <input type="checkbox"/>		
	FT <input type="checkbox"/> PT <input type="checkbox"/>		

**ESTIMATES PAID**

Quarter	Date Paid	Federal Amount	State Amount
1 <sup>st</sup> – Due 4/15			
2 <sup>nd</sup> – Due 6/15			
3 <sup>rd</sup> – Due 9/15			
4 <sup>th</sup> – Due 1/15			

**~OTHER DEDUCTIONS~**
**STUDENT LOANS**

How much did you pay towards your student loans this year?	Principal	Interest
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**\*\*PLEASE BRING YOUR 1098-E FOR STUDENT LOAN INTEREST DEDUCTION!**
**NEW PERSONAL USE VEHICLE INTEREST ~ PURCHASED IN 2025 THROUGH 2028**

Interest paid on new vehicle loan		Vehicle make/model/year	
Did the final assembly occur in the United States?		Date of Purchase	
Lender Name		VIN Number (Required)	

**\*\*Ensure to get a statement from your lender showing the amount of interest paid!**
**\*\*To verify eligibility, please visit: <https://vpic.NHTSA.dot.gov/decoder/>**
**CHARITABLE DONATIONS**

Type	Amount	Type	Amount
Cash/Check Donations		Charitable Mileage (# of Miles)	
*Total items donated value \$		<b>*If non-cash/check is \$500 OR OVER, please attach detail list.</b>	
How did you value your items donated? <input type="checkbox"/> Thrift Shop Value <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Other:			

Donations paid directly out of your IRA:	**Please include documentation from your financial advisor
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**MEDICAL/DENTAL (NOT reimbursed by insurance or paid out of a Health Savings Account)**

AFTER Tax Insurance Premiums		Doctor/Dental/Orthodontist	
**Are your Medicare premiums included in above? Y <input type="checkbox"/> N <input type="checkbox"/>		Nursing Care	
Taxpayer Long Term Care INS		Prescription Drugs	
LTCI Provider/Policy #		Glasses/Contacts, Hearing Aids	
Spouse Long Term Care INS		Medical Miles	
LTCI Provider/Policy #		Medical Expenses from Assisted Living Facility	
Dental/Eye Insurance		Other:	

**OTHER TAXES PAID**

Real Estate Tax (attach statement)		Vehicle Tabs (Reg Tax/Fee)	
Real Estate Tax Refund Received	( )	Other:	

**INTEREST EXPENSES**

Mortgage Interest (attach 1098's)		Interest Paid to Individual for Your Home ( <b>not bank</b> )	
Investment Interest Expense You Paid		Paid to	SSN
Home Equity*		Address:	

**\*Home equity interest used to purchase, build, or substantially renovate your home only**
**MISCELLANEOUS/UNREIMBURSED EMPLOYEE DEDUCTIONS – MN ITEMIZING ONLY ITEMS**

UNION Dues		Work Tools/Supplies	
Uniforms – Req. by Employer (not suitable for ordinary wear)		Protective Clothing (Hard hats, safety shoes, etc.)	
Professional Continuing Ed		Physical Req. by Employer	
Professional Licenses		Other:	

~Retirement/HSA Account Contributions (**NOT** made through your employer)~

	Taxpayer	Spouse
Traditional IRA		
Roth IRA		
Health Savings Account		
Other (List):		

~OTHER INFORMATION~

Jury Duty Pay Received		Educator Expenses (Up to \$300)	
Alimony Received		Alimony Paid	
Divorce Date		Divorce Date	
Gambling/Lottery Winnings (Bring W-2G's)		Gambling Losses Against Gambling Income Received	
Disability (Non-VA) Income		Other Income (Describe):	
Nontaxable Veterans Benefits/Pensions			

~RENTAL INCOME/EXPENSES~

~Did you make any payments that would require you to file Form(s) 1099? Y\* N

\*If yes, did you file the required forms? Y N

~Did you spend 250 or more hours managing your rental properties this year? YES NO

	PROPERTY #1	PROPERTY #2	PROPERTY #3	PROPERTY #4
Address				
City/State				
RENTS RECEIVED \$				
# of Days Rented				
# of Personal Use Days				

**RENTAL EXPENSES –LIST BELOW**

Advertising				
Auto/Travel				
Cleaning/Maint.				
Commissions				
Insurance				
Professional Fees				
Management Fees				
Mortgage Interest				
Other Interest				
Repairs				
Supplies				
Real Estate Taxes				
Utilities				
Other (List):				

**CAPITAL IMPROVEMENTS TO RENTAL PROPERTIES**

DESCRIPTION	PROPERTY #	DATE	COST

# ~BUSINESS INCOME/EXPENSES~

Business Name	Employer ID#	Business Activity
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~Did you make any payments that would require you to file Form(s) 1099? Y\* N

\*If yes to above, did you file the required forms? Y N

## INCOME

Gross Receipts/Sales (Exclude sales tax)		Other Income/Sale of Assets (Please Provide List)	
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## COST OF GOODS SOLD

Material Purchases (less personal use)		Inventory at End of Year (If Appl.)	
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## EXPENSES – Enter expenses for your home only in home office portion (if applicable)

Advertising		Real Estate Taxes (business building)	
Commissions and Fees		Other Taxes	
Contract Labor		Travel	
Employee Benefits		Meals	
Insurance (other than health)		Utilities	
Mortgage Interest (business building)		Wages (Gross)	
Other Interest		Business Gifts (limit \$25/person/year)	
Legal and Professional Services		Cell Phone (list total for owner)	
Tax Preparation Fee		% of Cell Phone Used for Business?	
Office Expense		Internet (total)	
Rent of Vehicles or Equipment		% of Internet Used for Business?	
Rent of Other Business Property		Bank Charges	
Repairs and Maintenance		Laundry/Cleaning	
Supplies		Other (List):	
License			
Payroll Taxes (employer share)			

DAYCARE (Time/Space)		HOME OFFICE	
SQ. Ft. of Daycare Use Only Area		SQ. Ft. of Office	
SQ. Ft. of Daycare & Personal Use Area		SQ. Ft. of TOTAL Home	
SQ Ft. of TOTAL home		Use Simplified Method (\$5/Sq. Ft.) Check Here: <input type="checkbox"/>	
Daycare hours		Mortgage Interest	
DAYCARE MEALS PER DIEM		Real Estate Taxes	
Total # of Breakfast		Insurance	
Total # of Lunches		Rent	
Total # of Dinners		Repairs	
Total # of Snacks (limit 3/day)		Utilities	
Daycare Meals (if not using per diem)	\$	Other:	

TRAVEL AWAY FROM HOME		VEHICLE EXPENSES **Need mileage log for deduction!	
Truck Drivers Check Here: <input type="checkbox"/>		Vehicle Description	
# of Nights Away		Total Miles Driven	
Auto Rental		Total Business Miles	
Cabs, Buses, etc.		Written Mileage Log? Check Here: <input type="checkbox"/> ← If taking mileage	
Meals and Tips		Gas, Oil and Repairs	
Laundry		Vehicle Insurance	
Convention Fees		Interest Expense	
Other		Registrations/Licenses	

## NEW EQUIPMENT PURCHASED/CAPITAL IMPROVEMENTS

ITEM	DATE	Business Use %	COST	ITEM TRADED	BOOT (if traded)

# ~FARM INCOME/EXPENSES~

Principal Crop or Activity	
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~Did you make any payments that would require you to file Form(s) 1099? Y\* N

\*If yes to above, did you file the required forms? Y N

## INCOME

Sale Livestock BOUGHT for Resale		Crop Insurance Proceeds	
Sales of RAISED Livestock		Machine Work Income	
Produce and Grain Sales		Prior Year Fed. Gas Tax Credit	
Patronage Dividends (1099-PATR)		Farm Grants	
Agricultural Program Payments		Other (List):	

## EXPENSES – Farm share only (minus off personal usage) – See farm vehicle expenses below

Chemicals		Supplies	
Conservation Expenses		Real Estate Taxes (less house)	
Custom Hire		Other Taxes	
Employee Benefits		Licenses	
Feed		Utilities (less house)	
Fertilizer and Lime		Veterinary, Breeding, Medicine	
Freight and Trucking		Professional Fees	
Gas, Fuel, and Oil		Tax Preparation Fee	
Crop Insurance		Grain Drying	
Equipment Insurance		<b>AFTER</b> tax Health Insurance Pd	
Farm Building Insurance (less house)		*Are your Medicare premiums included in above? Y <input type="checkbox"/> N <input type="checkbox"/>	
Other Insurance		Other Farm Expenses (list):	
Mortgage Interest (less house)			
Other Interest			
Labor Hired			
Rent of Vehicles and Equipment			
Rent of Land, Animals, etc.			
Repairs and Maintenance			
Seeds and Plants		Farm use OFF HIGHWAY	
Storage and Warehousing		Gallons (NOT purchased in bulk)	

## PERSONAL VEHICLE USED FOR FARM EXPENSES \*\* Written Mileage Log? Check Here:

Vehicle Description		Gas, Oil and Repairs		Licenses	
Total Miles		Vehicle Insurance		Lease/Rent	
Farm Use Miles		Interest Expense		Parking/Tolls	

## EQUIPMENT SOLD DURING THE YEAR – TRADED EQUIPMENT BELOW

ITEM	DATE	AMOUNT RECEIVED

## NEW EQUIPMENT PURCHASED/CAPITAL IMPROVEMENTS OR TRADED EQUIPMENT

ITEM	DATE	Farm Use %	COST	ITEM TRADED	BOOT (if traded)