

TAX RETURN ORGANIZER

Your Organizer (GREEN WORKSHEETS) contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these worksheets carefully. Next year, we are trying to reduce paper usage and become more electronic; if you would like to be e-mailed the tax Organizer and other information that is sent out in January, please check here and list e-mail below:

If you would like to use our secure online portal to send us your tax information and/or receive your tax return, please e-mail jackie@haburncpa.com to set-up your account.

	TAXPAYER	SPOUSE
First Name & Middle Initial		
Last Name		
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) EMAIL PORTAL

YES	NO	Please answer all questions below:
<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 or service); or sell, exchange, gift, or otherwise dispose of a digital asset (or financial interest in a digital asset)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, spouse, or dependents have insurance through the MN Marketplace? (IF YES – Provide Form 1095-A)
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse been an identity theft victim and 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 \$16,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to donate to the MN wildlife fund with your tax return? (IF YES – enter amount here: _____)
<input type="checkbox"/>	<input type="checkbox"/>	Did you add money to a 529 plan for a child? (IF YES – provide financial institution, account number, & amount)
<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"/>	Do you want to add funds to your HSA or IRA account before 4/15 and would like a phone call before your return is completed?

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

CHECK DIRECT DEPOSIT (provide a voided check) APPLY TO NEXT YEAR'S ESTIMATES

IF YOU OWE TAXES, HOW WOULD YOU LIKE TO PAY THEM?

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

PERSONAL INFORMATION	TAXPAYER	SPOUSE
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"/>	

ATTESTATION & SIGNATURE:

To the best of my knowledge, the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Signature of Taxpayer:		Date:	
Signature of Spouse:		Date:	

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

Name (First, Last)	Relationship	DOB	Social Security Number	Disabled Check box	If over 18, full time student?
				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				<input type="checkbox"/>	Y <input type="checkbox"/> N <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 \$1,150 in investment income?

YES	NO	For dependents <u>UNDER the age of 19</u> as of the end of the tax year OR, between the ages of 19 and 24 and is a FULL-TIME student
<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? ***** IF YOU ARE CLAIMING A DEPENDENT AND YOU ARE NOT THE CUSTODIAL PARENT, PLEASE PROVIDE SIGNED FORM 8332
<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 \$4,400 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	Computer/Tablet Cost	Private School Tuition	Individual Instruction	Dance Fees

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

**Band costs include purchase or rental of instrument. (does NOT include uniforms)

~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 st – Due 4/15			
2 nd – Due 6/15			
3 rd – Due 9/15			
4 th – 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!!!!****CHARITABLE DONATIONS**

Type	Amount	Type	Amount
Qualified Cash Donations		Charitable Mileage (# of Miles)	
Total Non-Cash Donations*		*IF \$500 OR OVER ATTACH ITEMIZED LIST	

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: (Jan 1 – Jun 30)	
LTCI Provider/Policy #		Medical Miles: (Jul 1 – Dec 31)	
Dental/Eye Insurance:		Other Medical Expenses:	

OTHER TAXES PAID

Real Estate Tax (attach statement)		Vehicle Tabs (TAX ONLY)	
Real Estate Tax Refund Received	()	Other:	

INTEREST EXPENSES

Mortgage Interest (attach 1098's)		Interest Paid to Individual for Your Home (not bank)	
Investment Interest		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:	

~OTHER INFORMATION~

Jury Duty Pay		Educator Expenses (Up to \$250)	
Alimony Received (Final on or before 12/31/2018)		Alimony Paid (Final on or before 12/31/2018)	
Gambling/Lottery Winnings (Bring W-2G's)		Gambling Losses against gambling income received	
Disability/VA Income		Other Income	
Retirement Contributions (NOT ON W-2)		Type of Account	
Contributions to your HSA (health savings account) (Not through your employer):			

~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				
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	DATE	COST

PLEASE LIST ANY ITEMS WE ARE WAITING FOR OR QUESTIONS/COMMENTS YOU HAVE:

~BUSINESS INCOME/EXPENSES~

Business Name	Employer ID#	Business Activity

~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 (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		Payroll Taxes (employer share)	
Commissions and Fees		Real Estate Taxes (business building)	
Contract Labor		Other Taxes	
Employee Benefits		Travel	
Insurance (other than health)		Meals – TAKE OUT	
Mortgage Interest (business building)		Meals – DINE IN	
Other Interest		Utilities	
Legal and Professional Services		Wages	
Tax Preparation Fee		Cell Phone (business portion)	
Office Expense		Bank Charges	
Pension and Profit-Sharing Plans		Laundry and Cleaning	
Rent of Vehicles or Equipment		Business Gifts (Limit \$25/person/year)	
Rent of Other Business Property		Other (List):	
Repairs and Maintenance			
Supplies			
Licenses			

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"/>		Total Miles Driven	
# of nights away		Total Business Miles (Jan 1 – Jun 30)	
Auto Rental		Total Business Miles (Jul 1 – Dec 31)	
Cabs, Buses, Etc.		Written Mileage Log? Check Here: <input type="checkbox"/>	
Meals and Tips		Gas, Oil and Repairs	
Laundry		Vehicle Insurance	
Convention Fees		Interest Expense	
Other		Registrations/Licenses	

NEW EQUIPMENT PURCHASED/CAPITAL IMPROVEMENTS					
ITEM	DATE	N or U	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	Storage and Warehousing	
Conservation Expenses	Supplies	
Custom Hire	Real Estate Taxes (less house)	
Employee Benefits	Other Taxes	
Feed	Licenses	
Fertilizer and Lime	Utilities (less house)	
Freight and Trucking	Veterinary, Breeding, Medicine	
Gas, Fuel, and Oil	Professional Fees	
Crop Insurance	Tax Preparation Fee	
Equipment Insurance	Advertising	
Farm Building Insurance (less house)	Bank Charges	
Other Insurance	Dairy Herd Testing	
Mortgage Interest (less house)	Grain Drying	
Other Interest	Other (List):	
Labor Hired		
Pension and Profit-Sharing Plans		
Rent of Vehicles and Equipment		
Rent of Land, Animals, etc.		
Repairs and Maintenance	Farm use OFF HIGHWAY	
Seeds and Plants	Gallons (NOT purchased in bulk)	

FARM VEHICLE EXPENSES ** Written Mileage Log? Check Here:

Total Miles	Gas, Oil and Repairs	Licenses	
Farm Use Miles (Jan 1 – Jun 30)	Vehicle Insurance	Lease/Rent	
Farm Use Miles (Jul 1 – Dec 31)	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	N or U	COST	ITEM TRADED	BOOT (if traded)