



**BURNS BROTHERS FINANCIAL GROUP**  
 9555 James Avenue South • Suite 200 • Bloomington, MN 55431  
 (952) 881-4533 or (800) 728-3448  
 FAX (952) 888-5115 • www.bbf.com  
**INCOME TAX ORGANIZER & DEDUCTION FINDER**

**2018**  
**TAX**  
**RETURN**

Name	Date of Birth (Mo/Day/Yr)	Occupation	S.S. No.
Spouse's Name	Date of Birth (Mo/Day/Yr)	Occupation	S.S. No.
Present Address	Zip		County
Home Phone	Cell Phone	Spouse Cell Phone	
E-mail	Work Phone	Spouse Work Phone	

HOUSEHOLD RESIDENTS OR DEPENDENTS (Not Spouse) Name (first, initial, and last name)	Grade	Date of Birth	Household Residents or Dependent's soc. sec. no.	Relationship	No. of mths. lived in your home in 2018	Amount of Earned Income	Amount of Unearned Income

**THINGS TO BRING:**  
 (if applicable):

- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099-R for Retirement/Pension/IRA Income
- 1099s for Interest, Dividends, and Other Income
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit
- 2018/2019 Property Tax Statements/2018 CRP's
- IRA Year-end Statements
- 1098 Forms for Mortgage Interest, Tuition, Contributions
- Last Pay Stub of the Year
- Proof of Health Insurance - 1095 Forms**

**Please see our tax information website [my1040pro.com/bbf](http://my1040pro.com/bbf) for additional tax related information you may find helpful.**

ESTIMATED TAXES PAID	FEDERAL	STATE
For Tax Year 2017 (4th Qtr.) due 1/15/18 - date paid _____	\$ _____	<b>FOR 4th Quarter 2017</b> \$ _____
For Tax Year 2018 Amount Applied From Last Year's Refund (1st Qtr.) due 4/15/18 - date paid _____	\$ _____	<b>FOR 2018</b> \$ _____
(2nd Qtr.) due 6/15/18 - date paid _____	\$ _____	\$ _____
(3rd Qtr.) due 9/15/18 - date paid _____	\$ _____	\$ _____
(4th Qtr.) due 1/15/19 - date paid _____	\$ _____	\$ _____

**ON LAST YEAR'S STATE TAX RETURN:**

I had a refund of ..... \$ \_\_\_\_\_

I paid an additional amount of..... \$ \_\_\_\_\_

I had a property tax refund of..... \$ \_\_\_\_\_

**CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:**

- \*Bring proof of health insurance coverage (bring 1095 forms A, B, and/or C if you receive them) Check Here
- You wish to designate \$3.00 on your federal return to the Presidential Election Campaign Fund.....
  - You wish to designate \$5.00 to a Minn. political party. Which one? DFL, REPUBLICAN, INDEPENDENCE, GREEN, GENERAL FUND, OTHER (Circle One).....
  - You would like to contribute to the Minnesota Non-Game Wildlife Fund on your Minnesota tax return. Amount \$ \_\_\_\_\_
  - You contribute to a regular IRA \$ \_\_\_\_\_ Roth IRA \$ \_\_\_\_\_ Simple IRA \$ \_\_\_\_\_ KEOGH/SEP \$ \_\_\_\_\_   
 You had a rollover, distribution or converted money from a traditional IRA to a Roth IRA \$ \_\_\_\_\_ (please provide details).....
  - You are paying child care costs (nursery school, baby-sitting, household help, etc.) for your dependent children age 12 or less in order for you to be gainfully employed.....   
 List providers on page 3
  - You paid tuition and required fees for course materials, books, supplies, etc. for yourself, spouse, or dependents for post-secondary education. You or the student should receive form 1098-T for tuition paid. Amount: \$ \_\_\_\_\_ date paid \_\_\_\_\_ date education began \_\_\_\_\_  
 Was student enrolled at least half time? \_\_\_\_\_ Was student in the first four years of school? \_\_\_\_\_ Degree Program? Yes \_\_\_ No \_\_\_ .....
  - You paid interest on a student loan? (Form 1098-E) Interest paid in 2018 \_\_\_\_\_ .....
  - Are you subject to the required minimum distribution rules from traditional IRA's, 401k's, etc. If so, please provide the value of all your traditional IRA accounts as of 12/31/2018 You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ .....
  - You pay or receive alimony. ( Amount \$ \_\_\_\_\_ ). We need the social security # of the other individual \_\_\_\_\_ .....
  - You paid adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption? .....   
 Amount: \_\_\_\_\_ Was it finalized? \_\_\_\_\_ Was the adoption international? .....
  - Did you have moving expenses for a move of 50 miles or more to a new job location? (Please provide details of expenses).....
  - Have you set up a health savings account (HSA) or medical savings account (MSA) (Please bring information regarding deposits and withdrawals-form 1099).....
  - Do you have any financial accounts or own property in any foreign countries? .....
  - Was a mortgage loan or other debt forgiven or settled? - Bring the 1099-C or 1099-A .....

**QUESTIONS FOR TAX CONSULTANT:** \_\_\_\_\_

MY APPOINTMENT IS SCHEDULED FOR DAY/DATE/TIME \_\_\_\_\_ TAX PREPARER: \_\_\_\_\_

# INCOME

ROUND OFF ALL FIGURES TO THE NEAREST DOLLAR

## WAGE & SALARY INCOME – Bring in W-2's

List names of all employers for taxable year.

EMPLOYER	WAGES

## INTEREST-INCOME-Please bring in 1099 INT Statements

Name of Payer (If individual, list name, address, social security number)

Do not include IRA interest	Amount
Include Tax Exempt and Municipal Bond Interest	\$
<b>TOTAL</b>	<b>\$</b>

## OTHER INCOME

Your Accountant will want to see all 1099's, W-2's, K-1's, etc.

Non Employee Comp (Form 1099 MISC)	\$
Pension, Annuity Income (Form 1099R)	
Jury Duty/Election Judge	
Lump-Sum Distribution (Form 1099R)	
I.R.A./401K or Other Retirement Plan Withdrawals (Form 1099R)	
Partnership, Estate, Trust & S. Corp Data (Provide K-1's or Reports)	
Business/Farm/Rental (Bring Details)	
Commissions/Bonuses/Tips/Gratuities (if not on W2)	
Prizes/Awards/Fees/Strike Pay/Royalties	
Disability Income/Personal Injury Awards	
Contract for Deed - Bring Amort. Schedule	
Gambling/Lottery Winnings	
Alimony	
Unemployment Compensation (Bring 1099)	
Scholarships/Fellowships (if not on w-2)	
Cancellation of Debt / Form 1099A, Form 1099C, Other	
Foreign income	

## DIVIDENDS - Please bring in 1099 DIV Statements

Name of Payer Amount

Include all tax exempt dividends	\$
	\$
	\$
	\$
	\$

## MISCELLANEOUS INCOME

Some of these items are not taxable, some may be partially taxable. All of these are required for a complete and accurate tax return.

	YOU	SPOUSE
	AMOUNT	AMOUNT
1. Social Security Benefits or RR Retirement Benefits Please bring benefit statements (include amount deducted for Medicare)		
3. Veteran's Pensions/Benefits/Disability		
4. Worker's Compensation Benefits		
8. Other non-taxable income (do not include GIFTS)		

### SALE OF PROPERTY OR SECURITIES:

- You sold stock or other investment securities. Bring form 1099B from your broker/plus buy and sell confirmations - **please provide cost basis**.....
- You bought/sold/refinanced a home or other real estate. See page 4 worksheet (Please provide copy of (HUD) settlement statement).....
- You sold (redeemed) shares of a mutual fund. Form 1099B will indicate the redemption price. **You must get your total cost basis from your broker**.....

## CAPITAL GAINS AND LOSSES

Sale of Property - Stocks and Bonds (Including Mutual Funds)

Description	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	Cost or Basis (Include Expense of Sale)	Profit	Loss
1.						
2.						
3.						
4.						
5.						

## SELF-EMPLOYMENT BUSINESS INCOME AND EXPENSE GUIDE SCHEDULE C

See page 3 - Miscellaneous deductions, for additional expense items

GROSS RECEIPTS	\$		LEGAL & PROFESSIONAL SERVICES	\$
INVENTORY (Beginning of year 1/1/18)	\$		OFFICE SUPPLIES, POSTAGE, DUES, BANK CHGS.	\$
SUPPLIES PURCHASED FOR RESALE	\$		RENT OR LEASE, VEHICLES, MACH. & EQUIP.	\$
INVENTORY (End of year 12/31/18)	\$		RENT OR LEASE - other	\$
- EXPENSES -			REPAIRS	\$
ADVERTISING/BUSINESS CARDS	\$		MISC. SUPPLIES	\$
COMMISSIONS AND FEES PAID	\$		TAXES (RE, Payroll, etc.)	\$
AUTO/TRAVEL EXPENSES - See Page 4	\$		UTILITIES — Water \$      Electric \$      Gas \$	
BUSINESS PHONE EXPENSE	\$		MEALS & ENTERTAINMENT	
INSURANCE - FIRE, LIABILITY, Etc.	\$		WAGES	\$
INTEREST PAID TO MORTGAGE CO.	\$		NEW EQUIPMENT date purchased	\$
INTEREST	other \$		BUSINESS USE OF HOME - See Page 4	\$
DO YOU PAY FOR MEDICAL INSURANCE TO COVER YOURSELF AND YOUR FAMILY?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			COST	\$

# DEDUCTIONS SCHEDULE A

ROUND OFF ALL FIGURES TO THE NEAREST DOLLAR  
YOU MUST KEEP RECEIPTS AND A DAILY RECORD OF EXPENSES, MILEAGE, Etc.

Did you pay **LONG TERM CARE INSURANCE PREMIUMS** in 2018? Taxpayer: company name \_\_\_\_\_ policy # \_\_\_\_\_  
amount paid \$ \_\_\_\_\_ Spouse: company name \_\_\_\_\_ policy # \_\_\_\_\_ amount paid \$ \_\_\_\_\_

<b>MEDICAL EXPENSES</b>	
Do not include amounts paid by insurance Do NOT include Health Ins. premiums or expenses paid with Pre-Tax Income	
MEDICAL/DENTAL INSURANCE PREMIUMS YOU PAID (not pre-tax) \$	
MEDICARE B/C/D DEDUCTED FROM SOCIAL SECURITY	
LONG TERM CARE INSURANCE PREMIUMS PAID - SEE ABOVE	
DOCTORS, DENTIST, NURSES, CLINICS, HOSP, etc.	
PRESCRIBED MEDICINE, DRUGS, & INSULIN	
PRESCRIBED WEIGHT LOSS PROGRAMS	
ANESTHESIOLOGY/X-RAYS/LAB TESTS/THERAPY	
BIRTH CONTROL/VASECTOMY/TUBAL LIGATION	
PARKING, CABS, BUS, LODGING FOR MEDICAL REASONS	
CHIROPRACTIC/ACUPUNCTURE/RADIOLOGY	
REQUIRED NURSING HOME COSTS	
CHILD BIRTH CLASSES	
CHEMICAL DEPENDENCY TREATMENT EXPENSE	
MEDICAL MILEAGE EXPENSE Medical Miles = _____ @18¢ per mile	
HEARING AID & BATTERIES/REPAIRS	
EYEGASSES/CONTACTS/EYE EXAMS/LASER SURGERY	
FERTILITY ENHANCEMENT / IN VITRO FERTILIZATION	
PRESCRIBED MEDICAL ATTIRE OR EQUIPMENT	
AMBULANCE / OTHER MEDICAL EXPENSES	

<b>TAXES</b>	
ADD'L STATE INCOME TAX (paid in 2018 for previous years)	
REAL ESTATE TAX - HOME (Less special assessment)	
OTHER REAL ESTATE TAXES PAID (cabin/lot, etc.)	
SPECIAL ASSESSMENT INTEREST	
SALES TAX PAID (on vehicles/boats/planes)	
VEHICLE LICENSE TABS (Cars/Trucks Only) # of vehicles _____ AMOUNT	

<b>INTEREST PAID</b>	
HOME MORTGAGE INTEREST paid to financial institution (Form 1098)	
Contract for Deed - Must list Name, Address, SS#	
Name:	
Address:	
Social Security Number:	
HAVE YOU REFINANCED ANY HOME LOANS THIS YEAR? OR HAVE ANY NEW HOME LOANS? (bring in closing papers)	
HOME EQUITY/HOME IMPROVEMENT LOAN INTEREST	
Mortgage interest on second home, cabin, mobile home qualifying motor home, camper, etc.	
Was your home mortgage forgiven in foreclosure or restructure. Bring the 1099C or 1099A	
MARGIN ACCOUNT / INVESTMENT INTEREST/OTHER	

<b>CHILD CARE EXPENSES</b>	
This information is needed for each child care provider for you dependents age 12 and under	
#1 Care Providers Name _____ Complete Address _____ I.D. # or S.S. # _____ Amount Paid \$ _____	
#2 Care Providers Name _____ Complete Address _____ I.D. # or S.S. # _____ Amount Paid \$ _____	

<b>CONTRIBUTIONS (cash or check)</b>	
Records and receipts are required	
CHURCH/SYNAGOGUE	\$
UNITED WAY, SPECIAL OLYMPICS	
CANCER, HEART, CHRISTMAS AND EASTER SEALS	
EDUCATIONAL / SCIENTIFIC CHARITIES	
RED CROSS, MARCH of DIMES, M.D., M.S.	
SCOUTS, CAMPFIRE, AMERICAN LUNG	
ALCOHOLICS ANONYMOUS	
MN NON-GAME WILDLIFE FUND - 2017 Return	
ARTS / CULTURAL / OTHER CHARITIES	

<b>NON-CASH CONTRIBUTIONS</b>	
Itemized list necessary for total value of more than \$500	
GOODWILL/VETS/SALVATION ARMY/OTHER	\$
VEHICLE DONATIONS - PLEASE BRING DETAILS / FORM 1098C	
FOOD SHELF/TOYS FOR TOTS	
VOLUNTEER EXPENSES (receipted) out of pocket expenses= _____ # OF MILES _____ @14¢ mile = _____ parking = _____	

<b>MISCELLANEOUS DEDUCTIONS</b>		
\$	You	\$ Spouse
UNION DUES & PROFESSIONAL DUES		
PROF. BOOKS/LICENSES/JOURNALS		
SAFETY EQUIP. (protective shoes, hats, etc.)		
TOOLS OR VOCATIONAL SUPPLIES		
REQUIRED UNIFORMS (cost & cleaning) (not suitable for streetwear)		
Employment Related Schooling or Seminars: Tuition/Fees/Books/Supplies/Parking		
Job Seeking Expenses in Same Field - Mileage Travel/Air Fare/Food/Lodging Employment Agency Fees/Resume/Other		
PROFESSIONAL LIABILITY INSURANCE		
BUSINESS MEALS/ENTERTAINMENT/TICKETS		
DUES & PUBLICATIONS		
GIFTS		
POSTAGE + FREIGHT		
BUSINESS PHONE/FAX/CELL/PAGER		
OFFICE EQUIPMENT (ATTACH INFORMATION) _____		
COMMISSIONS PAID		
STATIONERY & OFFICE SUPPLIES		
OTHER BUSINESS EXPENSES		
CLASSROOM MATERIALS FOR K-12 EDUCATORS		
INCOME TAX PREPARATION FEE		
INVESTMENT EXPENSES: Management Fees Safe Deposit Box / Postage / Supplies Investment Publications & Journals IRA & Keogh Fees You Paid Directly		

GAMBLING LOSSES (Allowed only to extent of reported winnings)	
MINNESOTA DEDUCTIONS (OR CREDITS) FOR K-12 SCHOOL EXPENSES, INCLUDING: "PLEASE PROVIDE THIS INFORMATION SORTED BY CHILD"	
Tuition \$ _____	Cost of Musical Instruments \$ _____
Transportation \$ _____	Tutoring \$ _____
Music Lessons \$ _____	Home Computer Expenses \$ _____ (\$200/max)
Enrichment Progs/Camps \$ _____	Shop Supplies \$ _____
Gym Shoes \$ _____	Drivers Education \$ _____

## SCHEDULES FOR RENTAL INCOME AND BUSINESS EXPENSES\*

**The business standard mileage rate for 2018 is 54.5¢ per business mile**

\*You must keep timely and accurate income and expense records.

In order to deduct expenses for business use of your car, you must keep a record of business and personal mileage.

RENTAL INCOME		
SHOW THE KIND AND LOCATION OF EACH RENTAL REAL ESTATE PROPERTY		
A		
B		
INCOME:	PROPERTY A	PROPERTY B
RENTS RECEIVED		
EXPENSES:		
ADVERTISING		
AUTO MILEAGE EXPENSE # OF RENTAL INCOME MILES _____ @54.5¢ per mile =		
CLEANING & MAINTENANCE		
INSURANCE		
LAWN AND SNOW		
LEGAL AND OTHER PROFESSIONAL FEES		
MANAGEMENT FEES		
MORTGAGE INTEREST PAID TO BANKS		
OTHER INTEREST		
REAL ESTATE TAXES		
REGISTRATION FEE		
REPAIRS		
RUBBISH REMOVAL		
SUPPLIES		
TRAVEL EXPENSES (Airfare, Motel, etc.)		
UTILITIES		
NEW APPLIANCES & FURNITURE (Bring details)		
IMPROVEMENTS (Bring details)		
OTHER (list) >		

BUSINESS AUTOMOBILE EXPENSES					
Mileage records are ALWAYS required to claim auto expenses					
	Make	Year	Date Purch.	Cost	Cash To Boot
Vehicle #1					
Vehicle #2					
Check box if mfg. gross vehicle weight is 6,000 lbs.+				VEHICLE 1 <input type="checkbox"/>	VEHICLE 2 <input type="checkbox"/>
Total of all Miles Driven in 2018 =					
<b>BREAKDOWN:</b>					
Total Business Miles =					
Total Commuting Miles (to and from work) =					
Total Personal Miles =					
ACTUAL AUTO EXPENSES PAID (Not needed if you use mileage method)					
Gas & Oil					
Insurance/Auto Club/Licenses					
Lube/Wash/Wax					
Lease Payments ( <small>FMV Of Vehicle</small> at Time of Lease _____ )					
Repairs + Towing					
Tires/Accessories/Other:					
<b>TRAVEL AWAY FROM HOME</b>			<b>You</b>	<b>Spouse</b>	
Nights away from home:					
Airplane, Train Fares					
Auto Rental					
Cabs, Buses, etc.					
Lodging - Actual Cost					
Meals/Tips/Entertainment - Actual Cost					
Laundry & Cleaning					
Convention Fees/Seminar Fees					
Other Travel Expenses					
<b>REIMBURSEMENTS RECEIVED FOR EXPENSES</b>					
Auto \$ _____		Meals & Entertainment \$ _____			
Other \$ _____					
Is this reimbursement included in your W-2? Yes _____ No _____					

SALE OF HOME/OTHER REAL ESTATE
Please bring settlement statements for purchase and sale of old property, and purchase of new property.
Was this your personal residence 2 of the last 5 years? Yes or No
Selling Price \$ _____
Date Property Sold _____ / _____ / _____
Date of Original Purchase _____ / _____ / _____
Purchase Price of Property Sold \$ _____
Cost of Improvements and Special Assessments _____
Prior Depreciation Amount \$ _____

BUSINESS USE OF HOME (Exclusive Use)	
Date Home Acquired _____	Interest _____
Total Cost _____	Taxes _____
Cost of Land _____	Utilities/Garbage _____
Cost of Improvements _____	Insurance _____
Sq. Ft. of Home _____	Repairs/Maintenance _____
Sq. Ft. of Office Area _____	Other _____
Rent Paid If You Are A Renter _____	
Instead of calculating all of the above information, \$5 a square foot can be deducted (maximum \$1,500)	

I consent to have IRS/MN revenue discuss my tax return with my preparer.

### CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, interest, dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers.  
**Dates are Important!**

**There are still some other deductions and credits for special situations. During your appointment we will discuss them and go over any other questions you may have. When complete, please call for an appointment.**

**BURNS BROTHERS FINANCIAL GROUP**  
**Thank You For Your Referrals**