

2016 TAX DEDUCTION FINDER
MINNESOTA

SPEIKER & CO, LTD (952) 440-6500
16186 Main Ave. SE - P.O. Box 130
Prior Lake, MN 55372

Your Name _____ Soc. Sec. No. _____
Spouse's Name _____ Soc. Sec. No. _____
Your Occupation _____ Date of Birth _____ Home Phone _____
Spouse's Occupation _____ Date of Birth _____ Work Phone _____
Address _____ e-mail _____

THINGS TO BRING: ▶ Last year's return (if new client) ▶ W-2s ▶ Purchase/sale info for all property sold ▶ 2016 & 2017 Property Tax Stmt.
▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement ▶ Renter's CRP
▶ 1098 Forms for: mortgage interest · tuition · noncash contributions ▶ Health insurance (form 1095) ▶ Foreign account statements

FEDERAL STATE
Last year I received refunds of: _____
Last year I had to pay: _____
Last year I received a MN
Property Tax Refund of: _____
 I want my refunds directly deposited into my bank,
IRA ... (bring a voided check / account info)

DEPENDENTS				
Name	Number of months lived in your home			
First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade

INCOME (other than income shown on W-2s)

SOURCE (include foreign accounts)	T/S/J	AMOUNT
INTEREST (Bring in 1099s or Statements)		
If Individual, list Name, Address & Soc. Sec. #		
Include all tax exempt and Municipal Bonds		
Excludable Series EE Savings Bonds		

SOURCE (include foreign accounts)	T/S/J	AMOUNT
DIVIDENDS (Bring in 1099s or Statements)		
Include all tax exempt		

OTHER INCOME NOT INCLUDED ABOVE OR ON W-2

UNEMPLOYMENT (Bring in 1099)		
ALIMONY		
TIPS		
COMMISSIONS/BONUSES		
PRIZES/AWARDS/GAMBLING/LOTTERY		
JURY/ELECTION DUTY		
BUSINESS/FARM/RENTAL (Bring details)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
PARTNER./CORP/ESTATE/TRUST (Bring K-1)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
PENSIONS (Bring in 1099-R)		
FOREIGN INCOME		
HOBBY INCOME		

PERSONAL INJURY AWARDS		
DISABILITY/RETIREMENT		
IRA (Bring in 1099-R)		
SOCIAL SECURITY (Bring in SSA-1099)		
SOCIAL SECURITY (Bring in SSA-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
RAILROAD RETIREMENT (Bring in RRB-1099)		
DEBT CANCELLATION - BRING 1099-C or A		

NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
OTHER (identify)		
OTHER (identify)		

ESTIMATE PAYMENTS PAID IN/FOR 2016				FEDERAL			STATE		
	Date Paid	Check #	Amount	Date Paid	Check #	Amount			
4th Qtr. Prior Year									
1st Qtr. This Year									
2nd Qtr. This Year									
3rd Qtr. This Year									
4th Qtr. This Year									

RETIREMENT PLANS
If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2016 and the date of contribution.

IRA: Regular <input type="checkbox"/> Roth <input type="checkbox"/>	You \$ _____	Date _____	Spouse \$ _____	Date _____
SEP	You \$ _____	Date _____	Spouse \$ _____	Date _____
Keogh	You \$ _____	Date _____	Spouse \$ _____	Date _____
SIMPLE	You \$ _____	Date _____	Spouse \$ _____	Date _____

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes _____ No _____
Did you convert any funds from a regular IRA to a Roth IRA? You \$ _____ Spouse \$ _____

MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)
Amount Contributed: You _____ Spouse _____ Amount withdrawn for Qualified Expense _____
Amount of Insurance Deductible _____ Type of Plan: Single _____ Family _____

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

(Must exceed 10% of Adjusted Gross Income if under age 65 and 7.5% if 65 or older.)

Net amount paid by you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction	
Paid directly by you	
Medicare B/D deducted from Social Security	
Dental Insurance	
Long Term Care Insurance	
Mileage	
Alcohol or Drug Addiction Therapy	
Ambulance	
Anesthesiology	
Child Birth Class	
Doctors, Dentists, Chiropractors, etc.	
Eye Glasses, Contact Lenses, Exams	
Hearing Aid, Batteries, Repairs	
Hospitals	
Insulin	
Laser eye surgery	
Lodging (limited to \$50/day per person)	
Parking	
Prescribed Medical Attire (support hose, shoes, etc.)	
Prescribed Medical Equip: Cost/Rental	
Prescribed weight loss program	
Prescriptions (not over-the-counter)	
Required nursing home care	
Special Schooling for Mentally or Physically Handicapped	
Other	

TAXES

Real Estate: Home	
2nd Home	
Other	
Personal Property: Auto / Truck Tabs	
Auto / Truck Tabs	
Auto / Truck Tabs	
Sales Tax on Vehicles, Boats, Aircraft, Homes	
Other Sales Tax Paid (from receipts)	

INTEREST

Home Mortgage (paid to financial institution) Bring in Form(s) 1098	
Home Mortgage (paid to individual) List Name, Social Security Number & Address	
2nd Home Mortgage (paid to financial institution)	
2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address	
Home Equity Loan: Bring in Form(s) 1098	
Points (bring closing papers if purchased this yr.)	
Have you refinanced above properties this year? If yes, bring closing papers.	
Investment Interest (provide details)	

CONTRIBUTIONS

Receipts from the charity are required.

A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc.	
TOTAL:	
B. Nongame Wildlife on 2015 tax return.	
C. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C.	
D. Transportation / Travel for Volunteer Work	
Mileage	
Parking	
Out-of-pocket expenses (receipted)	

CASUALTY & THEFT LOSSES

(Must exceed 10% of Adjusted Gross Income)	
Date of Casualty _____	Date Acquired _____
Kind of Property _____	How Destroyed _____
FMV Before _____	FMV After _____
Cost plus improvements	
Insurance reimbursements	
Federally declared disaster area? Yes__ No__	
Ponzi-style scheme loss	

MISCELLANEOUS DEDUCTIONS

JOB EXPENSES: Job Supplies	
Job Hunting: Mileage / Travel (see pg. 4)	XXXXXXXXXXXXXX
Employment Agency Fees	
Phone / Résumé / Postage / etc.	
Job-related Education: Tuition / Fees	
Books / Supplies	
Workshops / Seminars	
Mileage / Food / Lodging (see pg. 4)	XXXXXXXXXXXXXX
Malpractice Insurance	
Phone: Additional extension only, plus enhancements, long dist., fax, pager	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Safety Equipment	
Tools - Small	
Tools & Equipment - Depreciable	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
INVESTMENT EXPENSE: Safe Deposit Box	
Journals / Subscriptions	
Phone / Postage / Mileage	
Tax Preparation Fees / Tax Consultations	
IRA or Keogh Fees (paid separately)	
Credit / Debit Card Fees for Tax Payments	
OTHER:	
Gambling Losses	
Hobby Expenses	

EMPLOYEE BUSINESS EXPENSE

Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:

- › Use of your auto on the job (other than driving to and from work)
- › Mileage / Lodging / Food for education or job hunting
- › Temporary job assignment
- › Meals / Lodging while away from home overnight
- › Entertainment of Clients
- › Use of your home as office or for sample storage
- › Mileage to second job on same day
- › Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE					
	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

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Previous Auto					

1. AUTOMOBILE EXPENSES		<i>If you take auto expense using optional mileage rates, complete lines 1 – 6</i>			
Check box if mfg. gross vehicle weight is 6000 lbs+		Vehicle 1 <input type="checkbox"/>	Vehicle 2 <input type="checkbox"/>	Vehicle 3 <input type="checkbox"/>	
1.	Total Miles Driven				
2.	Total Business Miles				
3.	Commuting Miles: Average daily round trip to job or first and last regular stop				
4.	Total Year Commuting Miles				
5.	Ending Odometer Reading (Dec. 31)				
6.	Parking & Tolls				
<i>You may have a greater deduction using actual expenses. If so, fill in the following information:</i>					
7.	Gas/Oil/Repairs/Tires/Lube/Wash/Tow				
8.	Licenses/Taxes/Ins/Auto Club/Garage				
9.	Lease Payments				
10.	Fair Market Value at time of Lease				
11.	Other				

2. TRAVEL AWAY FROM HOME	TAXPAYER	SPOUSE
Number of Nights Away from Home		
a. Airplane/Train/Cabs/Bus/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		
3. OTHER BUSINESS EXPENSE	TAXPAYER	SPOUSE
a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME (if qualified to take deduction)	
Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	
Reimbursement Not Shown Anywhere Else	Part 1 - Vehicle 1
	Part 1 - Vehicle 2
	Part 2-a
	Part 2-b
	Part 3-a
	Part 3-b
	Part 4

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!**

I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above deductions. Records must indicate who, what, why, where and when.

Check if you have receipts or log:

I have reviewed this information and to the best of my knowledge it is true, correct and complete.

Please sign: _____

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.