

# 2018 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 ▶ 2018 & 2019 Property Tax Stmt.  
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement · HSA/MSA  
 ▶ 1098 Forms for: mortgage interest · tuition · student loan interest · auto/boat donation ▶ Health insurance (form 1095) ▶ Renter's CRP  
 ▶ Foreign account statements ▶ Bitcoin & other cryptocurrency account details ▶ Other docs referenced in following pages

FEDERAL		STATE		DEPENDENTS				
Last year I received refunds of:		Last year I had to pay:		Name	Number of months lived in your home			
Last year I received a MN Property Tax Refund of:		First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade		

I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info)

## 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 2018				FEDERAL			STATE		
	Date Paid	Check #	Amount	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 2018 and the date of contribution.

IRA: Regular  Roth  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 7.5% of Adjusted Gross Income)

Net amount paid by  
you -- NOT PRETAX

Medical Insurance Premiums: Payroll Deduction	
Paid directly by you	
Medicare B/C/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 2017 tax return.	
C. Non-cash items: Fairmarket 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 be in presidentially declared disaster area)	
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-related Education/Seminars: Tuition / Fees	
Insurance	
Phone/cell (business % _____)	
Internet (business%: _____)	
Professional Dues / Licenses	
Professional Journals / Books / Research	
Tools & Equipment - Bring itemized list	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
Personal Vehicle: Bring itemized list of actual vehicle expenses. Mileage: Busines _____ Commuting _____ Total _____	
Is your primary place of business in your home? If yes, then bring all home related expenses, total square footage of the home, and square footage of space that is exclusively and regularly used for business.	
Did your employer reimburse you for anything? Bring details.	
JOB HUNTING: Travel, mileage, phone, résumé, postage ... bring separate itemized list.	
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	

\* New tax laws eliminated or limited some federal itemized deductions, but MN kept all of them, so please fill out this page completely.

**CHILD and DEPENDENT CARE** ▶ If you or your spouse paid for dependent care to be gainfully employed.

Were the Dependent Care services performed in your home? Yes \_\_\_ No \_\_\_  
 Were you reimbursed by your employer for child care: Yes \_\_\_ No \_\_\_ If so \$ \_\_\_\_\_ Amount forfeited, if any \$ \_\_\_\_\_

Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:

Name(s) of Individual/Organization Who Provided Care	Address: Number, Street City, State & Zip	Social Security or Employer ID Number	Amount Paid In 2018

▶ If more space is needed, attach statement. ▶ You cannot take a credit for amounts paid to your dependent.

**EDUCATION CREDITS, DEDUCTIONS**

Tuition, required fees & course materials you paid for yourself, your spouse or dependent(s) for post-secondary education \$ \_\_\_\_\_ Date paid \_\_\_\_\_  
 Date education began \_\_\_\_\_ Student's Name \_\_\_\_\_ Degree Program? Yes \_\_\_ No \_\_\_  
 Was the student enrolled at least half time? \_\_\_\_\_ Year in School -- Fr / So / Jr / Sr / Graduate (please bring 1098-T)

**YES PLEASE CHECK ALL APPLICABLE QUESTIONS**

- \_\_\_\_\_ Are you being claimed as a dependent on another Tax Return?
- \_\_\_\_\_ Do any of your dependents have earned income or investment income? Bring details for each dependent.
- \_\_\_\_\_ Did you change your marital status during the year? If yes, date \_\_\_\_\_
- \_\_\_\_\_ Did you pay any alimony/separate maintenance? If yes, \$ \_\_\_\_\_ Soc.Sec.# of person paid \_\_\_\_\_
- \_\_\_\_\_ Are you paying towards the support of a relative other than dependents claimed above, and if so, what is their taxable income?
- \_\_\_\_\_ Did you have moving expenses for a move of 50 miles or more to a new job location?
- \_\_\_\_\_ Did you or your spouse become disabled or legally blind during the tax year?
- \_\_\_\_\_ Are you making payments on a student loan? Interest paid in 2018 \$ \_\_\_\_\_ Total of payments made in 2018 \$ \_\_\_\_\_
- \_\_\_\_\_ Did you purchase a business vehicle or other business equipment during the year? If yes, bring an itemized list with details.
- \_\_\_\_\_ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- \_\_\_\_\_ Have you received an income statement on your Social Security # which is reported on another tax return?
- \_\_\_\_\_ Do you have a non-collectible debt? If so, bring details.
- \_\_\_\_\_ Are you involved in bartering your services or property for other services or property?
- \_\_\_\_\_ Do you have income, expenses or deductions that are not listed? Bring details.
- \_\_\_\_\_ Did you pay someone who performed personal services at your home in 2018?
- \_\_\_\_\_ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- \_\_\_\_\_ Do you (and/or your spouse) wish to designate \$3.00 to federal and \$5.00 to state political campaign financing?  
 This will not add to your tax. Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_
- \_\_\_\_\_ Nongame Wildlife checkoff reminder: YES! I wish to help by donating \$ \_\_\_\_\_
- \_\_\_\_\_ If you are a homeowner, bring in your 2018 and 2019 Property Tax Statements (August 15, 2019 is the deadline for filing Property Tax Refund.) If you are a renter, please bring the CRP Form from your landlord.
- \_\_\_\_\_ In 2018, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?  
 Amount \_\_\_\_\_ Was it finalized? \_\_\_\_\_ Was the adoption international? \_\_\_\_\_ Special needs child? \_\_\_\_\_
- \_\_\_\_\_ Did you purchase long term care insurance in 2018? Taxpayer: company name \_\_\_\_\_ policy # \_\_\_\_\_  
 amount paid \_\_\_\_\_ Spouse: company name \_\_\_\_\_ policy # \_\_\_\_\_ amount paid \_\_\_\_\_
- \_\_\_\_\_ Did you receive combat pay in 2018?
- \_\_\_\_\_ Did you donate an organ in 2018?
- \_\_\_\_\_ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.
- \_\_\_\_\_ Were you a home buyer in 2018, or did you refinance? If so, bring the settlement statement.
- \_\_\_\_\_ Do you own stock in an insurance firm that demutualized?
- \_\_\_\_\_ Did you receive a \$7,500 First Time Homebuyer Credit on a purchase in 2008?
- \_\_\_\_\_ Do you have foreign assets (including foreign held financial accounts)?
- \_\_\_\_\_ Did you put money into a 529 college savings plan? Bring \$ amounts, name of financial institution, and account #s for each chi
- \_\_\_\_\_ Are you a teacher licenced by Minnesota enrolling in an eligible masters degree program in your licensure field? Bring details.
- \_\_\_\_\_ Did you receive military retirement pay for active component or reserve component service? Bring details.

QUESTIONS YOU WOULD LIKE TO ASK: \_\_\_\_\_

NOTE: Minnesota allows deductions (or credits) for K-12 school expenses. Please bring in receipts sorted by child.

CHILD	Tuition	Transportation	Tutoring	Enrichment Prog./Camp	Supplies	Music Lessons	Instrument rent/purch.	Driver's Ed	Home Computer

## BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) \_\_\_\_\_ Federal ID# (if any) \_\_\_\_\_

Address of Business/Property \_\_\_\_\_

Product Sold or Service Performed \_\_\_\_\_

### Income

<b>Gross Sales/Receipts</b>	Include all income, even if not reported on form 1099		<ul style="list-style-type: none"> <li>Bring all form(s) 1099-MISC received. Do your records agree with the amount reported on form 1099-MISC? Y___ N___</li> <li>Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year?</li> </ul>
<b>Returns/Refunds</b>	Amount included in gross that was refunded to your clients		
<b>Other Income</b>	Directly related to your business		

### Sale of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

### Cost of Goods Sold

Purchase of product & supplies for resale		Freight-In: Shipping cost to receive product or materials, if not included in purchases	
Personal Use: Actual cost of items in purchases used by you or your family		Other-Costs (describe)	
Cost of Labor		Inventory at End of Year	
Purchase of Materials for Jobs: (construction or installation type)		How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain):	

### Other Expenses

Advertising/Promotion		Repairs & Maintenance	
Commissions & Fees		Supplies	
Contract Labor		Taxes	
Employee Benefits		Business Meals	
Insurance		Gifts	
Business Loan Interest		Utilities	
Legal & Professional Fees		Wages (paid to employees)	
Office Expenses		Equipment (describe items/costs on separate list)	
Pension/Profit Sharing (employees only)		Other:	
Rent		Other:	

### Automobile Expenses

### Office in Home

### Travel

	Vehicle #1	Vehicle #2	Date Acquired Home		Lodging	
Total Miles			Total Cost		Airfare	
Business Miles			Cost of Land		Auto Rental	
Commuting Miles			Cost of Improvements		Taxi/Uber/Lyft	
Personal Miles			Sq. Footage of Home		Bus/Train	
Jan. 1 2018 Odometer Beginning			Sq. Footage of Office Area		Meals (keep total separate from other costs)	
Dec. 31 2018 Odometer Ending			Rent Paid (if you rent)		Other (incidentals, laundry, etc.)	
Gas & Oil			Interest		Convention Fees	
Interest			Taxes		Travel (# of nights away)	
Tolls and Local Transportation			Utilities		City _____ Nights Out _____	
Lease Payments			Insurance		City _____ Nights Out _____	
Repairs & Maintenance			Repairs/Maintenance		City _____ Nights Out _____	
Other:			Other expenses:		City _____ Nights Out _____	

#### Checklist:

<ul style="list-style-type: none"> <li><input type="checkbox"/> Check all information and amounts listed to be sure of accuracy.</li> <li><input type="checkbox"/> Enclose all W2s, Interest, Dividends, and other 1099s. If you received any correspondence or materials from the IRS or state, please bring them.</li> <li><input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important!</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer</li> <li><input type="checkbox"/> <b>TIMELY RECORDS</b> must be maintained to support deductions. Records must indicate who, what, why, where, and when. Check if you have receipts or log.</li> </ul> <p>I have reviewed this information and to the best of my knowledge it is correct. Please sign _____</p>
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