2024 INCOME TAX ORGANIZER

SPARTAN TAX & ACCOUNTING, Ltd.

Phone: (952) 435-5989

1101 East 157th St. Burnsville, MN 55306

Fax: (952) 435-6533

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Taxpayer's Name					Social Security Nur	nber
Spouse's Name					Social Security Nun	
Taxpayer's Occupation	.,				Date of Birth	
Spouse's Occupation		•	•		Date of Birth	
Address					E-mail Address	
City	State	Zip	Cell 1	Cell 2		Home 3

DEPENDENT CHILDREN WHOM YOU ARE CLAIMING ON YOUR TAX RETURN

Name	Social Security Number	Date of Birth ,	Grade	Relationship
Name	Social Security Number	Date of Birth	Grade	Relationship
Name	Social Security Number	Date of Birth	Grade	Relationship
Name	Social Security Number	Date of Birth	Grade	Relationship

THINGS TO BRING

	(if applicable):
ū	Last Year's Tax Return (if new client)
	W-2 Forms for Wages
	1099-R for Retirement
	1099s for Interest
	1099s for Dividends
	1099s for Other Income
ū	Unemployment (Form 1099-G)
	All Other Statements Showing Income
	State Tax Refund
	Debt Cancellation
	K-1s from Partnerships, Corporations or Estates
	Social Security Benefits Statement
	Social Security/RR Retirement
	Voided Check for Direct Deposit
	Property Tax Statements
	IRA Year-end Statements
	1098 - Mortgage Interest, Tuition, Contributions
$\overline{\Box}$	Stock Sales

☐ Closing Papers for Purchases & Sales,

☐ Medical Forms 1095 A-B-C

■ Withdrawals from MSA/HSA

☐ 529 Statement

including purchase and sale dates & amounts

ADJUSTMENTS									
Payments to an IRA	Regular 🗆	Roth 🚨	SEP 📮	Simple 🗆					
Taxpayer \$ Spouse \$									
Alimony Paid \$ SS#;									
Date of Divorce									
Self-Employed Health Ins	surance	1127211416121841							
Student Loan Interest									
Payments to MSA/HSA:	Taxpayer \$		Spouse \$	<u>i</u>					
Educator Expenses for To	eachers: \$		_ (max \$3(00)					

	ESTIMATED TAXES								
	1	FEDERAL	STATE						
	Date Paid	Check #	Amount	Date Paid	Check #	Amount			
1st Qtr Due 4-15									
2nd Qtr Due 6-15									
3rd Qtr Due 9-15	THE PROPERTY OF THE PARTY OF TH								
4th Qtr Due 1-15					. •				

MEDICAL EXPENSES (NOT HSA)

** ALL Taxpayers must exceed 7.5% of AGI Insurance Premiums (not pretax)___ Long Term Care Insurance..... *See Pg. 3 Questions MNsure Premiums (Form 1095A) Prescriptions (not over the counter)..... Eyeglasses, Hearing Alds & Batteries Doctors / Dentists / Chiropractors..... Alcohol / Drug Therapy Hospital / Ambulance____ Auto Mileage.....____miles Other Medical Expenses / Travel...... Nursing Home Care **TAXES** Real Estate Taxes (Home)..... Regulation Tax & Wheelage Tax Only **INTEREST EXPENSES** Home Mortgage - Paid to Financial Institutions (Form 1098) First Mortgage..... Second Mortgage Home Equity (must be used for home improvements) Refinance (bring closing papers).....____ Second Home Interest Payments..... Home Mortgage - Pald to Individuals.....____ (name, address, SS#) Boat / RV Interest *See Pg. 3 Questions

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THE STREET		MILLIA		

Post Secondary Tuition / Req. Fees Pald
Date:Year in School
Form 1098-T Required 529 Form
CHILD CARE EXPENSES
Names, addresses, and iD#s of provider(s), amount paid
,
G
Do you have a dependent care benefit plan at work?
CONTRIBUTIONS
CONTRIBUTIONS Churches (receipted)
Churches (receipted)

Insurance Reimbursement Received____

Date of Loss

PLEASE CHECK ALL APPLICABLE QUESTIONS

YES	
	Are you being claimed as a dependent on another Tax Return?
,	Do any of your dependents have income over \$2,500.00 in interest or dividends?
	Are you paying toward the support of a relative other than dependents claimed above, and if so,
	do they have less than \$4,400.00 in taxable income?
	Did you or your spouse become disabled or legally blind during the tax year?
	Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
r	Do you have income, expenses or deductions that are not listed? If yes, bring details.
	Were you notified by the IRS or State of any change in a prior year's tax return? If yes, 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: YESI I wish to help by donating \$
	In 2024, 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?
***	Did you purchase or pay for long term care insurance in 2024 (not pretax)?
	Taxpayer; company name policy # amount paid \$
	Spouse: company name policy # amount paid \$
	Did you receive combat pay in 2024?
	Was your home mortgage forgiven in foreclosure or restructure? If yes, bring the 1099-C or 1099-A.
	Were you a home buyer or did you refinance in 2024? If yes, bring the settlement statement or refinance information.
	Did you buy and install qualified energy saving improvements in your home in 2024? If yes, bring details.
	Did you receive a \$7,500 First Time Homebuyer Credit on a purchase in 2008?
	Did you have gambling winnings? Amount \$
	Did you have gambling losses? Amount \$

NOTE: Minnesota allows deductions (or credits) for K-12 school and home schooling expenses.

NO SPORT ACTIVITY FEES ALLOWED.

CHILD	Tuition	Transportation	Tutoring	Enrichment Prog./Camp	Music Lessons	Instrument Rent./Purch.	Driver's Ed	Home Computer
				A CONTRACTOR OF THE CONTRACTOR				
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INSERT FOR MN TAX LAWS

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spartantaxmn.com

MEDICAL EXPENSES (NOT HSA)

MISCELLANEOUS EXPENSES ** Must exceed 2% of AGI

			** ALL Taxpayers must exceed 10% of AGI				
** JOB RELATED AUTO	MOBILE EXP	ENSES	Insurance Premiums (not pretax)				
			insurance Premiums (not pretax)				
Total Miles	***************************************		Medicare Premiums				
Business Miles		·	Long Term Care Insurance				
			*See Pg. 3 Questions				
** JOB RELATE	D EXPENSES		MNsure Premiums (Form 1095A)				
Dues & Subscriptions			Prescriptions (not over the counter)				
Education (include miles above)			Eyeglasses, Hearing Aids & Batteries				
Safety Equipment / Uniforms			Doctors / Dentists / Chiropractors				
Job Seekling Expense (Include miles a	above)		Alcohol / Drug Therapy				
Business Entertainment			Hospital / Ambulance				
Home Office Expense			Auto Mileagemlles				
Cell Phone / Internet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Other Medical Expenses / Travel				
Educator Expenses for Teachers (ove	r \$300)		Nursing Home Care				
			CASUALTY & THEFT LOSSES				
** BUSINESS TRAVEL	AWAY FROM	HOME	CASUALIT & THEFT LOSSES				
	Taxpayer	Spouse	** Must exceed 10% of AGI				
Number of Nights Away from Home			Cost of Property Lost				
Airplane / Train / Cabs / Buses / Etc.			Fair Market Value of Property				
Auto Rental			Insurance Reimbursement Received				
Convention / Seminar Fees							
Lodging (actual costs)							
Laundry & Cleaning							
Other							
Meals & Tips (actual costs)							

MISCELLANEOUS

Please use this space for any additional information you think we may need.								
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TIMELY RECORDS must be maintained to support the included deductions. Records must indicate who, what, why, where and when I have reviewed the information and to the best of my knowledge it is true, correct and complete.	7.							
Signatura								