

2024 INCOME TAX ORGANIZER

SPARTAN TAX & ACCOUNTING, Ltd.
 1101 East 157th St. Phone: (952) 435-5989
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Taxpayer's Name				Social Security Number		
Spouse's Name				Social Security Number		
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

THINGS TO BRING (if applicable):

- 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
- 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
- Stock Sales
- Closing Papers for Purchases & Sales,
including purchase and sale dates & amounts
- Medical Forms 1095 A-B-C
- 529 Statement
- Withdrawals from MSA/HSA

ADJUSTMENTS

Payments to an IRA Regular Roth SEP Simple
 Taxpayer \$ _____ Spouse \$ _____
 Alimony Paid \$ _____ SS#: _____-_____-_____
 Date of Divorce _____
 Self-Employed Health Insurance _____
 Student Loan Interest..... _____
 Payments to MSA/HSA: Taxpayer \$ _____ Spouse \$ _____
 Educator Expenses for Teachers: \$ _____ (max \$300)

ESTIMATED TAXES

	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						
4th Qtr Due 1-15						

MEDICAL EXPENSES (NOT HSA)

**** ALL Taxpayers must exceed 7.5% of AGI**

Insurance Premiums (not pretax)

Medicare Premiums

Long Term Care Insurance.....

**See Pg. 3 Questions*

MNSure Premiums (Form 1095A)

Prescriptions (not over the counter).....

Eyeglasses, Hearing Aids & Batteries

Doctors / Dentists / Chiropractors.....

Alcohol / Drug Therapy

Hospital / Ambulance

Auto Mileage.....miles

Other Medical Expenses / Travel.....

Nursing Home Care

TAXES

Real Estate Taxes (Home).....

Real Estate Taxes (2nd Home).....

Auto / Truck / RV / Boat Tabs

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 - Paid to Individuals.....

(name, address, SS#)

Boat / RV Interest.....

**See Pg. 3 Questions*

HIGHER EDUCATION EXPENSES

Post Secondary Tuition / Req. Fees Paid

Date:..... Year in School.....

Form 1098-T Required 529 Form

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid

.....
.....
.....
.....
.....
.....
.....
.....

Do you have a dependent care benefit plan at work?

CONTRIBUTIONS

Churches (receipted)

Other Contributions of Money (receipted).....

Charitable Auto Mileage

Volunteer Expenses (receipted).....

Property Donated (for which you have receipts - fair market value)

Auto / Boat Donations (form 1098C)

Other

CASUALTY & THEFT LOSSES

**** Must exceed 10% of AGI**

**** MUST be a Federal Declared Disaster Area**

Cost of Property Lost.....

Fair Market Value of Property

Insurance Reimbursement Received

Date of Loss

INSERT FOR MN TAX LAWS

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MISCELLANEOUS EXPENSES
*** Must exceed 2% of AGI*

**** JOB RELATED AUTOMOBILE EXPENSES**

Total Miles
 Business Miles

**** JOB RELATED EXPENSES**

Dues & Subscriptions
 Education (include miles above).....
 Safety Equipment / Uniforms.....
 Job Seeking Expense (include miles above).....
 Business Entertainment.....
 Home Office Expense
 Cell Phone / Internet.....
 Educator Expenses for Teachers (over \$300).....

**** BUSINESS TRAVEL AWAY FROM HOME**

	Taxpayer	Spouse
Number of Nights Away from Home	_____	_____
Airplane / Train / Cabs / Buses / Etc.	_____	_____
Auto Rental	_____	_____
Convention / Seminar Fees	_____	_____
Lodging (actual costs)	_____	_____
Laundry & Cleaning	_____	_____
Other	_____	_____
Meals & Tips (actual costs)	_____	_____

MEDICAL EXPENSES (NOT HSA)

*** ALL Taxpayers must exceed 10% of AGI*

Insurance Premiums (not pretax)
 Medicare Premiums
 Long Term Care Insurance.....
**See Pg. 3 Questions*
 MNsure Premiums (Form 1095A)
 Prescriptions (not over the counter)
 Eyeglasses, Hearing Aids & Batteries
 Doctors / Dentists / Chiropractors.....
 Alcohol / Drug Therapy
 Hospital / Ambulance
 Auto Mileage.....miles
 Other Medical Expenses / Travel.....
 Nursing Home Care

CASUALTY & THEFT LOSSES

*** Must exceed 10% of AGI*

Cost of Property Lost.....
 Fair Market Value of Property.....
 Insurance Reimbursement Received

MISCELLANEOUS

Please use this space for any additional information you think we may need.

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.

Signature _____