

2025 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

Registration 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 _____

