

**2020 TAX
DEDUCTION FINDER**
MINNESOTA

SPEIKER & CO, LTD
16186 Main Ave SE
PO Box 130
Prior Lake, MN 55372

ph: 952-440-6500
fax 952-440-6511
taxprep@speikercompany.com

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 ▶ 2020 & 2021 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				
Name			Number of months lived in your home				
Last year I received refunds of:			First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade
Last year I had to pay:							
Last year I received a MN Property Tax Refund of:							
<input type="checkbox"/> 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 income)	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 income)	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 (details on page 4)		
STOCK & PROPERTY SALES (Bring 1099, Cost, Dates)		
PARTNER./CORP./ESTATE/TRUST (Bring K-1)		
SCHOLARSHIPS/FELLOWSHIPS, if not on W-2		
STRIKE PAY		
FOREIGN INCOME		
HOBBY INCOME		
OTHER INCOME (please specify)		

PERSONAL INJURY AWARDS		
DISABILITY/RETIREMENT		
PENSIONS / IRAs (Bring all 1099-R forms)		
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		
BITCOIN / CRYPTOCURRENCY (bring details)		

NON-TAXABLE INCOME

VETERANS PENSION/DISABILITY		
CHILD SUPPORT/ASSISTANCE		
WORKER'S COMPENSATION		
EIP (a.k.a. "stimulus") AMOUNT RECEIVED		

ESTIMATE PAYMENTS PAID IN/FOR 2020				STATE		
	Date Paid	FEDERAL 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 2020 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

Net amount paid by
you -- NOT PRETAX

MEDICAL EXPENSES

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 2019 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 (received)	

CASUALTY & THEFT LOSSES

(Must exceed 10% of Adjusted Gross Income)	
(See page 4 for business casualty and theft losses)	
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 ___	bring details

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 and the following: _____ Total square footage of the home _____ Square footage of space that is <u>exclusively</u> and <u>regularly</u> used for business.	
Did your employer reimburse you for anything?	Bring details
Vehicle/mileage reimbursement	
Phone/mobile reimbursement	
Other reimbursement	
JOB HUNTING: Travel, mileage, phone, résumé, postage... bring separate itemized list.	
OTHER:	
Gambling Losses	

BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) _____ Federal ID# (if any) _____

Address of Business/Property _____

Product Sold or Service Performed _____

Income

Gross Sales/Receipts	Include all income, even if not reported on form 1099		<ul style="list-style-type: none"> Bring <u>all</u> 1099 forms. Do your records agree with the amount reported as non-employee compensation? Y___ N___ Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year?
Returns/Refunds	Amount included in gross that was refunded to your clients		
Other Income	Directly related to your business		
Pandemic Related Loans/Credits:			
PPP Loan Total: \$ _____		PPP Loan Amount Forgiven: \$ _____	
EIDL Advance Payment: \$ _____		Employee Retention Credits: \$ _____	

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:		Inventory at End of Year
*Cost of Labor:		How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain):
*Purchase of Materials for Jobs:		Personal Use: Cost of inventory used by yourself or family \$ _____
*Other-Costs (describe):		

*Do not list the same expense in more than one category

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		Business Related Casualty or Theft Losses? Y___ N___ (bring details)

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 2020 Odometer Beginning			Sq. Footage of Office Area		Meals (keep total separate from other costs)	
Dec. 31 2020 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:

<input type="checkbox"/> Check all information and amounts listed to be sure of accuracy. <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. <input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important!	<input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer <input type="checkbox"/> TIMELY RECORDS must be maintained to support 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 correct. Please sign _____
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