2011 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______________________ Cell Phone__________
Address______________________ e-mail __________

THINGS TO BRING: Last year's return (if new clißent) • W-2s • Purchase/sale info for all property sold • Renter's CRP • 2011 & 2012 Property Tax Stmts. • 1099 Forms for *interest, dividends, social security, unemployment, self-empl., debt cancel., retirement* • 1098 Forms for *mortgage interest, tuition, noncash contributions*

	FEDERAL	STATE
Last year I received refunds of:		
Last year I had to pay:		
Last year I received a MN Property Tax Refund of:		

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

DEPENDENTS

Name First, Initial & Last	Social Security # (required)	Relationship	Birthdate	Grade	Number of months lived in your home

INCOME (other than income shown on W-2s)

SOURCE	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	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 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 1099-R)		

PERSONAL INJURY AWARDS		
DISABILITY / RETIREMENT		
IRA(Bring in 1099-R)		
SOCIAL SECURITY (Bring SSA-1099)		
SOCIAL SECURITY (Bring SSA-1099)		
RAILROAD RETIREMENT (Bring RRB-1099)		
RAILROAD RETIREMENT (Bring 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 2011	FEDERAL			STATE		
	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 2011 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 __________ (Bring 1099)
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/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.)	
Mortgage insurance paid (2007 or later purchase)	
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 2010 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 (receipted)	

CASUALTY & THEFT LOSSES

(Must exceed 10% or Adjusted Gross Income)

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 Hunting: Mileage / Travel (see pg. 4)	XXXXXXXXXXXXX
Employment Agency Fees	
Phone / Résumé / Postage / etc.	
Job-related Education: Tuition / Fees	
Books / Supplies	
Workshops / Seminars	
Mileage / Food / Lodging (see pg. 4)	XXXXXXXXXXXXX
Malpractice Insurance	
Phone: Additional extension only, plus	
enhancements, long dist., fax, pager	
Professional Dues / Licenses	
Professional Journals / Trade Journals	
Safety Equipment	
Tools - Small	
Tools & Equipment - Depreciable	
Uniforms - Cost / Cleaning	
Union Dues / Initiation Fees	
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	

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 2011

► 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 -- Fresh., Soph., etc. _________

YES

PLEASE CHECK ALL APPLICABLE QUESTIONS

_____ Are you being claimed as a dependent on another Tax Return?

_____ Do any of your dependents have income over $950.00?

_____ Did you change your marital status during the year? If yes, date _________

_____ Did you pay any alimony/separate maintenance? If yes, $ _________ Soc.Sec.# or person paid_____-____-_______

_____ Are you paying towards the support of a relative other than dependents claimed above, and if so, do they have less than $3700.00 in *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 paying interest on a student loan? Interest paid in 2011 $_________

_____ Did you purchase classroom materials as an educator? If yes, $_________

_____ Did you purchase a business vehicle or other business equipment during the year? If yes, bring 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 2011?

_____ 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 2011 and 2012 Property Tax Statements (August 15, 2012 is the deadline for filing Property Tax Refund.) If you are a renter, please bring the CRP Form from your landlord.

_____ In 2011, 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 long term care insurance in 2011? Taxpayer: *company name* __________ *policy #* __________ *amount paid* __________ Spouse: *company name* __________ *policy #* __________ *amount paid* __________

_____ Did you receive combat pay in 2011?

_____ Did you donate an organ in 2011?

_____ Was your home mortgage forgiven in foreclosure or restructure? Bring the 1099-C or 1099-A.

_____ Were you a home buyer in 2011? If so, bring the settlement statement.

_____ Do you own stock in an insurance firm that demutualized?

_____ Did you buy and install qualified energy saving improvements in your home in 2011? If so, bring details.

_____ Did you receive a $7,500 First Time Homebuyer Credit on a purchase in 2008?

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

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

EMPLOYEE BUSINESS EXPENSE

Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:

- Use of your auto on the job (other than driving to and from work)
- Mileage / Lodging / Food for education or job hunting
- Temporary job assignment
- Meals / Lodging while away from home overnight
- Entertainment of Clients
- Use of your home as office or for sample storage
- Mileage to second job on same day
- Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE

	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

PURCHASE OR TRADE OF VEHICLE

	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

1. AUTOMOBILE EXPENSES

If you take auto expense using optional mileage rates, complete lines 1 – 6

Check box if mfg. gross vehicle weight is 6000 lbs+	Vehicle 1 ☐	Vehicle 2 ☐	Vehicle 3 ☐		
1. Total Miles Driven					
2. Total Business Miles					
3. Commuting Miles: Average daily round trip to job or first and last regular stop					
4. Total Year Commuting Miles					
5. Ending Odometer Reading (Dec. 31)					
6. Parking & Tolls					
You may have a greater deduction using actual expenses. If so, fill in the following information:					
7. Gas/Oil/Repairs/Tires/Lube/Wash/Tow					
8. Licenses/Taxes/Ins/Auto Club/Garage					
9. Lease Payments					
10. Fair Market Value at time of Lease					
11. Other					

2. TRAVEL AWAY FROM HOME

	TAXPAYER	SPOUSE
Number of Nights Away from Home		
a. Airplane/Train/Cabs/Buses/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		

3. OTHER BUSINESS EXPENSE

	TAXPAYER	SPOUSE
a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME *(if qualified to take deduction)*

Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	

Reimbursement Not Shown Anywhere Else		
	Part 1 - Vehicle 1	
	Part 1 - Vehicle 2	
	Part 2-a	
	Part 2-b	
	Part 3-a	
	Part 3-b	
	Part 4	

CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers. ***Dates are important!***

☐ I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above 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 true, correct and complete.

Please sign: ______________________________

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.

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