PERSONAL INFORMATION Marital status at the end of 2024:					OFFICE USE ONLY: Date in				2024	
Sing						l l	Ashley	Kris		Paul
		ling Joint				3000	——————————————————————————————————————)	raui
		ling Separate rated:	Name	0.			,	CC#		
		ousehold – You need to								
	u 0,	Circle all that a						, ,	ραy:	
	red Spo	ouse								
		the debt? Name:						_		
Depe	endent	t Of Another								
IF INFO	RROU	JGHT IN BY 3 RD PARTY	NAME &	RELATION	OSHIP TO	ΤΔΥΡΔΥΕΡ!	'Cl			
		YOU LIKE TO BE NOT						CALL	(circ	le one)
		First and Last Name		SSN	Da	ate of Birth	Phone	e #	Disabl	ed/Blind
Гахрауег									YES	NO
Spouse							444		YES	NO
	L NO		L						-	
	[]	Did your address chan		•						
	=	If "yes", new address:								
[] [[]	Were you a part-year resident in multiple states? If "Yes", state you lived in and then moved to date moved								
		If "Yes", state you lived	ın		and then m	ioved to		_ date mc	ved	
[]	[]	Have you, or your spouse been a victim of tax related identity theft or issued an Identity Protection Pin?								
		If "Yes", we will need a								
[] [[]	Do you want to have a	eny rofunde	s direct deno	citodo					
SAMI		Do you want to have any refunds direct deposited?								
JAIVII	<u></u>	If "Yes", bank name: Checking Savings Routing # Account #								
		Modeling #				Account #				
[] [[]	Did you make gifts to any one person in excess of \$18,000 during the year?								
		If "Yes", are you splitti	ng the gift	with your sp	ouse?	YesN	10			
HEALT	H CA!	RE INFORMATION								
		Did any member of you	ur househ	old have heal	Ithcare cov	erage throug	h the Mark	etplace (i	MNsure)}
* •	. •	If "Yes", we will need F	orm 1095	-A to comple	te your tax	es.				•
[] [[]	I authorize the Minnes	ota Depar	tment of Rev	enue to sh	are necessary				
		the purpose of contact	_			y estimated e	ligibility for	r free or r	reduced	-cost
		health insurance. (NO,	unless ma	irked otherwi	ise)					
MINNE	ESOT/	A NONGAME WILD	LIFE FU	ND						
	[]	If filing a Minnesota Ta			to donate 1	to the Minne	sota Nonga	me Wildl	ife Func	!?
		If "Yes," How much?	\$5.00	\$10.00	\$15.00	\$20.00				
F										
NOTE	S									
		A STATE OF THE STA				<u></u>				
										4
										
							·			<u></u>

	NT INFORMATION - (if pendent who is over 18, not in						/ you.		
YES NO [] [] [] []	Did you adopt any depen Will you be claiming the If "No", complete entire	ndents during the same dependents	year? Adoptions as the previous	on expense ous tax year	es \$??		(19-23)		
First and		SSN Relationship		Months in home	Date of Birth	Disabled	Full-tim Studen		
				8332			3.55		
				8332					
				8332					
[] []	Can you provide docume			8332					
[] [] [] [] SAME	SCHOOL HEALTHCARE MEDICAL DAYCARE OTHER: Would you like to elect to receive advance payment of your 2025 Minnesota child tax credit? Do you want the advance payments direct deposited? If "Yes", bank name: Checking Savings								
	Routing #		AMAZINI MARINI M	Account #					
	No maximum number ofCombined with the Work	nents (July, September & November)							
[] []	Did you have any childcar Daycare FEIN or SS# Address:	ıre expenses durin	g the year? Name	Amount \$		f	lexed on		
] []	Did you have any K-12 re If "Yes", please complete			vill need to	provide receipts	to IRS if au	ıdited)		
	UIRED SCHOOL EXPENSES	CHILD 1	CHILI	.D 2	CHILD 3	Cł	HILD 4		
Name of St									
Grade in M	····								
	ivate or Homeschool								
Enrichment Outside School: (must be academic in nature)							10.5		
Organiza			PORT 127	\$1,031,011,000	<u> </u>	<u> </u>	AMERICA A		
Class Ty	ype								
Individual Instruction: tutor, driver's ed, piano, instrument									
	tor/Organization	CONTRACTOR OF THE PROPERTY OF	2XX SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		BARTON GRANT TO THE CANADA AND A CONTRACTOR OF	<u>Karangan</u>	200 BOSSERVED		
Class Ty									
	School Expenses:								
	tor/Paper/Pencils/Etc.	XX4539-70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	STORY Section of the contract	White physical artists of the	1988/10 Carlotte and American State of Sections	33.20	<u>VAROTSON 200</u>		
	Rent Musical Instrument								
	· Hardware/Software				1				
Drivata Cal	hool Name				***		***		

Private School Tuition

INCO	OME						
YES	NO						
[]	[]	W-2's					
[]	ĺ	Gambling winnings (Form W2 G)					
[]	[]	Pension or IRA distributions (Form 1099-R)					
[]	[]	Did you or your spouse contribute to a pension without contributing to social security at the same time?					
ı J		If "Yes", were you a basic member?YESNO					
		(Income limits for MN Public Pension Subtraction: Single AGI \$101,190 and Married AGI \$124.380)					
[]	r 1	Dividends received (Form 1099-DIV)					
	[]						
[]	[]	Interest received (Form 1099-INT)					
[]	[]	Sales of stock, investments, land, etc. (Form 1099-B)					
[]	[]	Unemployment benefits (Form 1099-G)					
[]	[]	Miscellaneous income (Form 1099-MISC)					
[]	[]	Non-Employee Compensation (Form 1099-NEC)					
[]	[]	Social Security benefits (Form SSA-1099)					
[]	[]	Cancellation of debt (Form 1099-C)					
[]	[]	Did you receive, sell, send, or exchange any virtual currency? (cryptocurrency, bitcoin)					
[]	[]	Did you own property, receive income, pay taxes or have financial interest/authority in a foreign country					
[]	[]	Alimony received: Date of divorce: amount received: \$					
[]	ij	Schedule K-1's from any Partnerships, LLC, LLP, trust or S-corporations					
[]	ij	Other income (jury duty, prizes, scholarships, etc.) Explain:					
[]	[]	Proceeds from real estate transactions (Form 1099-S) Description:					
	ı,	Date Acquired: Date Sold: Purchase Price:					
		Improvements:					
		Improvements: Expense of sale: Expense of sale: Was it your primary home? Yes No If yes, how days did you own/use home in last 5 years?					
NON	J-TAXA	ABLE INCOME — needed for property tax refund					
[]	[]	Supplemental Security (SSI) \$					
ĺĺ	[]	MN Family Investment Program (MFIP) \$					
[]	[]	MN Supplemental Aid (MSA) \$					
[]	ij	General Assistance (GA) \$					
[]	[]	Worker's Compensation: \$					
[]	[]	vvorker's Compensation: \$ Sick Pay \$					
l J	ı,						
ADJU	JSTME	INTS TO INCOME					
[]	[]	For Teachers: Education expenses for classroom supplies up to \$300.					
		If "Yes", Taxpayer \$ Spouse \$					
[]	[]	Did you contribute any amount to a Health Savings Account (HSA) outside of work during the year?					
		Taxpayer \$ Spouse \$ Type of Plan? YOURSELF FAMILY					
		(Max contributions: Yourself \$4150, Family \$8300 and between age 55-65 an additional \$1000)					
		(****** ******************************					
[]	[]	Did you receive any distributions from a Health Savings Account (HSA) during the year?					
		Taxpayer \$ Spouse \$ was it all used for medical? YES NO					
[]	[]	Alimony Paid					
		If "Yes", name: SS# Divorce date Amt \$					
[]	[]	Student loan interest paid					
. ,	. ,						
		If "Yes", Taxpayer \$ Spouse \$ Dependent(s) \$ Original Loan Amount \$ Amount paid for the year \$					
r ı	r 1	Have you had any student loans forgiven?					
[]	[]						
		If "Yes", how much was forgiven? \$					
[]	[]	Did you make any contributions to a Traditional IRA during the year? (Deductible)					
		If "Yes", Taxpayer \$ Spouse \$					
[]	[]	Did you make any contributions to a ROTH IRA during the year? (Non-Deductible)					
		If "Yes", Taxpayer \$ Spouse \$					
		(Max contribution combined for Traditional and Roth is \$7000, age 50+ is \$8000)					
		· · · · · · · · · · · · · · · · · · ·					

CKE	סווט								
YES	NO								
[]	[]	Did you make a contribution to or receive a distribu	tion from an Education Savings Account, Qualified						
		Tuition Program or 529 Plan during the year?							
		If "Yes", Plan Trustee:	Account #stribution amount \$stribution amount						
		Contribution Amount \$ Dis	stribution amount \$						
[]	[]	Did you pay tuition expenses that were required for	attending a college, university, or vocational school fo						
		yourself, your spouse, or a dependent during the ye	- · · · · · · · · · · · · · · · · · · ·						
			Dependent(s) \$						
[]	[]	Did you purchase required books? Cost of books (fin	rst 4 years of school only) \$						
[]	[]	Did you receive grants and scholarships? \$							
		How many years have you used the American Oppo	rtunity Tax Credit? (AOTC) 1 2 3 4						
		,, ,	,,						
[]	[]	Did you make any energy-efficient improvements to	your main home during the year?						
			Wind Energy \$						
Tax c	redit is		ualified Battery Storage:						
30% (Insulation (max \$1,200) \$ Exterior	Doors (max \$500, \$250 per door) \$						
			_A/C (max \$600) \$						
1 ' '	ct cost								
up to		Gas/Propane/Oil Furnace or Hot Water Boiler (max	¢600\ ¢						
amou	ints		ts or feeders (max \$600) \$						
		Home Energy Audit (max \$150) \$ Electr	ic/Gas Heat Pump (max \$2 000) \$						
			\$Biomass Stove/Boiler (max \$2,000) \$						
[]	[]	Did you purchase a NEW hybrid, alternative motor,	•						
i J			Make: Model:						
		VIN#Tear.							
		VIIV#							
[]	[]	Did you make any estimated payments toward your	- 2024 tayor2						
LJ	Į J								
		Date: Federal \$ Date: Federal \$	State \$						
		Date:Federal \$	State \$						
r 1	г 1	Date:Federal \$	State \$						
[]	[]	Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes? Federal \$ State \$							
r 1	r 1								
[]	[]	If you have an overpayment of 2024 taxes do you w	ant the retund applied to your 2025 estimated						
		taxes?							
HON	MEOM	NERS							
[]	[]	Did you own and occupy your home on January 2, 2							
		If "Yes", you may be eligible for a Minnesota Proper	ty Tax Refund based on your income and the						
		amount you pay in property taxes. Bring your 2025	Property Tax Statement and we will check.						
[]	[]	Did any adults live with you that were not your spot	use, dependent, parent or a renter?						
		If "Yes", name(s)							
[]	[]	For the Special Refund, did you own and occupy you	ur home on January 2, 2024 AND January 2, 2025?						
[]	[]	Do you use the office in the home deduction for you	ur business or self-employment income?						
[]	[]	Were you born after January 2, 1960 and considered disabled by the Social Security Administration?							
REN	TERS								
		your 2024 taxes, you claim the Renter's Credit as par	t of your Minnesota Individual Income Tax return It						
		f the amount owed or refund. You will no longer file a							
		previously filed both returns will not receive a separa							
[]	[]	Are you a Renter?	to return later in the year.						
į J	ιJ	If "Yes", you may be eligible for a Minnesota Rent C	redit Refund based on your income and root said						
		Bring your 2024 Certificate of Rent Paid, provided b	•						
ſΊ	ſΊ	Were you born after January 2, 1960 and considered							
[]	[]	Does Certificate of Rent Paid form have ECN certific							
1 1	1 1	DOGS CELLINGAGE OF NEITH FAILT TOTAL HAVE ECIN CELLING	ate number/ barcoue at too HVIII!						

If "No", we cannot file without.

ITEMIZED DEDUCTIONS - Standard Deduction for Federal Single: \$14,600 Age 65 and older or blind ADDITIONAL deduction: \$1,950 Married Filing Joint: \$29,200 Age 65 and older or blind ADDITIONAL deduction: \$1,550 Married Filing Separately \$14,600 Age 65 and older or blind ADDITIONAL deduction: \$1,550 Head of Household: \$21,900 -Age 65 and older or blind ADDITIONAL deduction: \$1,950 *Can use on state side even if not itemizing on federal MEDICAL & DENTAL (IS OVER 7.5% OF INCOME) **INTEREST TAXPAYER PAID** | | | Self Employed Pre-Taxed Refinance Expense (bring closing forms) Home mortgage interest & points (1098) 1st______2nd_____ *HEALTH INS PREMIUMS Motorhome interest _____ Medicare Part D Home Equity Loan Int (used for home) ______ IA (can use in IA if over 65 and under \$100,000 of income) Home mortgage interest not on 1098 MN *LONG TERM CARE (contract for deed) Ins. Co. Name: _____ Paid to name: Premium: His/_____Hers/____ Soc Sec#: Policy #'s: His/_____Hers/__ Amount paid: Points/Origination Fees _____ Medical Miles@.21/mile Miles _____\$ ____ *GIFTS TO CHARITY (RECEIPTS REQUIRED) Other medical & dental expenses (out of pocket) MN Church Prescriptions_____ Charity Dr/Hospital____ Charitable Miles Hearing Aids_____ Glasses____ MN .14/mile _____\$ ____ IA .14/mile_____\$___ Chiropractor_____ Dental____ Medical Supplies _____ Charitable property Nursing Home Exp: His/ Hers/ **OTHER MISCELLANEOUS** TAXES YOU PAID – Max of \$10.000 Gambling Loss State tax paid in 2024 for 2023_____ Ordinary Losses _____ General sales tax vehicle purchased _____ Annuity or Roth loss 1st Home______8829 Real Estate 2nd Home ______ 8829 Personal Property (Auto Tabs) MN ITEMIZING W-2 EMPLOYEE NOT REIMBURSED BY EMPLOYEE Miles @.67/mile Overnites _____ Per diem \$55/day _____ Unreimbursed Tools _____ Unreimbursed Clothing/boots/gloves _____ Unreimbursed Motels