



**BURNS BROTHERS FINANCIAL GROUP**  
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**INCOME TAX ORGANIZER & DEDUCTION FINDER**

**2019**  
TAX  
RETURN

Name	Date of Birth (Mo/Day/Yr)	Occupation	S.S. No.
Spouse's Name	Date of Birth (Mo/Day/Yr)	Occupation	S.S. No.
Present Address	City State	Zip Home Phone	
If you have a foreign address, also complete: Foreign Country Name:	Foreign province/state/county	Foreign postal code	
Your Cell # Spouse Cell #	Your Work # Spouse Work #	Your Email Spouse Email	
Preferred Daytime Phone # You: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell      Spouse: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			

HOUSEHOLD RESIDENTS OR DEPENDENTS (Not Spouse) Name (first, initial, and last name)	Grade	Date of Birth	Social Security #	Relationship	# months lived in your home in 2019	\$ Amount of Income	Type of income

Filing Status:  Single  Married Filing Joint  Married Filing Separately  Head of Household  Qualified Widow(er)  Don't Know

What state(s) will you be filing returns?  Minnesota  Other (identify) \_\_\_\_\_  Multi State (list all states) \_\_\_\_\_

Are you or your spouse blind?  You  Spouse

**THINGS TO BRING:**  
(if applicable):

- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099-R for Retirement/Pension/IRA Income
- 1099s for Interest, Dividends, and Other Income
- 1095A if you have MnSure Health Insurance
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit of tax refund
- 2019/2020 Property Tax Statements/2019 CRP's
- IRA Year-end Statements
- 1098 Forms for Mortgage Interest, Tuition, etc
- Last Pay Stub of the Year
- License Plate Tabs Registration Receipt
- Drivers License

ESTIMATED TAXES PAID				
ESTIMATED TAXES	Payment	Date Paid	Federal (\$)	State (\$)
	1 <sup>st</sup> Qtr (due 4/15/19)			
	2 <sup>nd</sup> Qtr (due 6/15/19)			
	3 <sup>rd</sup> Qtr (due 9/15/19)			
	4 <sup>th</sup> Qtr (due 1/15/20)			
Amount applied from Last Year's Refund				
<b>ON LAST YEAR'S STATE TAX RETURN:</b>				
I had a refund of ..... \$ _____				
I paid an additional amount of ..... \$ _____				
I had a property tax refund of ..... \$ _____				

- Do you or your spouse wish to designate \$3 on your federal return to the Presidential Election Campaign Fund ..... You  ..... Spouse
- Do you wish to designate \$5 to a MN political party? Which one? DFL, Republican, Independence, Green, General Fund, Other (Circle One).....
- Does your spouse wish to designate \$5 to a MN political party? DFL, Republican, Independence, Green, General Fund, Other (Circle One).....
- Would you like to contribute to the Minnesota Non-Game Wildlife Fund on your Minnesota tax return? Amount \$ \_\_\_\_\_

QUESTIONS FOR TAX PREPARER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MY APPOINTMENT IS SCHEDULED FOR DAY/DATE/TIME \_\_\_\_\_ TAX PREPARER: \_\_\_\_\_

**Please see our tax information website: [my1040pro.com/bbfg](http://my1040pro.com/bbfg)  
for additional tax related information you may find helpful.**

# INCOME

## WAGE & SALARY INCOME – Bring in W-2's

List names of all employers for taxable year.

EMPLOYER	WAGES (Box 1)
	\$
<b>TOTAL</b>	\$

## INTEREST-INCOME Please bring in 1099-INT Statements

Name of Payer (If individual, list name, address, social security number)

Do not include IRA interest	Amount
Include Tax Exempt and Municipal Bond Interest	\$
<b>TOTAL</b>	\$

## OTHER INCOME

Your Accountant will want to see all 1099's, W-2's, K-1's, etc.

Non-Employee Compensation (Form 1099 MISC)	\$
Pension, Annuity Income (Form 1099R)	
Jury Duty/Election Judge	
Lump-Sum Distribution (Form 1099R)	
I.R.A./401K or Other Retirement Plan Withdrawals (Form 1099R)	
Partnership, Estate, Trust&S. Corp Data (Provide K-1's or Reports)	
Business/Farm/Rental (Bring Details)	
Commissions/Bonuses/Tips/Gratuities (if not on W2)	
Prizes/Awards/Fees/Strike Pay/Royalties	
Disability Income/Personal Injury Awards	
Contract for Deed - Bring Amort. Schedule	
Gambling/Lottery Winnings	
Unemployment Compensation (Bring 1099)	
Scholarships/Fellowships (if not on w-2)	
Cancellation of Debt / Form 1099A, Form 1099C, Other	
Foreign income	

## DIVIDENDS - Please bring in 1099 DIV Statements

Name of Payer Include all tax-exempt dividends	Amount
	\$
	\$
	\$
	\$

## MISCELLANEOUS INCOME

Some of these items are not taxable, some may be partially taxable. All of these are required for a complete and accurate tax return.	YOU	SPOUSE
	AMOUNT	AMOUNT
1. Social Security Benefits or RR Retirement Benefits Please bring benefit statements (include amount deducted for Medicare)		
3. Veteran's Pensions/Benefits/Disability		
4. Worker's Compensation Benefits		
8. Other non-taxable income (do not include GIFTS)		

## CAPITAL GAINS AND LOSSES

1. You sold stock or other investment securities. Bring form 1099B from your broker/plus buy and sell confirmations-provide cost basis .....
2. You bought/sold/refinanced a home or other real estate. See page 4 worksheet (Please provide copy of (HUD) settlement statement) .....
3. You sold (redeemed) shares of a mutual fund. Bring form 1099B. You must get your cost basis from your broker .....

## OTHER INCOME INFORMATION

1. Do you or your spouse have any financial accounts or own property in any foreign countries .....
2. Do you or your spouse own any virtual currency (example: Bitcoin) .....

# ADJUSTMENTS TO INCOME

### INDIVIDUAL RETIREMENT ACCOUNTS

Did you or your spouse contribute to an Individual Retirement Account (IRA), outside of work?	YOU	SPOUSE
	AMOUNT	AMOUNT
Traditional IRA	\$	\$
Roth IRA	\$	\$
Simple IRA	\$	\$
KEOGH/SEP IRA	\$	\$
Rollover money from Traditional to Roth IRA	\$	\$

### ALIMONY

	AMOUNT
Did you receive alimony?	\$
Did you pay alimony?	\$
Please provide the following information for the payer/recipient:	
Name: _____	
Social Security Number: _____	
Date of Divorce: _____	

### STUDENT LOAN INTEREST

	YOU	SPOUSE
Total qualified student loan interest paid Bring 1098-E	\$	\$

### COLLEGE EDUCATION / TUITION DEDUCTION

Name of Student _____	
Number of prior years AOC Claimed _____	
Name of Institution _____	
Address of Institution _____	
Qualified Tuition & Fees (net of nontaxable benefits) Bring in 1098-T	\$
Books and supplies required to be purchased from the institution	\$
Books and Supplies not entered above	\$

### DEBT FORGIVENESS

	AMOUNT
Did you have a mortgage loan or other debt forgiven? Bring in 1099-C or 1099-A	\$

# DEDUCTIONS AND MISCELLANEOUS CREDITS

YOU MUST KEEP RECEIPTS AND A DAILY RECORD OF EXPENSES, MILEAGE, Etc.

<b>MEDICAL EXPENSES</b>	
Do not include amounts paid by insurance Do NOT include Health Ins. premiums or expenses paid with Pre-Tax Income See <a href="http://www.my1040pro.com/bbfg">www.my1040pro.com/bbfg</a> Medical Expense Deductions for eligible expenses	
PRESCRIPTION MEDICINES AND DRUGS	\$
MEDICAL, DENTAL, EYECARE, CHIROPRACTIC, ETC	
HOSPITALS AND NURSING HOMES	
INSURANCE PREMIUMS: Medical, Dental, Vision (Do not include premiums paid through work with pre-tax \$)	
LONG TERM CARE INSURANCE PREMIUMS PAID - SEE BELOW	
LODGING AND TRANSPORTATION	
OUT OF POCKET EXPENSES	
MEDICAL MILES DRIVEN	miles
OTHER MEDICAL (Describe)	
<b>TAXES</b>	
ADD'L STATE INCOME TAX (paid in 2019 for previous years)	\$
REAL ESTATE TAX - HOME (Less special assessment)	
OTHER REAL ESTATE TAXES PAID (cabin/lot, etc.)	
SPECIAL ASSESSMENT INTEREST	
SALES TAX PAID (on vehicles/boats/planes)	
VEHICLE LICENSE TABS (Cars/Trucks) Only include registration tax List each vehicle:	
<b>INTEREST PAID</b>	
HAVE YOU REFINANCED ANY HOME LOANS THIS YEAR? OR HAVE ANY NEW HOME LOANS? (bring in closing documents)	
HOME MORTGAGE-Paid to Financial Institution (Form 1098)	
First Mortgage/Refinance	\$
Second Mortgage	
Home Equity (Only interest to buy/build/improve home)	
Second home, cabin, mobile home qualifying motor home, camper, etc.	
Home Mortgage-Pd to Individuals (Name, address, ss# needed)	
Investment Interest: Margin account	

<b>529 COLLEGE SAVINGS CONTRIBUTIONS</b>			
Recipients Name	Investment Company	Account #	Amount Invested During Tax Year (\$)

<b>CONTRIBUTIONS (cash or check)</b>	
Records and receipts are required See <a href="http://www.my1040pro.com/bbfg">www.my1040pro.com/bbfg</a> Contribution Finder for eligible contributions	
CHURCH/SYNAGOGUE	\$
501 c3 CHARITIES: List each	

<b>NON-CASH CONTRIBUTIONS</b>	
Itemized list necessary for total value of more than \$500	
GOODWILL/ VETS/SALVATION ARMY/OTHER	\$
VEHICLE DONATIONS - MUST BRING DETAILS / FORM 1098C	
FOOD SHELF/TOYS FOR TOTS	
VOLUNTEER EXPENSES (receipted) out of pocket expenses = _____	
# OF MILES _____ Parking = \$ _____	

<b>MISCELLANEOUS DEDUCTIONS</b>	\$ You	\$ Spouse
UNION DUES & PROFESSIONAL DUES		
K-12 EDUCATOR EXPENSES		
UNREIMBURSED EMPLOYEE EXPENSES		
INVESTMENT EXPENSES		
TAX PREPARATION FEES Prior year taxes		
SAFE DEPOSIT BOX RENTAL		
GAMBLING LOSSES TO EXTENT OF WINNINGS		
MOVING EXPENSES due to change of duty station		

<b>LONG TERM CARE INSURANCE PREMIUMS</b>			
	Insurance Company	Policy #	Amount Paid (\$)
Taxpayer:			
Spouse:			

<b>CHILD CARE EXPENSES</b>		
This is needed for each child care provider for your dependents age 12 and under		
CHILD CARE PROVIDERS	PROVIDER A	PROVIDER B
Provider Name		
Address		
ID# or SS #		
Total Amount Paid (\$)		
EXPENSES PAID FOR EACH CHILD		
CHILD'S NAME	PROVIDER	Amount Pd (\$)
	A B	
	A B	
	A B	

<b>MINNESOTA K-12 EXPENSES</b>			
Child's Name			
Type of School Attended (Circle one)	Private or Public	Private or Public	Private or Public
Enter information for each dependent	Amount (\$)	Amount (\$)	Amount (\$)
School Supplies			
Educational computer hardware or software (up to \$200)			
Extracurricular academic or fine arts classes			
Tutoring for K-12 subjects: Instructor name _____			
Academic summer camps			
Rent/purchase of musical instrument: Type _____			
Educational field trips taken during the school day			
Common Expenses that Do Not Qualify:	<ul style="list-style-type: none"> <li>• School supplies not used in education (backpacks, tissues, locker organizers)</li> <li>• Clothing, including school uniforms (except required gym clothes)</li> <li>• Sports</li> <li>• School lunches (even on a field trip)</li> <li>• Tutoring for college preparation tests (ACT, SAT)</li> <li>• Family trip to museum or zoo</li> </ul>		

# RENTAL INCOME AND BUSINESS EXPENSES

In order to deduct expenses for business use of your car, you must keep a record of business and personal mileage.

RENTAL INCOME		
SHOW THE KIND AND LOCATION OF EACH RENTAL REAL ESTATE PROPERTY		
A		
B		
INCOME:	PROPERTY A	PROPERTY B
RENTS RECEIVED		
EXPENSES:		
ADVERTISING		
AUTO MILEAGE EXPENSE: # OF RENTAL INCOME MILES _____		
CLEANING & MAINTENANCE		
INSURANCE		
LAWN AND SNOW		
LEGAL AND OTHER PROFESSIONAL FEES		
MANAGEMENT FEES		
MORTGAGE INTEREST PAID TO BANKS		
OTHER INTEREST		
REAL ESTATE TAXES		
REGISTRATION FEE		
REPAIRS		
RUBBISH REMOVAL		
SUPPLIES		
TRAVEL EXPENSES (Airfare, Motel, etc.)		
UTILITIES		
NEW APPLIANCES & FURNITURE (Bring details)		
IMPROVEMENTS (Bring details)		
OTHER (list) >		

BUSINESS AUTOMOBILE EXPENSES					
Mileage records are ALWAYS required to claim auto expenses					
	Make	Year	Date Purch.	Cost	Cash To Boot
Vehicle #1					
Vehicle #2					
Check box if mfg. gross vehicle weight is 6,000				VEHICLE 1 <input type="checkbox"/>	VEHICLE 2 <input type="checkbox"/>
Total of all Miles Driven in 2019 =					
<b>BREAKDOWN:</b>					
Total Business Miles =					
Total Commuting Miles (to and from work) =					
Total Personal Miles =					
ACTUAL AUTO EXPENSES PAID (Not needed if you use mileage method)					
Gas & Oil Insurance/Auto Club/Licenses					
Lube/Wash/Wax					
Lease Payments					
Repairs + Towing					
Tires/Accessories/Other:					
<b>TRAVEL AWAY FROM HOME</b>				<b>You</b>	<b>Spouse</b>
Nights away from home:					
Airplane, Train Fares					
Auto Rental					
Cabs, Buses, etc.					
Lodging - Actual Cost					
Meals/Tips/Entertainment - Actual Cost					
Laundry & Cleaning					
Convention Fees/Seminar Fees					
Other Travel Expenses					
<b>REIMBURSEMENTS RECEIVED FOR EXPENSES</b>					
Auto \$ _____	Meals & Entertainment \$ _____	Other \$ _____			
Is this reimbursement included in your W-2? Yes _____ No _____					
<b>BUSINESS USE OF HOME (Exclusive Use)</b>					
Date Home Acquired _____	Interest _____				
Total Cost _____	Taxes _____				
Cost of Land _____	Utilities/Garbage _____				
Cost of Improvements _____	Insurance _____				
Sq. Ft. of Home _____	Repairs/Maintenance _____				
Sq. Ft. of Office Area _____	Other _____				
Rent Paid If You Are A Renter _____					
Instead of calculating all of the above information, \$5 a square foot can be deducted (maximum \$1,500)					

SALE OF HOME/OTHER REAL ESTATE
Please bring settlement statements for purchase and sale of old property, and purchase of new property.
Was this your personal residence 2 of the last 5 years? Yes or No
Selling Price \$ _____
Date Property Sold _____ / _____ / _____
Date of Original Purchase _____ / _____ / _____
Purchase Price of Property Sold \$ _____
Cost of Improvements and Special Assessments _____
Prior Depreciation Amount \$ _____

SELF-EMPLOYMENT BUSINESS INCOME AND EXPENSE GUIDE SCHEDULE C			
GROSS RECEIPTS		\$	
INVENTORY (Beginning of year 1/1/19)		\$	
SUPPLIES PURCHASED FOR RESALE		\$	
INVENTORY (End of year 12/31/19)		\$	
- EXPENSES -			
ADVERTISING/BUSINESS CARDS		\$	
COMMISSIONS AND FEES PAID		\$	
AUTO/TRAVEL EXPENSES - See Above		\$	
BUSINESS PHONE EXPENSE		\$	
INSURANCE - FIRE, LIABILITY, Etc.		\$	
INTEREST PAID TO MORTGAGE CO.		\$	
INTEREST	other	\$	
LEGAL & PROFESSIONAL SERVICES		\$	
OFFICE SUPPLIES, POSTAGE, DUES, BANK CHGS.		\$	
RENT OR LEASE, VEHICLES, MACH. & EQUIP.		\$	
RENT OR LEASE - other		\$	
REPAIRS		\$	
MISC. SUPPLIES		\$	
TAXES (RE, Payroll, etc.)		\$	
UTILITIES -- Water \$ _____	Electric \$ _____	Gas \$ _____	
MEALS & ENTERTAINMENT			
WAGES			
NEW EQUIPMENT date purchased			
BUSINESS USE OF HOME (See above)			
DO YOU PAY FOR MEDICAL INSURANCE TO COVER YOURSELF AND YOUR FAMILY? YES <input type="checkbox"/> NO <input type="checkbox"/>			COST \$ _____

**BURNS BROTHERS FINANCIAL GROUP**  
**Thank You For Your Referrals**