



BURNS BROTHERS FINANCIAL GROUP
 9555 James Avenue South • Suite 200 • Bloomington, MN 55431
 (952) 881-4533 or (800) 728-3448
 FAX (952) 888-5115 • www.bbf.com
INCOME TAX ORGANIZER & DEDUCTION FINDER

2020 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: Home Work Cell	Spouse: Home Work 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 2020	\$ 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)
- Economic Impact (Stimulus) Payment Amount
- W-2 Forms for Wages
- 1099-G for Unemployment
- 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
- 2020/2021 Property Tax Statements/2020 CRP's
- IRA Year-end Statements
- 1098 Forms for Mortgage Interest, Tuition, etc
- Last Pay Stub of the Year
- License Plate Tabs Registration Receipt
- Driver's License
- Identity Protection Personal Identification Number (If applicable)

ESTIMATED TAXES PAID					
ESTIMATED TAXES	Payment	Federal		State	
		Date Paid	Amount (\$)	Date Paid	Amount (\$)
	1 st Quarter				
	2 nd Quarter				
	3 rd Quarter				
4 th Quarter					
Amount applied from Last Year's Refund					
ON LAST YEAR'S STATE TAX RETURN:					
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 FundYouSpouse
- 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: _____

ANY PLANS THAT COULD IMPACT YOUR 2021 TAXES: _____

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

**Please see our tax information website: my1040pro.com/bbf
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)
	\$
TOTAL	\$

INTEREST INCOME 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	\$
TOTAL	\$

OTHER INCOME

Were you impacted by COVID-19 and take a distribution from a retirement acct? Yes No

Stimulus Payment	\$
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 - 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)
3. Did you work a gig job (ex: Instacart, Uber, DoorDash, etc)? If so, complete Business Expenses Worksheet on the last page of this form.

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.

MEDICAL EXPENSES	
Do not include amounts paid by insurance Do NOT include Health Ins. premiums or expenses paid with Pre-Tax Income See www.my1040pro.com/bbfg 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)	

TAXES	
ADD'L STATE INCOME TAX (paid in 2020 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:	

INTEREST PAID	
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	

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

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

NON-CASH CONTRIBUTIONS	
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 = \$ _____	

MISCELLANEOUS DEDUCTIONS	\$ 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		

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

CHILD CARE EXPENSES		
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		
CHILDS NAME	PROVIDER	Amount Pd (\$)
	A B	
	A B	
	A B	

MINNESOTA K-12 EXPENSES			
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"> • School supplies not used in education (backpacks, tissues, locker organizers) • Clothing, including school uniforms (except required gym clothes) • Sports • School lunches (even on a field trip) • Tutoring for college preparation tests (ACT, SAT) • Family trip to museum or zoo 		

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	VEHICLE 2	
Total of all Miles Driven in 2020					
BREAKDOWN:					
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:					
TRAVEL AWAY FROM HOME			You	Spouse	
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					
REIMBURSEMENTS RECEIVED FOR EXPENSES					
Auto \$ _____ Meals & Entertainment \$ _____ Other \$ _____					
Is this reimbursement included in your W-2? Yes _____ No _____					
BUSINESS USE OF HOME (Exclusive Use)					
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	\$	LEGAL & PROFESSIONAL SERVICES	\$
INVENTORY (Beginning of year 1/1/2020)	\$	OFFICE SUPPLIES, POSTAGE, DUES, BANK CHGS.	\$
SUPPLIES PURCHASED FOR RESALE	\$	RENT OR LEASE, VEHICLES, MACH. & EQUIP.	\$
INVENTORY (End of year 12/31/2020)	\$	RENT OR LEASE - other	\$
- EXPENSES -		REPAIRS	\$
ADVERTISING/BUSINESS CARDS	\$	MISC. SUPPLIES	\$
COMMISSIONS AND FEES PAID	\$	TAXES (RE, Payroll, etc.)	\$
AUTO/TRAVEL EXPENSES - See Above	\$	UTILITIES -- Water \$ _____ Electric \$ _____ Gas \$ _____	
BUSINESS PHONE EXPENSE	\$	MEALS & ENTERTAINMENT	
INSURANCE - FIRE, LIABILITY, Etc.	\$	WAGES	\$
INTEREST PAID TO MORTGAGE CO.	\$	NEW EQUIPMENT date purchased	\$
INTEREST other	\$	BUSINESS USE OF HOME (See above)	\$
DO YOU PAY FOR MEDICAL INSURANCE TO COVER YOURSELF AND YOUR FAMILY? YES NO			COST \$

BURNS BROTHERS FINANCIAL GROUP
Thank You for Your Referrals