# 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.bbfg.com**

RESET FORM

## INCOME TAX ORGANIZER & DEDUCTION FINDER

**2025 TAX RETURN**

* Do not include SS# when emailing file

| Name | Date of Birth (Mo/Day/Yr) | Occupation | SS No* (if new client) |
|---|---|---|---|
| Spouse's Name | Date of Birth (Mo/Day/Yr) | Occupation | SS No* (if new client) |

| Present Address New Address ☐ | City | Zip |
|---|---|---|
| | State | County |
| | State of residence on 12/31/2025 | Home Phone |
| If you have a foreign address, also complete: Foreign Country Name: | Foreign province/state/county | Foreign postal code |

| Your Cell # | | Your Work # | | Your Email | |
|---|---|---|---|---|---|
| Spouse Cell # | | Spouse Work # | | 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) | Dependent | Grade | Date of Birth | Social Security #* | Relationship | # Months lived in your home in 2025 | Amount of Income ($) | Type of income |
|---|---|---|---|---|---|---|---|---|
| | ☐ | | | | | | | |
| | ☐ | | | | | | | |
| | ☐ | | | | | | | |

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separately ☐ Head of Household ☐ Qualified Widow(er) ☐ Dependent ☐ 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 If you are a new client, how did you hear about us? _____

### THINGS TO BRING (if applicable)

- Last Year's Tax Return (only if new client)
- W-2 Statements for Wages
- Last Pay Stub(s) of the Year *Necessary for clients with overtime*
- Social Security 1099 Tax Statement
- 1099s for Interest, Dividends, and Other Income
- 1099-R for Retirement/Pension/IRA Income
- IRA Year-end Statements
- 1099-G for Unemployment
- 1099-SA Distributions from HSA
- K-1(s) from Partnerships, Corporations or Estates
- 2025 and 2026 Property Tax Statements/2025 CRPs
- 1098 Forms for Mortgage Interest, Qualified Car Loans, Tuition, etc.
- License Plate Tabs Registration Receipt
- K-12 Education Receipts
- 529 Contribution Details and Distributions (1099-Q)
- 1095-A if you have insurance through Marketplace (MNSure/Exchange)
- Identity Protection Personal Identification Number (If applicable)

### Estimated Taxes Paid

| | Federal | | State | |
|---|---|---|---|---|
| Payment | Date Paid | Amount ($) | Date Paid | Amount ($) |
| 1st Quarter | | | | |
| 2nd Quarter | | | | |
| 3rd Quarter | | | | |
| 4th Quarter | | | | |
| Refund amount applied from Last Years Return | | | | |

### On Last Years STATE Tax Return

| | |
|---|---|
| I had a refund of: | $ |
| I paid an additional amount of: | $ |
| I received a property tax refund of: | $ |

### Direct Deposit

| | |
|---|---|
| If you are eligible, would you like refund(s) direct deposited to your bank account. (please bring a voided check) ☐ Yes ☐ No | |
| If you have direct deposit already established on your return through BBFG, please confirm the last 4 digits of your bank account to be used: | |

At any time during 2025, did you receive, sell, exchange, or otherwise dispose of a digital asset? ☐ Yes ☐ No

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, ☐ Other _____

Does your spouse wish to designate $5 to a MN political party? ☐ DFL, ☐ Republican, ☐ Other _____

If you do not have health ins and want to learn choices available, is it ok for MN Revenue to share tax info with MNSure? ☐ Yes

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 2026 TAXES:** _____

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

**Please see our tax information website: 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.
If you had qualified overtime compensation, bring in last paystub(s) for 2025.

| EMPLOYER | WAGES (Box 1) |
|---|---|
| | $ |
| | |
| | |
| TOTAL | $ 0 |

## INTEREST INCOME Bring in 1099-INT Statements

Interest Including Tax Exempt and Municipal Bond Interest

| Name of Payer (If individual: name, address, SS #) | INTEREST |
|---|---|
| | $ |
| | |
| | |
| TOTAL | $ 0 |

## OTHER INCOME

| | |
|---|---|
| Non-Employee Compensation (Form 1099-MISC or 1099-NEC) | |
| Jury Duty/Election Judge | |
| 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-G) | |
| Scholarships/Fellowships (if not on w-2) | |
| Cancellation of Debt / Form 1099A, Form 1099C, Other | |
| Foreign income | |
| Non-taxable Veteran's Pensions/Benefits/Disability | |
| Non-taxable Worker's Compensation Benefits | |
| Other non-taxable income (do not include GIFTS) | |

## DIVIDENDS - Bring in 1099 DIV Statements

| Name of Payer Include all tax-exempt dividends | Amount |
|---|---|
| | $ |
| | |
| | |
| | |
| TOTAL | $ 0 |

## SOCIAL SECURITY INCOME - Bring 1099

| Include amount deducted for Medicare | YOU ($) | SPOUSE ($) |
|---|---|---|
| Social Security Benefits or RR Retirement Benefits | | |

## PENSION/RETIREMENT INCOME - Bring 1099-Rs*

| Pension, 401K, IRA, Annuity, Railroad, Lump Sum, Etc. | Includes QCD | Gross Distribution |
|---|---|---|
| | ☐ | |
| | ☐ | |
| | ☐ | |
| | ☐ | |
| | ☐ | |

* If you made a Qualified Charitable Distribution (QCD) through your IRA, bring details

## 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) ..... ☐

## 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 receive, sell, exchange or otherwise dispose of 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..... ☐

## ENERGY CREDITS

| Energy credits changed, resulting in more expenses qualifying. Some examples are below. | | Description of Item(s) | Amount spent ($) |
|---|---|---|---|
| Home Improvement | Exterior doors, windows, skylights, insulation, central A/C, water heater, furnaces,boilers, heat pumps, and home energy audits. | | $ |
| Residential Clean Energy | Solar, wind and geothermal power generation, solar water heaters, fuel cells, and battery storage. | | $ |
| Electric Vehicles | All-electric, plug-in hybrid, and fuel cell electric vehicles purchased new or used, by September 30, 2025. To determine if your car qualifies, visit https://fueleconomy.gov/feg/taxused.shtml | | $ |

## ADJUSTMENTS TO INCOME & OTHER INFORMATION

### INDIVIDUAL RETIREMENT ACCOUNTS

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

### ALIMONY

| | |
|---|---|
| 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 LOANS

| | | |
|---|---|---|
| Total qualified student loan interest paid (Bring 1098-E) | $ | $ |
| Total amount paid toward your own qualified loan | $ | $ |
| Total amount of qualified student loans | $ | $ |

### 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

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

# 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, HSA, or FSA
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 $) | |
| MEDICARE B/C/D PREMIUMS deducted from social security: | |
| LONG TERM CARE INSURANCE PREMIUMS PAID–See middle of next column | |
| LODGING AND TRANSPORTATION | |
| OUT OF POCKET EXPENSES | |
| MEDICAL MILES DRIVEN | miles |
| OTHER MEDICAL (Example: Hearing Aids, Glasses, etc) | |
| WITHDRAWALS FROM HSA/MSA (Shown on 1099-SA) | |

## TAXES

| | |
|---|---|
| ADD'L STATE INCOME TAX (paid in 2025 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<br>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 RV, etc. | |
| Home Mortgage Pd to Individuals<br>(Name, address, ss# needed) | |
| Qualified Car Loan Interest | |

## 529 COLLEGE SAVINGS CONTRIBUTIONS

| Beneficiary 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: Do not include donations from an IRA QCD | |
| | |
| | |
| | |
| | |
| | |
| | |

## 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=<br># 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 childcare 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 (pencils, paper, calculator, etc) | | | |
| 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 | | | |
| Tuition | | | |

Common Expenses that **Do Not Qualify**:

- 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:<br># 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) > | | |

## 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 ☐ No ☐

| |
|---|
| Selling Price $ |
| Date Property Sold |
| Date of Original Purchase |
| Purchase Price of Property Sold $ |
| Cost of Improvements and Special Assessments |
| Prior Depreciation Amount $ |

## 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 if mfg gross vehicle weight is 6,000 lbs ☐ | |
| Total of all Miles Driven in 2025 | |
| 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 the above information, $5 a square foot can be deducted (maximum $1,500) ☐ | |

## SELF-EMPLOYMENT BUSINESS INCOME AND EXPENSE GUIDE SCHEDULE C

| | | | |
|---|---|---|---|
| GROSS RECEIPTS | $ | LEGAL & PROFESSIONAL SERVICES | $ |
| INVENTORY (Beginning of year 1/1/2025) | $ | OFFICE SUPPLIES, POSTAGE, DUES, BANK CHGS. | $ |
| SUPPLIES PURCHASED FOR RESALE | $ | RENT OR LEASE, VEHICLES, MACH. & EQUIP. | $ |
| INVENTORY (End of year 12/31/2025) | $ | 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**