

# SERAKOS, LTD

---

## CERTIFIED PUBLIC ACCOUNTANTS

951 HILLWIND RD. NE MINNEAPOLIS, MINNESOTA 55432      PHONE: 763.233.6707

SERAKOSCPA.COM      EMAIL: INFO@SERAKOSCPA.COM      FAX: 763.571.2465

January 22, 2026

Dear Client:

**Happy New Year!** We hope you had a wonderful holiday season and wish you a prosperous and fulfilling year ahead. As the **2025 tax season approaches**, we want to share key information and updates to help you prepare for a smooth and efficient filing process.

### **Secure Documentation Sharing**

To ensure the security and efficiency of your tax preparation, please use the secure Citrix ShareFile portal for uploading your documents. The link is available on our website at [www.serakoscpa.com](http://www.serakoscpa.com). When possible, please combine all scanned documents into a single file or create a zipped folder with all your documents before uploading. **Avoid sending sensitive information via email or text, as these methods are not secure.**

Hard copies can be mailed or dropped off at our main office in Fridley. To help streamline our process, we kindly ask that you wait until the majority of your tax documents are ready before submitting them. Providing documents piecemeal may result in additional administrative charges.

### **Completing Your Tax Organizer**

Please complete the organizer and provide all supporting documentation thoroughly. Be sure to answer all client questions clearly and note any changes to filing status, dependents, bank accounts, or contact information. Prior-year data is included in the organizer for reference only; we will review original source documents, so you **do not** need to manually transfer those figures.

Carefully review and answer all five pages of client questions as “yes” or “no”. **If no answer is provided we will take the position that the answer is “no” or “zero”.** Contact information should be **reviewed and updated** to reflect your most current information, including; email address, phone numbers, addresses, etc.

### **List of important tax documents to include, when applicable:**

- Copies of your prior year tax returns, if not prepared by our firm
- Form(s) W-2 (wages, etc.-Form(s) 1099 (interest, dividends, etc.)
- Form(s) 1095-C (related to your health insurance information), where applicable
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investments or real estate transactions including realized gains and losses, if applicable
- Health savings account distribution Form 1099-SA
- Supporting documentation for any charitable donations
- Closing statement pertaining to real estate transactions
- **Forms 1099-K** (Merchant Card and Third Party Network Payments) if applicable
- All other supporting documents (schedules, checkbooks, mileage logs, etc.)
- Any tax notices received from the IRS or other taxing authorities
- Other applicable tax documentation

### **Key Updates for 2025**

1. **Electronic refunds/payments:** The IRS has indicated it will no longer issue paper refund checks. Client who are due a refund will be required to provide routing number and account number for direct deposit purposes. Payments should also be paid electronically.
2. **New tax laws:** There are several new beneficial tax laws which may apply to you. Make sure to carefully read the client questionnaire for additional items we may need.

### **Communication and appointments**

Online meetings and phone calls remain the most efficient options. We understand there may be circumstances where in-person appointments are necessary, and we will make accommodations in those cases. For clients who wish to drop-off documents, our office hours are 8:00 a.m. to 6:00 p.m., Monday through Friday.

For appointments at Jim's home office, please call Jennie at 763-561-5843. **Please do not call Jim's home after 9:00 p.m. or on Sundays.** These appointments are limited as Jim transitions into retirement. For all other appointments, please contact the main office line.

## **Important Deadlines**

To ensure the timely filing of your tax return, we request that all documentation be provided no later than **March 13, 2026**. For returns requiring extensions, documentation must be received by **April 1, 2026**. When applicable, we highly recommend filing extensions, which provides an additional six months to complete and submit your return. Please note that any taxes due must be paid on or before the applicable due date, generally **April 15** for individual and joint taxpayers.

## **Cost of Service and Deliver Preferences**

Due to rising operating costs and continued demand for CPA services, we will be adjusting our fees to maintain the quality of service and responsiveness you expect. This is consistent with broader industry trends. If you have any questions about our fee schedule, please call our main office.

Please note that our standard method for delivering copies of your tax return is digital.

**Please ensure that your email address is accurate in the tax organizer.**

If you would prefer a paper copy of your return, please notify us as additional fees may apply.

We value the trust you place in us and look forward to working with you this tax season.

If you need further assistance completing your Tax Organizer, or have any questions, please call or email.

Kind Regards,

Theodore J. Serakos, CPA  
[tj.serakos@serakoscpa.com](mailto:tj.serakos@serakoscpa.com)

Lucas S. Grant, CPA  
[lucas.grant@serakoscpa.com](mailto:lucas.grant@serakoscpa.com)

James C. Serakos  
[jim.serakos@serakoscpa.com](mailto:jim.serakos@serakoscpa.com)

Eric Sandstad, CPA  
[eric.sandstad@serakoscpa.com](mailto:eric.sandstad@serakoscpa.com)

Cheryl Johnson  
[Cheryl.johnson@serakoscpa.com](mailto:Cheryl.johnson@serakoscpa.com)  
Main office line 763.233.6707



Serakos, Ltd.  
951 Hillwind Road NE  
Minneapolis, MN 55432

## 2025 ENGAGEMENT LETTER

January 22, 2026

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

1. Scope of services:

We will prepare your 2025 federal income tax return and the state income tax returns you specifically request, using information you provide.

Unless we agree otherwise in writing, this engagement does not include:

- tax planning, projections, estimated tax calculations, or assistance with quarterly estimated tax payments;
- extensions, except as described below;
- local/city returns (for example, city income or business privilege taxes), specialized filings, or multi-state nexus studies to determine filing obligations;
- bookkeeping, payroll, sales tax, property tax, or the preparation of financial statements (these services, if needed, will be covered by a separate engagement).

We are not engaged to determine whether you have filing obligations in states or localities not specifically identified and requested by you (i.e., we are not performing a nexus study). If, in the course of our work, we become aware of a potential additional filing requirement, we will notify you; preparation of any additional returns will be performed only at your request and may require a separate engagement or additional fees.

## 2. Information you provide; your responsibilities:

We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets.

We will not audit or otherwise verify the data you submit; however, it may be necessary to ask you for clarification of some of the information.

You represent that you have included all bartering transactions and documentation for deductions which require strict documentation by the IRS, such as travel and entertainment expenses, charitable contributions, and expenses for business usage of autos and computers. In preparing your returns, we rely on your representation that you have been informed of these documentation requirements. If you have questions about these issues or requirements please contact us.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

## 3. Extensions (if needed):

We will file an extension only at your request (or if you authorize us in writing to do so). You are responsible for reviewing and approving any extension estimate and for timely payment of any amount due with the extension. An extension extends the filing deadline, not the payment deadline.

## 4. Other matters; examinations:

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal.

In the event of an examination or notice, we can assist you upon request; IRS/state representation services are not included in this engagement and will be provided only under a separate written engagement and billed separately.

#### 5. IRS third-party designee

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. You consent to such a discussion as evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

#### 6. Fees; billing; payment terms

Our fee for these services will be invoiced upon completion at the appropriate rate for the level and value of services rendered, plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If an invoice is not paid when due, we may pause work, withhold deliverables (where permitted), or decline to provide additional services until your account is current. We may request a deposit/retainer for certain engagements or where prior invoices are outstanding.

#### 7. Email; secure delivery

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of

revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

For sensitive documents (for example, W-2s, SSNs, bank information), you agree to use our secure portal/file exchange method rather than email, unless we approve another secure method.

#### 8. Electronic filing; signatures

We are required to electronically file all federal and state income tax returns based on the number of returns we prepare. In order to electronically submit your tax returns we require certain documentation to be signed and dated prior to submission, primarily IRS Form 8879. You agree to our use of electronic signature software to obtain your signature.

The returns and related work product are for your use. No third party may rely on them unless we agree in writing.

#### 9. Corporate Transparency Act (CTA) / BOI reporting

Corporate Transparency Act / beneficial ownership information (BOI) reporting is not within the scope of this engagement. BOI reporting requirements have changed and may apply differently depending on whether an entity is domestic or foreign and its specific facts. You are responsible for determining applicability and compliance; we recommend you consult legal counsel and review current FinCEN guidance.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Serakos, Ltd.

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_



## Questions (Page 1 of 5)

The following questions pertain to the 2025 tax year. For any question answered Yes, include supporting detail or documents.

### Personal Information:

Yes No

Did your marital status change?

\_\_\_\_\_

Are you married?

\_\_\_\_\_

If Yes, do you and your spouse want to file separate returns?

\_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship?

\_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer?

\_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty?

\_\_\_\_\_

### Dependents:

Were there any changes in dependents from the prior year?

Note: Include non-child dependents for whom you provided more than half the support.

\_\_\_\_\_

Did you or your spouse pay for child care while you or your spouse worked or looked for work?

\_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,350?

\_\_\_\_\_

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,350?

\_\_\_\_\_

Did you adopt a child or begin adoption proceedings?

\_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents?

\_\_\_\_\_

### Healthcare:

Did you obtain healthcare coverage through the Marketplace?

If Yes, include all Forms 1095-A.

\_\_\_\_\_

If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?

\_\_\_\_\_

Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?

\_\_\_\_\_

Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return?

\_\_\_\_\_

Are any of your dependents required to file a tax return?

\_\_\_\_\_

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?

\_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage?

\_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?

If you received a distribution from an HSA, include all Forms 1099-SA.

\_\_\_\_\_

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?

If you received a distribution from an MSA, include all Forms 1099-SA.

\_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts?

If Yes, include all Forms 1099-LTC.

\_\_\_\_\_

## Questions (Page 2 of 5)

### Healthcare (continued):

Yes No

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

### Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_

Did you or your spouse pay any student loan interest? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? \_\_\_\_\_

If Yes, include all Forms 1099-Q.

If Yes, were the amounts withdrawn used for qualified tuition expenses? \_\_\_\_\_

### Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? \_\_\_\_\_

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities. \_\_\_\_\_

Did you or your spouse incur any casualty or theft losses? \_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_

Did you or your spouse pay interest on a new passenger vehicle purchased in 2025 that was assembled in the U.S? \_\_\_\_\_

If so, provide the vehicle identification number (VIN) of the vehicle: \_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? \_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? \_\_\_\_\_

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

\_\_\_\_\_ Gallons \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? \_\_\_\_\_

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? \_\_\_\_\_

Did you or your spouse receive income for overtime? If so, please provide details from last pay stub of 2025. \_\_\_\_\_

Did you or your spouse receive income for tips? \_\_\_\_\_

If Yes, was it reported on a W-2, 1099-K, 1099-NEC, or Form 4317? \_\_\_\_\_

If unreported, was it \$20 or more in any month? Determine how much voluntary or mandatory auto gratuity was. \_\_\_\_\_

## Questions (Page 3 of 5)

### Investments:

Yes No

Did you or your spouse have any debts canceled, forgiven or refinanced?

\_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate?

\_\_\_\_\_

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?

\_\_\_\_\_

Did you or your spouse engage in any put or call transactions?

\_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

\_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B?

\_\_\_\_\_

Did you sell or exchange any digital assets? If yes, include all Forms 1099-DA

\_\_\_\_\_

### Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

\_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?

\_\_\_\_\_

Did you or your spouse turn age 73 and have money in an IRA or other retirement account without taking any distribution?

\_\_\_\_\_

Did you or your spouse make a qualified charitable distribution directly from an IRA?

\_\_\_\_\_

Did you or your spouse retire or change jobs?

\_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation?

\_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

### Personal Residence:

Did your address change?

\_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job?

\_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

\_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$750,000?

\_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Did you or your spouse take out a home equity loan?

\_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year?

\_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

\_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments?

\_\_\_\_\_

If Yes, include all Forms 1098-MA.

## Questions (Page 4 of 5)

### Sale of Your Home:

Yes No

Did you sell your home?

\_\_\_\_\_

Did you receive Form 1099-S?

\_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

\_\_\_\_\_

Did you or your spouse ever rent out the property?

\_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes?

\_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years?

\_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$19,000 to any individual?

\_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?

\_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount?

\_\_\_\_\_

Did you or your spouse have a life insurance trust?

\_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

\_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

\_\_\_\_\_

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?

\_\_\_\_\_

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?

\_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust?

\_\_\_\_\_

Did you or your spouse own any foreign financial assets?

\_\_\_\_\_

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?

\_\_\_\_\_

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?

\_\_\_\_\_

If Yes, did the corporation cease to be an S corporation?

\_\_\_\_\_

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?

\_\_\_\_\_

If Yes, did you or your spouse transfer any share of stock in the corporation?

\_\_\_\_\_

## Questions (Page 5 of 5)

### Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

In 2025, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

\_\_\_\_\_

In 2025, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?

\_\_\_\_\_

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.

Date (Mo/Da/Yr) \_\_\_\_\_

If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.

Amount \_\_\_\_\_

Do you own an interest in an LLC or similar entity that has a reporting obligation under the Corporate Transparency Act?

\_\_\_\_\_

### \*OTHER RELEVANT INFORMATION\*

In order to deduct medical expenses, your total out-of-pocket costs must exceed 7.5% of your adjusted gross income (AGI). For instances, if your AGI is \$100,000, only the amount paid over \$7,500 qualifies. If you spent \$8,000 on qualified medical expenses, you would have a \$500 deduction.

We do not need copies of your medical expense receipts. Please only provide us with the total amount of out-of-pocket cost paid during the year.

If you checked the box for qualified energy efficient property improvements please provide a description of the improvement, dollar amount spent on the improvement, and qualification of the qualified energy efficient property.

If you checked the box for plug-in vehicle tax credit please provide the purchase agreement, including VIN number for the vehicle acquired prior to September 30, 2025. Vehicles acquired after do not qualify.

The allowable deduction for state and local taxes "SALT" has increased as a result of the OBBBA passed in July 2025. Please provide all relevant information regarding state tax payments paid during the year, real estate taxes paid, vehicle tabs, and other state and local taxes.

The OBBBA includes a new deduction for social security income. We will review your qualifications based on income and other qualifying attributes. Please include your SSA-1099 for Social Security benefits received.



2025

Personal Information

Taxpayer:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number

Expiration Date (Mo/Da/Yr)

Issue Date (Mo/Da/Yr)

State

Does not expire

Driver's License

State-Issued ID

No Identification

Spouse:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number

Expiration Date (Mo/Da/Yr)

Issue Date (Mo/Da/Yr)

State

Does not expire

Driver's License

State-Issued ID

No Identification

Contact Information:

Street Address

Apartment Number

City

State

ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone

Taxpayer Evening/Home Phone

Taxpayer Foreign Phone

Taxpayer Cell Phone

Taxpayer Fax Number

Spouse Daytime/Work Phone

Spouse Evening/Home Phone

Spouse Foreign Phone

Spouse Cell Phone

Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes

No

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer

Spouse

Yes

No

Yes

No

Personal Identification Numbers:

Code - 1 - Issued by IRS   2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN	Prior Year PIN

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2

500131 07-08-25



Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$5,200?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN	Prior Year IP PIN
A					
B					
C					
D					
E					
F					
G					
H					

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2024, your account information is already included below.

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

If Yes, what amount would you like withdrawn, if not the entire balance due? (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐





## 5A

**Include copies of all Forms 1099-INT or other documents for interest received**

Tax-Exempt Interest Code:	1 - 1099-INT	2 - Private Activity Bond	3 - Both
---------------------------	--------------	---------------------------	----------

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2024 Interest Amount

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2025 Interest Amount	2024 Interest Amount

<b>Address of Individual from Whom Mortgage Interest Was Received</b>


**Note: List all items sold during the year on Form 7.**



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2024 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2025

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



## 9

TS .....

Yes	No

If Yes, explain.

Total retirement plans converted to Roth IRAs	
---	--

Contributions made for the 2025 tax year	
--	--

**Include all Forms 1099-R and any nontaxable distribution details**

[illegible]



10

TSJ ..... \_\_\_\_\_  
Type of property ..... \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?

No

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)?

Rents received .....  
Royalties received .....

Payment card and third party transactions:	Include all Forms 1099-K
--	--------------------------

<b>2025</b>	<b>2024</b>
%	

  

<b>2025 Amount</b>	<b>2024 Amount</b>

Description	2025 Amount	2024 Amount

Miscellaneous income:	Include all Forms 1099-MISC
-----------------------	-----------------------------

Description	2025 Amount	2024 Amount

Other income:

Description	2025 Amount	2024 Amount



Rental and Royalty Expenses

Location of Property: \_\_\_\_\_

Expenses:	2025 Amount	2024 Amount
Advertising . . . . .		
Auto and travel . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks, etc. . . . .		
Mortgage interest paid to individuals . . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Dependent care benefits . . . . .		
Employee benefits . . . . .		
Other Expenses:		

Description	2025 Amount	2024 Amount



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2025 Amount	2024 Amount	2025 Amount	2024 Amount
Unemployment compensation received . . . . .				
Unemployment compensation repaid in 2025 . . . . .				
Social security benefits received . . . . .				
Social security benefits repaid in 2025 . . . . .				
Medicare premiums withheld . . . . .				
Tier 1 railroad retirement benefits received . . . . .				
Tier 1 railroad retirement benefits repaid in 2025 . . . . .				
Total lump sum social security received . . . . .				
Lump sum taxable social security . . . . .				
Other federal withholding . . . . .				
Other state withholding . . . . .				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2025 Amount	2024 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2025 Amount	2024 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2025 Amount	2024 Amount

Health Savings Accounts (HSAs) Include all Forms 1099-SA

TS	Description	2025 Amount	2024 Amount
	Contributions made for 2025		
	Distributions received from all HSAs in 2025		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Were any HSA contributions listed above also shown on your Form W-2? . . . . .

Were all distributions from your HSA for unreimbursed medical expenses? . . . . .

Did you or your spouse enroll in Medicare? . . . . .

If Yes, what month did you enroll? . . . . .

What month did your spouse enroll? . . . . .

Yes

No

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2025 Amount	2024 Amount





Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2025 Amount	2024 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Personal protective equipment			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2025 Amount	2024 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2025 Amount	2024 Amount

Taxes Paid: Include copies of your tax bills

	TSJ	2025 Amount	2024 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2025 Amount	2024 Amount

Other Taxes Paid:

TSJ	Description	2025 Amount	2024 Amount

If you purchased or sold your home in 2025, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2025:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . .		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2025 Amount	2024 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2025 Amount	2024 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2025 Amount	2024 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2025 Amount	2024 Amount

TSJ	Conservation Real Property	2025 Amount	2024 Amount
	100% limit		
	50% limit		

TSJ	Description	2025 Miles	2024 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2025 Amount	2024 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal  
2 - Catalog

3 - Comparable Sale  
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift  
2 - Inheritance

3 - Exchange  
4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues \*
Tax preparation fee \*
Professional subscriptions \*
Hobby expense (To extent of income) \*
Safe deposit box \*
Uniforms and protective clothing \*
Work tools \*
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2025 Amount, 2024 Amount. It contains rows for each miscellaneous deduction listed on the left.

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees \*
Investment expenses \*
Custodial fees \*
Employment agency fees \*
Certain educational expenses \*
Amortizable bond premium
Impairment-related work expense of a disabled person
Repayment of amounts under a claim of right

Table with 4 columns: TSJ, Description, 2025 Amount, 2024 Amount. It is a large table for listing other itemized deductions.

Casualty or Theft Loss:

TSJ
Property description
Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
Business use
Income producing
Employee Use
Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



Federal Tax Payments

Refund Application:

If you have an overpayment of 2025 taxes, do you want the excess:

Refunded Yes No  
Applied to your 2026 estimated tax liability Yes No

Federal Estimated Tax Payments:

2025 1st Quarter Estimate (Due 04-15-2025)  
2025 2nd Quarter Estimate (Due 06-17-2025)  
2025 3rd Quarter Estimate (Due 09-16-2025)  
2025 4th Quarter Estimate (Due 01-15-2026)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2024 overpayment applied to 2025 estimate

Tax Planning Information for Tax Year 2026:

Do you expect any of the following to occur in 2026?

A change in your marital status Yes No  
A change in the number of your dependents Yes No  
A substantial change in your income Yes No  
A substantial change in your withholding Yes No  
A substantial change in deductions Yes No

If you answered Yes to any of the above questions, provide details.



State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate .....  
2025 2nd Quarter Estimate .....  
2025 3rd Quarter Estimate .....  
2025 4th Quarter Estimate .....

If you have an overpayment of 2025 taxes, do you  
want the excess applied to your 2026 estimated tax liability? ..... ☐ Yes ☐ No

2024 overpayment applied to 2025 estimate .....  
Balance of prior year(s)' tax paid in 2025 plus .....  
amount paid with 2024 extensions .....  
Estimated tax payments for 2024 paid in 2025 .....

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate .....  
2025 2nd Quarter Estimate .....  
2025 3rd Quarter Estimate .....  
2025 4th Quarter Estimate .....

If you have an overpayment of 2025 taxes, do you  
want the excess applied to your 2026 estimated tax liability? ..... ☐ Yes ☐ No

2024 overpayment applied to 2025 estimate .....  
Balance of prior year(s)' tax paid in 2025 plus .....  
amount paid with 2024 extensions .....  
Estimated tax payments for 2024 paid in 2025 .....

State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2025 1st Quarter Estimate .....  
2025 2nd Quarter Estimate .....  
2025 3rd Quarter Estimate .....  
2025 4th Quarter Estimate .....

If you have an overpayment of 2025 taxes, do you  
want the excess applied to your 2026 estimated tax liability? ..... ☐ Yes ☐ No

2024 overpayment applied to 2025 estimate .....  
Balance of prior year(s)' tax paid in 2025 plus .....  
amount paid with 2024 extensions .....  
Estimated tax payments for 2024 paid in 2025 .....



2025

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2025, enter the dates you did live in Minnesota .....

Enter the state names other than Minnesota where you had income .....

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified education savings account? .....

If Yes, enter the following:

TS	Name of Financial Institution	Account Number	2025 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2025 tax return to the Nongame Wildlife Fund .....

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Grassroots/Legalize Cannabis	<input type="checkbox"/> Independence-Alliance
	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund	
Spouse:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Grassroots/Legalize Cannabis	<input type="checkbox"/> Independence-Alliance
	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund	

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name .....		
Dependent's grade .....		
Qualified expenses .....		
Type of school (public, private, home) .....		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) .....		
Type of Instruction .....		
(Class or Individual)		
Instructor or organization or Transportation provider .....		
Type of class .....		
Type of musical instrument .....		



2025

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? ☐ Yes ☐ No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Homestead Credit Refund or Renter’s Credit Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2026

County of residence

Were you or your spouse disabled on or before December 31, 2025?  
Are you living in a nursing home or other health care facility?  
Did you own AND occupy your homestead on BOTH January 2, 2025 and January 2, 2026?  
Are you a mobile home owner who paid rent for property on which it was located?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? ☐ Yes ☐ No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

	Taxpayer	Spouse
Enter the total amount paid toward your or your spouse's qualified student loans during the year		
Enter the amount of interest paid on your or your spouse's qualified student loans during the year		
Enter the original balance of your or your spouse's qualified student loans		



