

We look forward to assisting you this new year. We study tax law year-round to better serve you and maximize your tax savings. You may schedule an appointment *online* or by *phone*. You may send your tax documents for preparation via *mail* or our easy-to-use and encrypted *website* service.

**Make Appointment**                      763-497-7308 x0                      - or -                      **ProFilerConsulting.com**

**Send Documents**                      Mail                      - or -                      **ProFilerConsulting.com**

- ⚠ Mail **only copies** (*keep originals*) of your tax documents.
- ⚠ Make certain to fill out the AHA “Obamacare” questionnaire on pg. 4.
- ⚠ Please do not fax or email your tax organizer and documents. Mail/website only.

Clearly **X** each box.

Important Questions	Yes	No
Would you like your refunds deposited directly into a bank account? (must attach voided check)	<input type="checkbox"/>	<input type="checkbox"/>
If you owe tax would you like to pay through direct bank withdrawal? (must attach voided check)	<input type="checkbox"/>	<input type="checkbox"/>
Are you claimed as a dependent on another tax return? (attach notes)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any estimated tax payments? (provide dates and amounts for both Fed and State in notes)	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a house? (attach closing/HUD statement)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have moving expenses due to a job? (attach notes with address of old and new work locations)	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change? (attach notes - official or length of separation)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive disability payments? (attach specific notes)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive alimony (amount \$ _____) -or- pay alimony? (provide amount and SSN in notes)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents with investment income greater than \$300? (who and how much)	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Traditional IRA, HSA, etc. outside of your W-2? (attach notes)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have K-12 school expenses such as supplies, gym gear, tutor and transportation? (see pg 2)	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family attend college? Cost of books/supplies \$ _____ (send 1098-T form)	<input type="checkbox"/>	<input type="checkbox"/>
Sold stock or a home? (If stock, submit 1099-B forms. If none, give us date and cost of purchases)	<input type="checkbox"/>	<input type="checkbox"/>
Gambling winnings? (You must attach the W-2G forms. Also, note total losses)	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse operate a small business? (Mary Kay, small machine repair, consulting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

ⓘ **For MN residents. You may be entitled to a property tax refund. Please request service.**

## HOUSEHOLD INFORMATION

Taxpayer Information			Spouse Information		
Full Name			Full Name		
Social Security #	-	-	Social Security #	-	-
Date of Birth	/	/	Date of Birth	/	/
Occupation			Occupation		
<b>Phone</b>	(     )	-	<b>Phone</b>	(     )	-
<b>Email</b>			<b>Email</b>		
Full Address					

Dependents					
Full Name	Social Security	Relation	Date of Birth	Grade	K-12 Costs
	-	-	/	/	
	-	-	/	/	
	-	-	/	/	

Dependent Care (child care)			
Full Name or Business	Address (street & zip)	SSN or Fed ID	Amount paid

## ITEMIZED DEDUCTIONS

Medical		Taxes & Home Ownership	
Insurance premiums (self-employed)		Property taxes (main)	
Medical, vision and dental		Property taxes (other)	
Handicap services and supplies		Vehicle license tabs	
Prescriptions		Sales tax on vehicles, house, etc.	
Medical miles driven	<i>miles</i>	Mortgage interest 1 (attach docs.)	
<i>Other</i>		Home interest 2 (attach docs.)	
<i>Other</i>		Points paid	

Unreimbursed Employee Expenses		Charity	
Business use of home (use bottom pg 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash/check/CC/etc. (please total receipts)	
Job-related education		Property (cash value)	
Non-commuting miles	<i>miles</i>	Charitable miles driven	<i>miles</i>
Professional publications		Note: Volunteer <i>time</i> is not deductible.	
Safety equipment		Misc.	
Teacher out-of-pocket purchases		Job-hunting (supplies, printing, fees, etc.)	
Tools and supplies		Investment (advisory fees)	
Uniforms (cost and cleaning)		Safe-deposit box	
Union dues and licenses		Legal fees	
Meals and entertainment		Tax prep fees	
Liability insurances		Casualty and theft (ask preparer)	

**You may have a business:** arts, daycare, animal care, sales/consulting, etc.

## SELF-EMPLOYED

If you are self-employed use this page to list your income and expenses.

**Stop! If you own a business entity like an S-Corp, attach a P&L Statement on cash basis.**

Business Information			Income	
Type of activity			Total income (combine everything)	
Name of business			Statutory employee (W-2)	
Business EIN (if applicable)			<b>Cost of Goods Sold</b> (inventory)	
Year started (approx. is ok)			Beginning inventory	
Owned by (e.g. spouse, joint, etc.)			Purchases	
Did you issue any 1099s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost of labor	
Did you actively participate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Materials and supplies	
Do you have employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Other</i>	
<i>(We process payroll - direct deposit, online, integrated, etc.)</i>			Ending inventory	
Expenses				
Advertising			Office expense	
Car and truck expenses			Pension and profit-sharing plans	
Total mileage (everything)			Rent or lease	
Total business only mileage			Rent of vehicles, machinery, equip., etc.	
Auto loan interest only			Repairs and maintenance	
Commissions and fees			Supplies (not included in COGS)	
Contract labor			Taxes and licenses	
Insurance (self-employed health)			Travel (air, hotel, parking, tolls, etc.)	
Insurance (other than health)			Meals and entertainment	
Interest (business only)			Utilities	
Legal and professional services			Wages	
Other Expenses				
Bank and CC fees			Training	
Bookkeeping ( <i>we teach QuickBooks</i> )			Website	
Connection fees (phone and internet)			<i>Other</i>	
Postage			<i>Other</i>	
Purchased Business Equipment (items over \$250)				
Description	Bus. use %	Date purchased	Price	
Business use of Home				
Home sq. ft.			Total home repairs and maintenance	
Business use sq. ft.			Total home utilities	
Total home insurances			<i>Other</i>	

**More than one?** Make a copy for each additional property or item. Label each 1099 accordingly.

## RENTAL or ROYALTY

If you have rental or royalty income use this page to list your income and expenses.

**Full rental address:**

General Information Income			
Type of property		Days rented (for tax year)	
Cost of property		Days of personal use (for tax year)	
Year started (approx. is ok)		<i>(Personal use includes friend and family use)</i>	
Owned by (taxpayer / spouse / both)		<b>Income</b>	
Did you issue any 1099s?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Rents received
Active participation?	<input type="checkbox"/> No	<input type="checkbox"/> No	Royalties received
Expenses			
Association dues		Management fees	
Auto and truck expenses		Mortgage interest	
Total mileage (everything)		Supplies	
Total business only mileage		Taxes	
Auto loan interest		Utilities	
Cleaning and maintenance		<i>Other</i>	
Insurance		<i>Other</i>	
Legal and other professional fees		<i>Other</i>	
Improvements (over \$500)			
Description	Rental %	Date purchased	Price

## AHA "Obamacare" Questionnaire

The Penalty Starts Now											Yes	No	
Did you have health insurance for all individuals on this return for entire year? (if partial see next)											<input type="checkbox"/>	<input type="checkbox"/>	
If partial, check months you had coverage (if not all individuals are the same, then attach notes)													
Jan	<input type="checkbox"/>	Feb	<input type="checkbox"/>	Mar	<input type="checkbox"/>	Apr	<input type="checkbox"/>	May	<input type="checkbox"/>	Jun	<input type="checkbox"/>	Last day of month qualifies	
July	<input type="checkbox"/>	Aug	<input type="checkbox"/>	Sep	<input type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>		
Did you apply for an exemption? (you should have received a certificate - please attach)											<input type="checkbox"/>	<input type="checkbox"/>	
If you purchased discounted health insurance through the exchanges and understated income compared to your 1040 tax return, you may have to repay through your tax filing.													