



Dear Valued Client,

Thank you for allowing Kowalski Financial Inc. the opportunity to prepare your 2025 income tax returns. Your 2025 tax organizer is now available! Please follow the outline below to complete your organizer.

Methods to complete your 2025 tax organizer:

- Print out the organizer and enter your data by hand. Please do not use highlighters, staples or post-it notes.
- Complete the organizer digitally. **PLEASE NOTE: If you choose to complete the organizer on your computer, please be aware that you will need to use Adobe Acrobat version 10, 11, or DC.** To obtain Adobe Acrobat Reader, while on your computer, please [CLICK HERE](#). Even though you may be able to display this document in your web browser it may not save the completed document using that plug-in. For best results follow these instructions:
 1. Save this PDF to your desktop before completing any section.
 2. Open the file that you saved to your desktop with Adobe Acrobat.
 3. Enter all relevant your data in this organizer.
 4. Save and close the document.
- **Please submit your documents at least two weeks before your appointment using one of the methods below. You do not need to wait until all documents are received; submitting information in batches helps ensure timely preparation. If documents are not received within this time frame, your appointment may need to be rescheduled.**
 - Upload your documents and tax organizer to our secure Upload Portal: [Click Here](#)
 - Upload your documents and tax organizer to the secure vault in your Wealth Management System: [Click Here](#)
 - Drop off the documents and tax organizer to our office.
 - Mail the documents and tax organizer to our office via USPS/UPS/FedEx

We wish you the very best and a prosperous 2026!

Warm regards,
Kowalski Financial Inc.

600 Highway 169 South, Suite 655, Minneapolis, MN 55426 • Phone: (952) 297-8589

www.kowalskifinancial.com

CHECKLIST - TAX YEAR 2025

TAXPAYER NAME(S): _____ & _____

Please gather the following and **submit all items at one time at least two weeks prior to your appointment.**

A signed copy of the 2025 Client Engagement Letter. (**REQUIRED**) We will not begin working on your return until we receive this signed letter. See page 3.

This completed checklist, due diligence questionnaire, and data sheets from this tax organizer.

All W-2 forms for wages, salaries, and tips. (If overtime was paid, your employer must designate the overtime premium amount)

All 1099 forms for interest, dividends, stock sales, miscellaneous income, rents, unemployment, etc.

Copy of most recent quarterly 401(k) statement if you are still employed.

If you took any distributions or made contributions to an HSA, attach form(s) 1099SA and 5498SA.

If you took any distributions from a retirement account, attach Form 1099-R.

If stocks, bonds, or mutual funds were transferred or sold, please provide a 1099 Composite Tax Statement for each account detailing your investment transactions. Most 1099s contain all necessary information. **If cost basis is missing on any transaction, please provide the date purchased and price paid for each transaction for which the cost basis is missing.** You may need to review statements prior to 2025 or contact your broker to obtain this information. We are unable to complete your return until we receive this information.

All K-1 schedules showing income from partnerships, S-corporations, estates, and trusts.

All 1098 forms showing mortgage interest paid during the year.

All closing disclosures/ALTA statements if you PURCHASED, SOLD or REFINANCED real estate in 2025.

Property tax statements for 2025 and 2026 for all real estate owned. ***Current year statements may not be available until the middle or end of March.**

All CRP (Certificates of Rent Paid) forms if you paid rent for your home.

A list of all estimated tax payments made for 2025. Be sure to also include the Q4 payment which is paid in January of 2026. See page 8.

A categorized list of income and expenses for self employed activities and rental properties.

See pages 9, 10 & 11.

If you use QuickBooks, please send us a QuickBooks backup file. (**.QBB files include all necessary data**)

Any tax notices recently sent to you by the IRS, MN Revenue or other taxing authority.

If you had health insurance through a healthcare exchange such as MNSure, attach form 1095-A.

Attach all receipts for dependent care, including all info listed on page 14 of this organizer.

Total cash and non-cash donations for 2025; donations exceeding \$5,000 require a professional appraisal.

CLIENT ENGAGEMENT LETTER – TAX YEAR 2025

I have engaged Kowalski Financial Inc. ("KF") to prepare Federal and State income tax returns for the year ended December 31, 2025:

Individual Taxpayer(s) Name(s): _____
Corporation / LLC / Partnership Name(s): _____
Other forms to file: (See item 9 below) Form(s): _____

I understand that it is my responsibility to provide KF with all of the required information in order to complete my tax returns. In that regard, I state that, to the best of my knowledge and belief:

1. I have provided true, correct and complete information regarding all of my income, including the Forms W-2, 1099 and written summaries, to KF. I understand that it is my responsibility to provide all necessary information to complete the return(s). I will retain for a minimum of seven years all documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
2. I have provided true, correct and complete information regarding amounts claimed as tax deductions, and have maintained written documentation supporting all deductions, including calendars, logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law and other supportable positions, KF will use professional judgment in resolving the issues. I understand that KF will follow whatever position I request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS or state tax authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. I further understand that KF will have no liability for such additional taxes, penalties or interest.
3. I understand that taxing authorities may examine the return(s), therefore documentation should be retained to support the information I provide to KF especially business travel and entertainment deductions, business use percentage of autos and other assets, barter activities, and charitable contributions. I understand that penalties may be imposed on return(s) that are late, underpaid, or incorrect. If you have any questions on these penalties, please ask. I further understand that if I have any questions as to the type of records and documents required, I can ask KF for advice in that regard.
4. I understand that KF will not verify any information I provide, however KF may require clarification or additional information, and that KF will not be responsible for disallowed deductions or the inclusion of additional unreported income or any resulting taxes, penalties, or interest.
5. I understand I will be charged an additional fee if KF is asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and any interest that may be due, and the extent of KF's responsibility is to pay any penalty the IRS or state tax authority may assess due to its error.
6. I will contact KF immediately if I discover additional information that will lead to a change in my return(s), or if I receive any letters from the IRS or state tax authorities.
7. I understand that upon request, KF will put all tax advice in writing. Any unwritten advice may be tentative, incomplete, or not fully reviewed.
8. I understand that if we have an agreement for extra fees that my bill to KF is due and payable immediately upon completion of these returns, and that returns will not be filed until the bill for these services is paid in full. I understand that all outstanding balances must be paid before my 2025 returns are prepared. In the event that any bills are not paid, I will pay collection costs including reasonable attorney fees.
9. If there are other services or tax returns that I expect KF to prepare, such as estate, gift, sales and use, fiduciary, property, payroll, or other states or cities, I will note them at the top of this letter.
10. I understand that KF must receive all of my tax information as soon as possible, but not later than March 22, 2025 to ensure that KF will have adequate time to review my data by April 15, 2026. If KF has not received all of my information by March 22, 2025, my return may not be completed by April 15, 2026 and my return may be extended and I may be subject to late filing or late payment penalties.
11. I understand that it is the policy of KF to electronically file all individual tax returns. I will return Form 8879 as well as any additional required forms deemed necessary for electronic processing of the return in a timely manner, as my return cannot be sent to the proper agencies until KF receives the above-mentioned forms.
12. I understand that it is my responsibility to carefully examine and approve my completed tax returns.

The terms described in this letter are acceptable and are hereby agreed to and shall remain in effect until terminated by either party in writing.

Accepted by: Taxpayer: _____
Spouse: _____
Kowalski Financial Inc.: _____

Date: _____
Date: _____
Date: _____

2025 DUE DILIGENCE QUESTIONNAIRE (REQUIRED)

Tax preparers are required to have documentation regarding filing status and dependents. This questionnaire is required to be completed in order for us to prepare your 2025 tax return.

Please answer the following questions:

1. Is there a change in the number of dependents you can claim?

Yes (If yes, please update Page 7 with new dependent's personal information)
No

2. Did all dependents live with you in the US for the entire year (except temporary absences)?

Yes
No

If no, list dependent(s) and number of days they lived with you below:

Dependent: _____ Days: _____
Dependent: _____ Days: _____

3. Did you (and your spouse if you MFJ) provide over half of each dependent's support?

Yes
No

If no, list the dependent(s) who you did not provide over half of their support:

Dependent: _____
Dependent: _____

4. Did any dependent have income over \$5,200 in 2025?

Yes
No

5. Did you (and your spouse if MFJ) pay over half of the cost of you and your dependent's home in 2025?

Yes
No
If no, explain: _____

6. Did you release any dependent(s) to someone else?

Yes
No
If yes, list the dependent(s) whose claim was released below:
Dependent: _____
Dependent: _____

7. Do any of your college attending dependents have a felony drug conviction?

Yes
No
If yes, list those dependent(s)
Dependent: _____
Dependent: _____

QUESTIONNAIRE – TAX YEAR 2025 (REQUIRED)

How should we provide you a completed copy of your tax return? Electronically Mailed Office Pick-Up
If you provided physical copies of tax documents, would you like them returned to you or shredded?

Yes No

Has your marital status changed?

If yes, how? _____ and update page 8.

Is there a change in the number of dependents you can claim? If yes, update page 8.

Has your address changed in the last year? If yes, update page 8.

Did you sell, exchange, purchase, abandon, or foreclose on any real estate?

If yes, attach all 1099's & settlement statements.

Did you contribute to a traditional or Roth IRA (outside of work) for 2025? If you haven't done you plan to?

If yes, update page 12.

Did you receive a payment and/or make a withdrawal from a retirement account?

If yes, include form 1099-R.

Did you receive any disability income? If yes, include documentation.

Did any of your life insurance policies mature, or did you surrender a policy?

Did you or your dependents incur any higher-education expenses? Include Form 1098-T and update page 12. The form may need to be obtained from the school's student portal.

Did you pay any student loan interest?

If yes, include Form 1098-E's and update page 12.

Did you make a contribution to a 529 plan? If yes, update page 12.

Did you make a withdrawal from an education savings/529 Plan?

If yes, include Form 1099-Q.

Did you make a withdrawal or contribution to an HSA or MSA?

If yes, include Forms 1099-SA and 5498-SA and update page 13.

Did you purchase a home in 2008 and claim the First-Time Homebuyer Credit?

If yes, include that return.

Did you refinance or take out a home equity loan during 2025?

If yes, include all 1098's forms and closing statements.

Do you have any investment accounts outside of KF?

If yes, include all 1099 Composite Tax Statements(s).

Did you own any stock that became worthless in 2025?

If yes, include brokerage statements.

Yes No

QUESTIONNAIRE – TAX YEAR 2025 (...CONTINUED)

Did you 'mine', buy, sell, or exchange a crypto currency (for example, bitcoin); or use and/receive a cryptocurrency as payment for goods or services?

If yes, Please include Form 1099-DA. If you did not receive this form, or if you basis is not shown on the form, please provide us with the following:

Date Acquired/ Quantity Acquired/ Original Purchase Price/ Date Sold/ Quantity Sold/ Sale Price

Do you have children that earned investment income?

If yes, include their 1099s.

Did you start a business or purchase a rental property?

If yes, update pages 9 and 10 and attach any closing statements.

Did you sell an existing business or rental property?

If yes, attach closing statements.

Did you receive any payments from property sold prior to 2025?

Did you have ownership interest in a partnership or S-Corporation?

If yes, include all K-1 schedules.

Did you have health insurance through a health insurance marketplace such as MN Sure?

If yes, attach Form 1095-A.

Did you purchase an electric/energy efficient vehicle or install an EV charger this year?

If yes, include purchase documents.

Did you cash any Series EE or I Series U.S. Savings bonds issued after 1989?

If yes, include all documentation.

Did you have any debt canceled or forgiven in 2025?

If yes, include all 1099-A forms or 1099-C forms.

Did you make any purchases in 2025 for which sales or use tax was not paid?

Are you a public safety benefit recipient who has insurance premiums withheld directly from your PERA benefits?

Did you own any foreign assets other than through a U.S. brokerage accounts or are you a signer on any foreign accounts?

If yes, include all documentation.

Did you have any affiliation with a foreign bank or brokerage account in 2025?

If yes, what was the highest balance at any point during the year? \$_____

Did you receive any gambling winnings? If yes, total losses were: \$_____

Include all W-2Gs forms and documented losses.

Yes No

QUESTIONNAIRE – TAX YEAR 2025 (...CONTINUED)

Did you receive correspondence from the IRS or state tax authorities?

If yes, include a copy of any correspondence received.

Did you have an allowance or expense account at work? If yes, update page 16.

Did you have any non-reimbursed employee business expenses? If yes, update page 16.

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Do you want to contribute to the MN Wildlife Fund? If yes, amount: \$_____

Did you contribute any funds to the Minnesota Housing Tax Credit Program last year?

If yes, amount contributed: \$_____

*Please provide the Tax Credit Certificate you received upon acceptance of your contribution.

Did you make any energy saving home improvements to your home?

If yes, describe: _____ Cost: \$_____

Did you incur a casualty or theft loss attributable to a Federally Declared Disaster?

If yes, describe: _____

Did make gifts of more than \$19,000 to any individual?

If yes, describe: _____

Did you make any cash or non-cash donations? If yes, update page 14.

Did you initiate any Qualified Charitable Donations directly from an IRA?

If yes, update Page 14 and provide documentation.

Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation.

Did you receive overtime pay required under federal overtime rules working more than 40 hours in a work week?

Did you finance a new personal vehicle in 2025 that was assembled in the U.S.?

If yes, attach the vehicle statement from the dealer.

Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?

If yes, attach the IRS notice for filing returns in 2026.

Personal & Contact Information

***If you are a new client or if any information has changed, please complete or update.**

All information is the same as it appears on my 2024 return.

New/Updated Taxpayer Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

New/Updated Address

Home

Mailing

Street Address: _____

City: _____

State: _____ Zip Code: _____

New/Updated Spouse Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Email: _____

New/Updated Dependent Information

Full Name: _____

SSN: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Relationship: _____

*If additional space is needed, please attach a list.

Refund Direct Deposit Information

I request that my refund be direct deposited.

Bank Name: _____

Type of Account: Checking Savings

My Bank account is the same as it appears on my 2024 return.

Routing #: _____

Account #: _____

Estimated Tax Payments Made

Federal

1st Quarter: ____ / ____ / 2025 \$_____

State

1st Quarter: ____ / ____ / 2025 \$_____

2nd Quarter: ____ / ____ / 2025 \$_____

2nd Quarter: ____ / ____ / 2025 \$_____

3rd Quarter: ____ / ____ / 2025 \$_____

3rd Quarter: ____ / ____ / 2025 \$_____

4th Quarter: ____ / ____ / ____ \$_____

4th Quarter: ____ / ____ / ____ \$_____

Alimony

Paid to: _____ SSN: _____ - _____ - _____ Amount: \$ _____

Received from: _____ SSN: _____ - _____ - _____ Amount: \$ _____

Date of divorce or the date that it was last modified:

Schedule C / Self-Employed Business Income & Expenses

Sales/Revenue	Taxpayer	Spouse	Taxpayer	Spouse	
Gross Revenue:	\$ _____	\$ _____	Materials:	\$ _____	\$ _____
Cost of Goods Sold:	\$ _____	\$ _____	Labor:	\$ _____	\$ _____
Purchases:	\$ _____	\$ _____	Other Income:	\$ _____	\$ _____
			Inventory (at cost) 12/31/2025	\$ _____	\$ _____
Expenses	Taxpayer	Spouse	Taxpayer	Spouse	
Advertising:	\$ _____	\$ _____	Travel:	\$ _____	\$ _____
Commissions/Fees:	\$ _____	\$ _____	Meals & Ent.:	\$ _____	\$ _____
Contract Labor:	\$ _____	\$ _____	Utilities:	\$ _____	\$ _____
Employee Benefits:	\$ _____	\$ _____	Wages:	\$ _____	\$ _____
Business Insurance:	\$ _____	\$ _____	Dues:	\$ _____	\$ _____
Interest:	\$ _____	\$ _____	Phone:	\$ _____	\$ _____
Legal/Professional:	\$ _____	\$ _____	Internet:	\$ _____	\$ _____
Office Supplies:	\$ _____	\$ _____	Business Gifts:	\$ _____	\$ _____
Pension/Profit-Share:	\$ _____	\$ _____	Subscriptions:	\$ _____	\$ _____
Rent:	\$ _____	\$ _____		\$ _____	\$ _____
Repairs/Maintenance:	\$ _____	\$ _____		\$ _____	\$ _____
Supplies:	\$ _____	\$ _____		\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____		\$ _____	\$ _____

If you purchased any fixed assets, please provide the following information:

T	S	Description:	Date Acquired:	Cost:
		_____	____ / ____ / 2025	\$ _____
		_____	____ / ____ / 2025	\$ _____
		_____	____ / ____ / 2025	\$ _____

*Attach a list if additional lines are necessary.

If you received any 1099 forms from your customers/clients, please provide all.

Did you make payments to any LLC or individual for services rendered or rent for your business? Yes No

If yes, did you issue a 2025 IRS Form 1099 to each company/person that you paid \$600 or more? Yes No

If you have a solo/individual 401(k) plan, what was the 12/31/2025 balance in that account? \$ _____

Rental Property

	Property #1	Property #2	Property #3
Property Address:	_____	_____	_____
Rental Income:	\$ _____	\$ _____	\$ _____

Rental Expenses

Advertising:	\$ _____	\$ _____	\$ _____
Travel: (for the property)	\$ _____	\$ _____	\$ _____
# of Miles Driven:	_____	_____	_____
Cleaning/Maintenance:	\$ _____	\$ _____	\$ _____
Commissions Paid:	\$ _____	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____	\$ _____
Legal/Professional Fees:	\$ _____	\$ _____	\$ _____
Management Fees:	\$ _____	\$ _____	\$ _____
Mortgage Interest:	\$ _____	\$ _____	\$ _____
Other Interest:	\$ _____	\$ _____	\$ _____
Repairs:	\$ _____	\$ _____	\$ _____
Supplies:	\$ _____	\$ _____	\$ _____
Property Taxes:	\$ _____	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____	\$ _____
Asset Bought: (attach a list)	\$ _____	\$ _____	\$ _____
Improvements: (attach a list)	\$ _____	\$ _____	\$ _____
Association Dues:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Did you make payments to any LLC or individual for services rendered or rent? No Yes

If yes, did you issue IRS Form 1099 to each company/person that you paid \$600 or more? No Yes

Business Vehicle Expenses

	Vehicle #1	Vehicle #2	Vehicle #3
Type:	Sch. C/Self-Employed W-2 Employee	Sch. C/Self-Employed W-2 Employee	Sch. C/Self-Employed W-2 Employee
Description:	_____	_____	_____
Driven By:	_____	_____	_____
Date Placed In Service:	_____	_____	_____
Total Miles Driven:	_____	_____	_____
Business Miles Driven:	_____	_____	_____
Odometer (01/01/2025)	_____	_____	_____
Odometer (12/31/2025)	_____	_____	_____
Insurance:	\$ _____	\$ _____	\$ _____
Oil Changes:	\$ _____	\$ _____	\$ _____
Repairs:	\$ _____	\$ _____	\$ _____
Car Washes:	\$ _____	\$ _____	\$ _____
Fuel:	\$ _____	\$ _____	\$ _____
MPG:	_____ mpg	_____ mpg	_____ mpg
Parking:	\$ _____	\$ _____	\$ _____
Lease Payments:	\$ _____	\$ _____	\$ _____
Loan Interest:	\$ _____	\$ _____	\$ _____
License Tabs:	\$ _____	\$ _____	\$ _____

Home Office Expenses

Taxpayer OR Spouse

*You can only deduct a home office if you do not have an office available to you somewhere else.

Total Square Feet of Home:	_____	Total Square Feet of Office:	_____
Rent:	\$ _____	Repairs: (to the home office)	\$ _____
Improvements:	\$ _____	Association fee:	\$ _____
Insurance:	\$ _____	Utilities:(water, gas, electric, garbage)	\$ _____

Retirement Plan Contributions - Not Through Employer (401k/403b)

Taxpayer Contribution: \$ _____

Spouse Contribution: \$ _____

Traditional IRA Roth IRA

Traditional IRA Roth IRA

Contribution already made

Contribution already made

Planning to contribute by 4/15/2026

Planning to contribute by 4/15/2026

Student Loan Payments & Interest

Taxpayer Payments: \$ _____

Spouse Payments: \$ _____

Dependent Payments: \$ _____

Taxpayer Interest: \$ _____

Spouse Interest: \$ _____

Dependent Interest: \$ _____

Higher Education (College/Post-Secondary) Expenses

Student #1: _____

Student #2: _____

Freshman Sophomore Junior

Freshman Sophomore Junior

Senior Grad

Senior Grad

Tuition Paid: \$ _____

Tuition Paid: \$ _____

Books: \$ _____

Books: \$ _____

Supplies, etc.: \$ _____

Supplies, etc.: \$ _____

529 Plan / Qualified Tuition Plan Contributions

Amount: \$ _____ Dependent: _____ Name of Fund: _____

Amount: \$ _____ Dependent: _____ Name of Fund: _____

*If you need to include additional dependents or contributions, please attach a list.

Medical Expenses

Please be aware, you cannot begin deducting medical expenses unless they exceed 7.5%* of your AGI.

Health Insurance¹: \$ _____ Medical Supplies³: \$ _____

Dental Insurance¹: \$ _____ Clinics/Hospitals³: \$ _____

Cobra Premiums¹: \$ _____ Glasses/Contacts³: \$ _____

Medicare Premiums²: \$ _____ Hearing Aids³: \$ _____

Doctor³: \$ _____ Prescriptions³: \$ _____

Dentist³: \$ _____ Miles driven for medical reasons: _____

¹Only list health or dental insurance if it is NOT withheld pre-tax from your paycheck.

²Medicare premiums are listed on Form 1099-SSA.

³Only list expenses that were NOT reimbursed by an FSA, HSA, MSA or health insurance.

Health Savings Account/Medical Savings Account Contributions & Withdrawals

Taxpayer

Spouse

Contributions: \$ _____ \$ _____

Withdrawals: \$ _____ \$ _____

Account Type: HSA MSA FSA HSA MSA FSA

Coverage Type: Single Family Single Family

Were all withdrawals used for medical expenses? Yes No

Long-Term Care Insurance

Taxpayer

Spouse

Amount: \$ _____ \$ _____

Policy #: (REQUIRED) _____ _____

Insurance Company: _____ _____

Real Estate Taxes

Primary Residence: \$ _____ Cabin: \$ _____

Secondary Residence: \$ _____ \$ _____

Personal Vehicles

Vehicle Registration: \$ _____

of Vehicles in Above Figure: _____

Interest Expense

Name of Lender

Interest Paid

Primary Res. - 1st Mortgage: _____ \$ _____

Primary Res. - 2nd Mortgage: _____ \$ _____

Cabin: _____ \$ _____

Margin Interest: _____ \$ _____

Home Equity Loan/Line: _____ \$ _____

Mortgage Insurance Premiums: \$ _____

*Please include Form 1098 for each mortgage listed here.

Charitable Activities

Donations

Per IRS Guidelines: All donations must be substantiated by receipt/letter from recipient with the exception of donations less than \$250, which can be documented with a cancelled check or credit card statement instead. Receipt/letter must be received by date of tax-return filing. Non-cash contributions should be valued using garage-sale prices, and donations totaling over \$5,000 require an appraisal.

Total donations by cash, check or charge: \$ _____

Total value of property donated: \$ _____

Description of what was donated: _____

Name of Organization: _____

Organization Address: _____

Date of Donation(s): ____ / ____ /2025; ____ / ____ /2025; ____ / ____ /2025

*Attach a list for additional property donations

Volunteering

Volunteer Expenses: \$ _____ Miles Driven: _____

**Only include actual out of pocket expenses (your time does not count)

Daycare Expenses

Child #1 Name: _____

Child #2 Name: _____

Amount Paid: _____

Amount Paid: _____

Provider's Name: _____

Provider's Name: _____

Provider's Tax ID: _____

Provider's Tax ID: _____

Provider's Address: _____

Provider's Address: _____

*If additional space is needed, please attach a list including all information above.

Minnesota K-12 Expenses

Student #1

Student #2

Student's Name: _____

Grade: _____

Tuition: \$ _____

\$ _____

Books/Supplies: \$ _____

\$ _____

Musical Instruments: \$ _____

\$ _____

Type of Instrument: _____

Gym Clothes: \$ _____

\$ _____

Transportation Fees¹: \$ _____

\$ _____

Tutoring: \$ _____

\$ _____

Drivers Education: \$ _____

\$ _____

Lessons: \$ _____

\$ _____

Computer: \$ _____

\$ _____

Education Software: \$ _____

\$ _____

*If additional space is needed, please attach a list including all information above.

¹Transportation expenses must be paid to 3rd parties. This is not the same as mileage on your own vehicle.

MN Residents Unreimbursed Employee Business Expenses (Not Entered Elsewhere)

	Taxpayer	Spouse
Office Supplies:	\$ _____	\$ _____
Taxes/Licenses:	\$ _____	\$ _____
Travel:	\$ _____	\$ _____
Meals & Entertainment:	\$ _____	\$ _____
Internet:	\$ _____	\$ _____
Subscriptions:	\$ _____	\$ _____
Phone:	\$ _____	\$ _____
Referral Fees:	\$ _____	\$ _____
Business Gifts:	\$ _____	\$ _____
Union Dues:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Teachers (K-12) Educator Expenses: \$ _____		\$ _____

If you purchased any fixed assets, please provide the following information:

T	S	Description	Date Acquired	Cost
		_____	_____/_____/2025	\$ _____
		_____	_____/_____/2025	\$ _____
		_____	_____/_____/2025	\$ _____

*If additional assets were purchased, please attach a list including all information above.

Does your employer have a business expense reimbursement policy?	Taxpayer	Yes	No
	Spouse	Yes	No

If you get reimbursed from your employer for any of the expenses listed above, please list the amounts below:

Auto / Mileage: _____

Meals & Entertainment: \$ _____

Cell Phone: \$ _____

Other: \$ _____ *Attach a list if you need more space