

PERSONAL TAX RETURN - 2023 CHECKLIST

This list is **not** inclusive. Some items may not apply. It is a guide to assist you in gathering information for preparation of your personal tax return. Backup documentation for all deductions will be required in the event of an audit. **Please complete, sign, and date the back page. THANK YOU!**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RECEIVED THE MN SURPLUS PAYMENT? \$ AMT _____ (NEW & REQUIRED)
<input type="checkbox"/>	<input type="checkbox"/>	Filing status change (i.e. married, single, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Address change
<input type="checkbox"/>	<input type="checkbox"/>	New dependents (birth date, social sec card) / No longer eligible- (is child claiming self??)
		Name _____ Birthdate _____ SS# _____
		Name _____ Birthdate _____ SS# _____
		Name _____ Birthdate _____ SS# _____
<input type="checkbox"/>	<input type="checkbox"/>	Proof of estimated taxes paid: please provide check #s or copies showing dates and amounts
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2023, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency?
<input type="checkbox"/>	<input type="checkbox"/>	FOREIGN bank accounts (do you have any?)
<input type="checkbox"/>	<input type="checkbox"/>	DIRECT DEPOSIT: bank _____ chk or sav? _____ Rt# _____ Acct # _____
<input type="checkbox"/>	<input type="checkbox"/>	Wages <i>FORM W-2</i>
<input type="checkbox"/>	<input type="checkbox"/>	Interest and/or Dividend Income - <i>FORM 1099-INT</i> and/or <i>FORM 1099-DIV</i>
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received OR paid (Date of divorce)
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Annuity/IRA withdrawal/rollover - <i>FORM 1099-R</i>
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment received - <i>FORM 1099-G</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security received - <i>FORM 1099-SSA</i>
<input type="checkbox"/>	<input type="checkbox"/>	Gambling winnings <i>FORM W-2G</i>
		Stock/Mutual Funds sales transactions - FORM 1099-B
<input type="checkbox"/>	<input type="checkbox"/>	Need BASIS information (purchase date, purchase price, and number of shares)
		Itemized Deductions:
<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses paid out of pocket AFTER insurance or FSA reimbursement: (mileage _____)
		Drs, Copays, Chiro, vision, dentist _____ RX _____
		Health/dental/vision ins (only if paid out of pocket, not through paycheck) _____
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Care Insurance
		Policy # _____ Premium _____ Holder _____ Carrier _____
		Policy # _____ Premium _____ Holder _____ Carrier _____
<input type="checkbox"/>	<input type="checkbox"/>	FORM 1095-B or 1095-C Health Coverage (not required) OR
<input type="checkbox"/>	<input type="checkbox"/>	FORM 1095-A Health Ins Marketplace Statement (may include premium tax credit)(REQUIRED)
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on all personal homes
<input type="checkbox"/>	<input type="checkbox"/>	License tabs for vehicles
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage interest statements - <i>FORM 1098</i> (principal residence and/or 2nd home)
<input type="checkbox"/>	<input type="checkbox"/>	If refinanced: loan origination fees, date, length of mortgage (closing statement is preferable)
<input type="checkbox"/>	<input type="checkbox"/>	Charitable Contributions-must have receipts mileage _____
		(cash/check) _____ noncash _____ (need receipts if over \$500)

