

**Minar Accounting & Tax**  
Formerly Vanderziel Tax & Accounting  
**PO Box 512**  
**Marshall, MN 56258**

**Ph# 507-532-5762**

**Income Tax Information - 2025**

*\*Only fill out if changed from last year\**

**Things to Bring - Any "Important Tax Documents" you received including: forms W2, 1099, 1098, 1095, and K-1.**  
**New clients should bring last 1 to 3 years tax returns**

**Sources of Income**

Wages and Salaries (Form W2) - employer

Last paystub to show overtime and/or qualified tips

Social Security/Railroad Retirement (SSA-1099)

Unemployment Compensation (1099-G)

Interest and Dividends (1099INT or 1099DIV) -

Payer name, address, and SS# if from an individual

Amount

Pension, IRA, KEOGH, or other retirement plans (1099R)

Gambling winnings (W2G)

Other Income (usually 1099) - tips, prizes, alimony, compensation not on a W2, jury duty, etc...

- Identify and list amounts

Income from Partnerships, S-corp, Estate or Trust (K-1)

Sale of stock and other investments - 1099B, 1099S, Brokerage statement

Sale of other property - provide details

Description	Date Acquired	Date Sold	Sales Price	Selling Expenses

List **nontaxable** income - municipal bond interest, worker's comp, disability, etc...

Tax refunds received in 2025 Federal \_\_\_\_\_ State \_\_\_\_\_

**Tax Payments and Expenses**

Est. tax payments made:	Federal Amount	Date	State Amount	Date
4th Quarter, 2024				
1st Quarter, 2025				
2nd Quarter, 2025				
3rd Quarter, 2025				
4th Quarter, 2025				

**Retirement Plan Contributions - not reported on a W2. List the amount and date of contributions to the following:**

	Taxpayer 1	Date	Taxpayer 2	Date
Traditional IRA				
Roth IRA				
Simple IRA				
SEP IRA				

If the amount is less than the max allowable, could you contribute more? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you or your spouse covered by any other pension plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**HSA plan(1099SA/5498SA)**

Contributions \_\_\_\_\_

Distributions \_\_\_\_\_

**Child & dependent care expenses** - If you and your spouse are employed or full time students

Were the dependent care services performed in your home? \_\_\_\_\_

Yes or No? \_\_\_\_\_

If yes, did you file wage statements with the IRS? \_\_\_\_\_

Yes or No? \_\_\_\_\_

FICA tax paid \_\_\_\_\_

Provider or organization to which child care expenses were paid (include cost of preschool): \_\_\_\_\_

Name and Address \_\_\_\_\_

ID Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Yes****No****Please answer the following questions:**

\_\_\_\_\_ Did you purchase your health insurance through MNSURE or any exchange? Bring Form 1095-A.

\_\_\_\_\_ Did you have any property losses in a federally declared disaster area?

\_\_\_\_\_ Do any of your dependents have income over \$1,350?

Earned: \_\_\_\_\_

Unearned: \_\_\_\_\_

\_\_\_\_\_ Did you pay any alimony in 2025? If yes, amount? \_\_\_\_\_

Social Security number of person receiving alimony: \_\_\_\_\_

\_\_\_\_\_ Did you receive a letter from the IRS, state, or private collection agency? If yes, bring letter.

\_\_\_\_\_ Do you wish to designate \$3.00 of your taxes to the political campaign fund (no cost to you)?

\_\_\_\_\_ If so, specify party Taxpayer 1 \_\_\_\_\_

Taxpayer 2 \_\_\_\_\_

\_\_\_\_\_ Do you receive rental income from residential property?

If yes, have you furnished all of your

renters with a CRP form? (MN Only)

Yes or No \_\_\_\_\_

\_\_\_\_\_ Did you have any property rented on Airbnb or similar services?

\_\_\_\_\_ If you are a MN renter, please bring your certificate of rent paid (CRP form).

\_\_\_\_\_ If you received homestead credit on property you own, please bring a copy of Property Taxes

Payable in 2025.

(MN residents only)

\_\_\_\_\_ Did you purchase or refinance a personal residence in 2025? If yes, bring closing statement.

\_\_\_\_\_ Did you pay any adoption expenses in 2025? If yes, furnish details.

\_\_\_\_\_ Did you have any debt forgiven? If so, bring Form 1099-A or 1099-C.

**Personal Itemized Deductions (Schedule A) - May help for Federal and/or State taxes****Medical Expenses (paid):**

Health insurance premiums \_\_\_\_\_

LTC insurance premiums \_\_\_\_\_

Medicare premiums \_\_\_\_\_

Prescriptions \_\_\_\_\_

Doctors, dentists, etc \_\_\_\_\_

Hospitals \_\_\_\_\_

Lodging (up to \$50 per night) \_\_\_\_\_

Medical miles (\$.21/mile) \_\_\_\_\_

Eye glasses, dentures, etc \_\_\_\_\_

Drug or alcohol treatment \_\_\_\_\_

Childbirth classes \_\_\_\_\_

Weight loss programs \_\_\_\_\_

**Contributions: Substantiation required!!**

Cash contributions: need receipt or cancelled checks \_\_\_\_\_

Non-game Wildlife from 2025 tax return \_\_\_\_\_

Non-cash items: fair market value or garage sale price over \_\_\_\_\_

\$500 needs signed statement from donee \_\_\_\_\_

Travel for volunteer work \$.14/mile \_\_\_\_\_

or actual expenses. \_\_\_\_\_

**Casualty or theft losses (State only):** Must exceed 10% of \_\_\_\_\_

adjusted gross income to be deductible - bring details \_\_\_\_\_

**Miscellaneous Deductions (State only)**

**Taxes:**

State income tax paid \_\_\_\_\_  
Real Estate Tax \_\_\_\_\_

**Licenses:**

Vehicle 1 \_\_\_\_\_  
Vehicle 2 \_\_\_\_\_  
Vehicle 3 \_\_\_\_\_  
Sales tax paid \_\_\_\_\_

**Interest: Home mortgage bring 1098 form**

Paid to a bank \_\_\_\_\_  
Paid to an individual \_\_\_\_\_  
Home improvements \_\_\_\_\_  
Points \_\_\_\_\_  
Investment interest \_\_\_\_\_  
Motor home \_\_\_\_\_

Union Dues \_\_\_\_\_  
Professional dues/licenses \_\_\_\_\_  
Tools of the trade for work \_\_\_\_\_  
Uniforms: cost or cleaning \_\_\_\_\_  
Vocational supplies \_\_\_\_\_  
Professional publications \_\_\_\_\_  
Tax Prep fee \_\_\_\_\_  
Safety equipment for work \_\_\_\_\_  
Job related education \_\_\_\_\_  
for travel expenses see page 4  
Job search \_\_\_\_\_  
for travel expenses see page 4  
Investment expenses \_\_\_\_\_  
IRA, KEOGH fees \_\_\_\_\_

Other personal deductions you have questions about:

**Car and light duty truck expenses if vehicle was used for business or work.**

Bring in the purchase or sales

agreement in the year of purchase or trade. If the vehicle is leased, bring in a copy of the lease agreement for the first year of the lease. If you take expenses on the standard mileage basis (\$.70)

complete lines 1-9. If the deduction is based on actual expenses or you are unsure, complete lines 1-13. Please sign on the line below to certify this information is correct and complete to the best of your knowledge.

	Vehicle 1	Vehicle 2	Vehicle 3
1. Year and make of vehicle			
2. Date purchased			
3. Ending odometer reading (12/31/25)			
4. Beginning odometer reading (1/1/25)			
5. Total miles (line 3 - line 4)			
6. Total business miles included in line 5			
7. Parking and fees			
8. Licenses			
9. Interest			
10. Gasoline, oil, and lube			
11. Repairs, maintenance, and supplies			
12. Insurance			
13. Other expenses for vehicle			

I certify that this information is correct. Please sign.

\_\_\_\_\_

**Travel away from home** - must be job related to be deductible (MN only).

The standard meal allowance for 2025

is \$68/day through September and \$68/day October through December. For persons in the transportation industry it is \$80/day through September and \$80/day October through December.

Different amounts are used for high cost areas. Please provide details.

Nights away from home for business purposes

Partial days away from home (1st/last day of trip):

Airplane, bus, train, cabs

Auto Rental

Convention Fees

Lodging

Laundry and cleaning

Meals and tips (actual expenses)

Other travel expenses (specify)

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Use the space below for any other questions that you may have for us.