

Minar Accounting & Tax

Formerly Vanderziel Tax & Accounting

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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
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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):

Contributions: Substantiation required!!

Health insurance premiums _____

Cash contributions: need receipt or cancelled checks _____

LTC insurance premiums _____

Non-game Wildlife from 2025 tax return _____

Medicare premiums _____

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

Prescriptions _____

\$500 needs signed statement from donee _____

Doctors, dentists, etc _____

Travel for volunteer work \$.14/mile

Hospitals _____

or actual expenses. _____

Lodging (up to \$50 per night) _____

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

Medical miles (\$.21/mile) _____

adjusted gross income to be deductible - bring details _____

Eye glasses, dentures, etc _____

Miscellaneous Deductions (State only)

Drug or alcohol treatment _____

Childbirth classes _____

Weight loss programs _____

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) _____

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