

THAT'S RIGHT, IT'S THAT TIME OF YEAR AGAIN!

Please call and set up an appointment. We look forward to assisting you again!

>>> IMPORTANT NOTICE <<<

PLEASE CAREFULLY READ AND COMPLETE THIS QUESTIONNAIRE BEFORE YOUR APPOINTMENT DATE. THIS QUESTIONNAIRE WILL BE RETAINED FOR FINAL CHECK PRIOR TO COMPLETION OF YOUR RETURN.

Minnesota Property Tax Refund

DON'T MISS OUT!

Even if you have not qualified in previous years.



What you need to know about the Minnesota Property Tax Refund

HOMEOWNERS

Please bring in your new property taxes payable statement. They are normally mailed out by the county in late March.

RENTERS

Bring in your CRP form that your landlord issued you.

Contact Us Today - 763-712-0300



Lom, Enerson & Gunderson, LLC
(Formerly Evergreen Tax Service LLC)

251 8th St. - Suite C
Elk River, MN 55330

We accept



ENTER YOUR PERSONAL INFORMATION

Evergreen Tax Service needs the following information to help prepare your Federal and State Tax Returns.

Returning customers - Enter personal information, in this section only, that has changed from prior year.

Your Name _____ SS# _____ Birthdate _____
 Spouse's Name _____ SS# _____ Birthdate _____
 Address _____ Home Phone _____
 City _____ State _____ Zip _____ County _____
 Your Occupation _____ Work Phone _____
 Spouse's Occupation _____ Work Phone _____
 Email address _____

Dependent children who lived with you

Name	Age	Social Security #	Relationship	Birthdate

Other dependents/relationship

Please check Yes if you or your spouse received any income from the following sources

Wages and SalaryYes <input type="checkbox"/>	Pension IncomeYes <input type="checkbox"/>
Interest ReceivedYes <input type="checkbox"/>	Pension RolloverYes <input type="checkbox"/>
Tax-ExemptYes <input type="checkbox"/>	Partnership or Royalty IncomeYes <input type="checkbox"/>
Dividend IncomeYes <input type="checkbox"/>	Income from Rental PropertyYes <input type="checkbox"/>
State Tax RefundYes <input type="checkbox"/>	Estate or Trust incomeYes <input type="checkbox"/>
Did You Itemize Your Deductions	Farm incomeYes <input type="checkbox"/>
On last years Tax ReturnYes <input type="checkbox"/>	Unemployment IncomeYes <input type="checkbox"/>
Alimony ReceivedYes <input type="checkbox"/>	Social Security BenefitsYes <input type="checkbox"/>
Business Income and DeductionsYes <input type="checkbox"/>	Gambling WinningsYes <input type="checkbox"/>
Sale of Stocks and Bonds or other AssetsYes <input type="checkbox"/>	Gifts, Prizes, Awards or BenefitsYes <input type="checkbox"/>
*Sale of Real EstateYes <input type="checkbox"/>	Independent Contractor 1099 IncomeYes <input type="checkbox"/>
*Sale of Principle ResidenceYes <input type="checkbox"/>	Income from any other sourceYes <input type="checkbox"/>
	Did you have Foreign IncomeYes <input type="checkbox"/>

Please Note

If you checked **Yes** to any of the above income items, please bring all supporting documents.

Did you have a Health Savings - HSA or MSA? - Yes

Higher Education - Tuition & Fees paid for yourself, your spouse or dependent \$ _____

Energy Saving home improvements \$ _____

Please complete the next two pages so we can determine if you qualify to itemize your deductions.

ENTER YOUR DEDUCTIONS

ADJUSTMENTS	AMOUNT
ADJUSTMENTS Amount	
Your IRA Deduction	_____
Spouse's IRA Deduction	_____
Alimony Paid	_____
Recipients SS# _____ - _____ - _____	

MEDICAL AND DENTAL	AMOUNT
<i>*Note: Medical expenses are only deductible to the extent that they exceed 10% of your adjusted gross income. Example: If your adjusted gross income is \$30,000.00, only the amount over \$3,000.00 of unreimbursed medical expenses are deductible.</i>	
Medicine and Prescription Drugs	_____
Doctors, Dentists, Nurses, Hospitals.....	_____
Long Term Care Premiums	_____
Policy # _____	
Insurance Premium Paid	_____
Miles Driven to Doctor/Dentist/Hospital	_____
Eye Glasses/Hearing Aids	_____
Other Medical Expenses.....	_____

TAXES YOU PAID	AMOUNT
Real Estate Taxes on Home	_____
May qualify for additional deduction	
Taxes on Unimproved R.E. (Land or 2nd home) .	_____
State and Local Income taxes	_____
Sales tax paid on major purchases - Cars, trucks boats, etc.	
Auto License(s) Total Paid	_____
(Number of Autos) _____	
Other taxes Paid.....	_____
1. Did you have any expenses for a job related move of 50 miles or over? (If so, bring list of all expenses.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you have any casualty or theft losses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>*Losses are deductible only to the approximate extent that they exceed 10% of your income</i>	

QUARTERLY ESTIMATED TAX PAYMENTS				
DUE DATE	4/15	6/15	9/15	1/15
DATE PAID				
FEDERAL	\$	\$	\$	\$
STATE	\$	\$	\$	\$

CHILD AND DEPENDENT CARE EXPENSES

Care Providers name	Street, City, State, Zip Code	I.D. Number (SSN or TIN)	Amount Paid

INTEREST YOU PAID*	AMOUNT
Home Mortgage - First Loan	_____
Home Mortgage - Second Loan.....	_____
Were any of the above payments made to an individual? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you refinance your home?..... Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Mortgage Points Paid	
(A) For Purchase For Improvements.....	_____
(B) For Refinance.....	_____
Investment Interest.....	_____
<i>*If you are uncertain as to how to interpret your statements, please bring statements. NOTE: Consumer interest is not deductible. Consumer interest consists of interest paid for credit cards, car loans, credit union loans and interest paid for other personal (non business loans)</i>	

CONTRIBUTIONS YOU MADE	AMOUNT
(1) Must have receipts for cash or check contributions to charitable organizations.....	_____
(2) Other than cash (clothing, furniture, etc.)	_____
<i>Charitable contributions must have receipts. Cash donations no longer acceptable without receipt. Non cash contributions over 500.00 must be itemized.</i>	

MISCELLANEOUS DEDUCTIONS	AMOUNT
Unreimbursed Employee Business Exp	_____
Union and professional Dues	_____
Tax Returns Preparation	_____
Investment Expense.....	_____
Safety Shoes/Protective Clothing	_____
Work Tools/Equipment	_____
Education Expenses	_____
Job Seeking Costs	_____
Gambling Losses	_____
<i>(Allowed Only to the Extent of Reported Winnings)</i>	
Other Miscellaneous Deductions	_____

ENTER YOUR BUSINESS INCOME & EXPENSES

Name of Business _____
 Address (If Different than Residence) _____
 Business Activity (Sales, Manufacturing, Service) _____
 Product Sold or Service Performed..... _____
 Federal ID# _____ State ID# _____ Sales Tax _____

Gross Receipts from Sales/Services _____
 Inventory (Beginning of Year) _____
 Inventory (End of Year) _____
 Purchases Less Personal Use _____
 Returns & Allowances _____
 Costs of Goods Sold _____
 Other Income..... _____
 Other Income..... _____

DIRECT EXPENSES

Advertising/Promotion _____	Cost Of Labor _____
Car/Truck Expense or Business Miles . _____	Other Expenses (Describe) . _____
Insurance (Other Than Health) _____	Commissions/Fees _____
Contributions _____	Interest (Mortgage) _____
Legal & Professional _____	Interest (Other) _____
Office Expenses _____	Bank Charges _____
Rent/Lease (Building) _____	Supplies/Parts _____
Rent/Lease (Equip/Machinery) _____	Travel Expense _____
Rent/Lease (Other) _____	Utilities _____
Repairs/Maintenance _____	Telephone _____
Taxes/Licenses _____	Wages _____
Meals/Entertainment _____	Other _____

BUSINESS EQUIPMENT VEHICLES, BUILDINGS, ETC. PURCHASED OR SOLD

Item	Date	Trade-in	Cost	Date Sold	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

