



BURNS BROTHERS FINANCIAL GROUP
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INCOME TAX ORGANIZER & DEDUCTION FINDER

2025
TAX
RETURN

* Do not include SS# when emailing file

Name		Date of Birth (Mo/Day/Yr)		Occupation		SS No* (if new client)			
Spouse's Name		Date of Birth (Mo/Day/Yr)		Occupation		SS No* (if new client)			
Present Address New Address		City		Zip					
		State		County					
		State of residence on 12/31/2025		Home Phone					
If you have a foreign address, also complete: Foreign Country Name:		Foreign province/state/county		Foreign postal code					
Your Cell #		Your Work #		Your Email					
Spouse Cell #		Spouse Work #		Spouse Email					
Preferred Daytime Phone # You:		Home	Work	Cell	Spouse:		Home	Work	Cell

HOUSEHOLD RESIDENTS <i>OR</i> DEPENDENTS (Not Spouse) Name (first, initial, and last name)	Depen - dent	Grade	Date of Birth	Social Security #*	Relationship	# Months lived in your home in 2025	Amount of Income (\$)	Type of income

Filing Status: Single Married Filing Joint Married Filing Separately Head of Household Qualified Widow(er) Dependent Don't Know

What state(s) will you be filing returns? Minnesota Other (identify) _____ Multi State (list all states) _____

Are you or your spouse blind? You Spouse If you are a new client, how did you hear about us? _____

THINGS TO BRING (if applicable)

- Last Year's Tax Return (only if new client)
- W-2 Statements for Wages
- Last Pay Stub(s) of the Year *Necessary for clients with overtime*
- Social Security 1099 Tax Statement
- 1099s for Interest, Dividends, and Other Income
- 1099-R for Retirement/Pension/IRA Income
- IRA Year-end Statements
- 1099-G for Unemployment
- 1099-SA Distributions from HSA
- K-1(s) from Partnerships, Corporations or Estates
- 2025 and 2026 Property Tax Statements/2025 CRPs
- 1098 Forms for Mortgage Interest, Qualified Car Loans, Tuition, etc.
- License Plate Tabs Registration Receipt
- K-12 Education Receipts
- 529 Contribution Details and Distributions (1099-Q)
- 1095-A if you have insurance through Marketplace (MNSure/Exchange)
- Identity Protection Personal Identification Number (If applicable)

Estimated Taxes Paid				
Payment	Federal		State	
	Date Paid	Amount (\$)	Date Paid	Amount (\$)
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				
Refund amount applied from Last Years Return				

On Last Years STATE Tax Return	
I had a refund of:	\$
I paid an additional amount of:	\$
I received a property tax refund of:	\$

Direct Deposit	
If you are eligible, would you like refund(s) direct deposited to your bank account. (please bring a voided check) Yes No	
If you have direct deposit already established on your return through BBFG, please confirm the last 4 digits of your bank account to be used:	


At any time during 2025, did you receive, sell, exchange, or otherwise dispose of a digital asset? Yes No

Do you or your spouse wish to designate \$3 on your federal return to the Presidential Election Campaign Fund Yes Spouse

Do you wish to designate \$5 to a MN political party? Which one? DFL, Republican, Other _____

Does your spouse wish to designate \$5 to a MN political party? DFL, Republican, Other _____

If you do not have health ins and want to learn choices available, is it ok for MN Revenue to share tax info with MNSure? Yes

Would you like to contribute to the Minnesota Non-Game Wildlife Fund on your Minnesota tax return? Amount \$ _____ 

QUESTIONS FOR TAX PREPARER: _____

ANY PLANS THAT COULD IMPACT YOUR 2026 TAXES: _____

MY APPOINTMENT IS SCHEDULED FOR DAY/DATE/TIME _____ TAX PREPARER: _____

Please see our tax information website: my1040pro.com/bbfg
for additional tax related information you may find helpful.

INCOME

WAGE & SALARY INCOME Bring in W-2's

List names of all employers for taxable year.

If you had qualified overtime compensation, bring in last paystub(s) for 2025.

EMPLOYER	WAGES (Box 1)
	\$
TOTAL	\$

INTEREST INCOME Bring in 1099-INT Statements

Interest Including Tax Exempt and Municipal Bond Interest

Name of Payer (If individual: name, address, SS #)	INTEREST
	\$
TOTAL	\$

OTHER INCOME

Non-Employee Compensation (Form 1099-MISC or 1099-NEC)	
Jury Duty/Election Judge	
Partnership, Estate, Trust & S-Corp Data (Provide K-1's or Reports)	
Business/Farm/Rental (Bring Details)	
Commissions/Bonuses/Tips/Gratuities (if not on W2)	
Prizes/Awards/Fees/Strike Pay/Royalties	
Disability Income/Personal Injury Awards	
Contract for Deed - Bring Amort. Schedule	
Gambling/Lottery Winnings	
Unemployment Compensation (Bring 1099-G)	
Scholarships/Fellowships (if not on w-2)	
Cancellation of Debt / Form 1099A, Form 1099C, Other	
Foreign income	
Non-taxable Veteran's Pensions/Benefits/Disability	
Non-taxable Worker's Compensation Benefits	
Other non-taxable income (do not include GIFTS)	

DIVIDENDS - Bring in 1099 DIV Statements

Name of Payer Include all tax-exempt dividends	Amount
	\$
TOTAL	\$

SOCIAL SECURITY INCOME - Bring 1099

Include amount deducted for Medicare	YOU (\$)	SPOUSE (\$)
Social Security Benefits or RR Retirement Benefits		

PENSION/RETIREMENT INCOME - Bring 1099-Rs*

Pension, 401K, IRA, Annuity, Railroad, Lump Sum, Etc.	Includes QCD	Gross Distribution

* If you made a Qualified Charitable Distribution (QCD) through your IRA, bring details

CAPITAL GAINS AND LOSSES

1. You sold stock or other investment securities. Bring form 1099B from your broker/plus buy and sell confirmations-provide cost basis
2. You bought/sold/refinanced a home or other real estate. See page 4 worksheet (Please provide copy of (HUD) settlement statement)

OTHER INCOME INFORMATION

1. Do you or your spouse have any financial accounts or own property in any foreign countries
2. Do you or your spouse receive, sell, exchange or otherwise dispose of any virtual currency (example: Bitcoin)
3. Did you work a gig job (ex: Instacart, Uber, DoorDash, etc.)? If so, complete Business Expenses Worksheet on the last page of this form.....

ENERGY CREDITS

Energy credits changed, resulting in more expenses qualifying. Some examples are below.		Description of Item(s)	Amount spent (\$)
Home Improvement	Exterior doors, windows, skylights, insulation, central A/C, water heater, furnaces,boilers, heat pumps, and home energy audits.		\$
Residential Clean Energy	Solar, wind and geothermal power generation, solar water heaters, fuel cells, and battery storage.		\$
Electric Vehicles	All-electric, plug-in hybrid, and fuel cell electric vehicles purchased new or used, by September 30, 2025. To determine if your car qualifies, visit https://fuelconomy.gov/feg/taxused.shtml		\$

ADJUSTMENTS TO INCOME & OTHER INFORMATION

INDIVIDUAL RETIREMENT ACCOUNTS

Did you or your spouse contribute to an Individual Retirement Account (IRA), outside of work?	YOU	SPOUSE
Traditional IRA	\$	\$
Roth IRA	\$	\$
Simple IRA	\$	\$
KEOGH/SEP IRA	\$	\$
Rollover money from Traditional to Roth IRA	\$	\$

ALIMONY

Did you receive alimony?	\$
Did you pay alimony?	\$
Please provide the following information for the payer/recipient:	
Name:	
Social Security Number*:	
Date of Divorce:	

STUDENT LOANS

Total qualified student loan interest paid (Bring 1098-E)	\$	\$
Total amount paid toward your own qualified loan	\$	\$
Total amount of qualified student loans	\$	\$

COLLEGE EDUCATION / TUITION DEDUCTION

Name of Student	
Number of prior years AOC Claimed	
Name of Institution	
Address of Institution	
Qualified Tuition & Fees (net of nontaxable benefits) Bring in 1098-T	\$
Books and supplies required to be purchased from the institution	\$
Books and supplies not entered above	\$

DEBT FORGIVENESS

Did you have a mortgage loan or other debt forgiven? Bring in 1099-C or 1099-A	AMOUNT
	\$

DEDUCTIONS AND MISCELLANEOUS CREDITS

YOU MUST KEEP RECEIPTS AND A DAILY RECORD OF EXPENSES, MILEAGE, Etc.

MEDICAL EXPENSES

Do not include amounts paid by insurance, HSA, or FSA
Do NOT include Health Ins. premiums or expenses paid with Pre-Tax Income
See www.my1040pro.com/bbfg Medical Expense Deductions for eligible expenses

PRESCRIPTION MEDICINES AND DRUGS	\$
MEDICAL, DENTAL, EYECARE, CHIROPRACTIC, ETC	
HOSPITALS AND NURSING HOMES	
INSURANCE PREMIUMS: Medical, Dental, Vision (Do not include premiums paid through work with pre-tax \$)	
MEDICARE B/C/D PREMIUMS deducted from social security:	
LONG TERM CARE INSURANCE PREMIUMS PAID-See middle of next column	
LODGING AND TRANSPORTATION	
OUT OF POCKET EXPENSES	
MEDICAL MILES DRIVEN	miles
OTHER MEDICAL (Example: Hearing Aids, Glasses, etc)	
WITHDRAWALS FROM HSA/MSA (Shown on 1099-SA)	

TAXES

ADD'L STATE INCOME TAX (paid in 2025 for previous years)	\$
REAL ESTATE TAX - HOME (Less special assessment)	
OTHER REAL ESTATE TAXES PAID (cabin/lot, etc.)	
SPECIAL ASSESSMENT INTEREST	
SALES TAX PAID (on vehicles/boats/planes)	
VEHICLE LICENSE TABS (Cars/Trucks) Only include registration tax List each vehicle:	

INTEREST PAID

HAVE YOU REFINANCED ANY HOME LOANS THIS YEAR? OR HAVE ANY NEW HOME LOANS? (Bring in closing documents)

HOME MORTGAGE-Paid to Financial Institution (Form 1098)

First Mortgage/Refinance	\$
Second Mortgage	
Home Equity (<i>Only interest to buy/build/improve home</i>)	
Second home, cabin, mobile home qualifying RV, etc.	
Home Mortgage Pd to Individuals (Name, address, ss# needed)	
Qualified Car Loan Interest	

529 COLLEGE SAVINGS CONTRIBUTIONS

Beneficiary Name	Investment Company	Account #	Amount Invested During Tax Year (\$)

CONTRIBUTIONS (cash or check)

Records and receipts are required

See www.my1040pro.com/bbfg Contribution Finder for eligible contributions

CHURCH/SYNAGOGUE	\$
501c3 CHARITIES: Do not include donations from an IRA QCD	

NON-CASH CONTRIBUTIONS

Itemized list necessary for total value of more than \$500

GOODWILL/ VETS/SALVATION ARMY/OTHER	\$
VEHICLE DONATIONS - MUST BRING DETAILS / FORM 1098C	
FOOD SHELF/TOYS FOR TOTS	
VOLUNTEER EXPENSES (receipted) out of pocket expenses = # OF MILES Parking = \$	

MISCELLANEOUS DEDUCTIONS

You (\$)

Spouse (\$)

UNION DUES & PROFESSIONAL DUES		
K-12 EDUCATOR EXPENSES		
UNREIMBURSED EMPLOYEE EXPENSES		
INVESTMENT EXPENSES		
TAX PREPARATION FEES Prior year taxes		
SAFE DEPOSIT BOX RENTAL		
GAMBLING LOSSES TO EXTENT OF WINNINGS		
MOVING EXPENSES due to change of duty station		

LONG TERM CARE INSURANCE PREMIUMS

	Insurance Company	Policy #	Amount Paid (\$)
Taxpayer:			
Spouse:			

CHILD CARE EXPENSES

This is needed for each childcare provider for your dependents age 12 and under

CHILD CARE PROVIDERS	PROVIDER A	PROVIDER B
Provider Name		
Address		
ID# or SS#*		
Total Amount Paid (\$)		

EXPENSES PAID FOR EACH CHILD

CHILDS NAME	PROVIDER	Amount Pd (\$)
	A B	
	A B	
	A B	

MINNESOTA K-12 EXPENSES

Child's Name			
Type of School Attended (Circle one)	Private or Public	Private or Public	Private or Public
Enter information for each dependent	Amount (\$)	Amount (\$)	Amount (\$)
School Supplies (pencils, paper, calculator, etc)			
Educational computer hardware or software (up to \$200)			
Extracurricular academic or fine arts classes			
Tutoring for K-12 subjects: Instructor name _____			
Academic summer camps			
Rent/purchase of musical instrument: Type _____			
Educational field trips taken during the school day			
Tuition			

Common Expenses that Do Not Qualify:

- School supplies not used in education (backpacks, tissues, locker organizers)
- Clothing, including school uniforms (except required gym clothes)

- Sports
- School lunches (even on a field trip)
- Tutoring for college preparation tests (ACT, SAT)
- Family trip to museum or zoo

RENTAL INCOME AND BUSINESS EXPENSES

In order to deduct expenses for business use of your car, you must keep a record of business and personal mileage.

RENTAL INCOME		
SHOW THE KIND AND LOCATION OF EACH RENTAL REAL ESTATE PROPERTY		
A		
B		
INCOME:	PROPERTY A	PROPERTY B
RENTS RECEIVED		
EXPENSES:		
ADVERTISING		
AUTO MILEAGE EXPENSE: # OF RENTAL INCOME MILES _____		
CLEANING & MAINTENANCE		
INSURANCE		
LAWN AND SNOW		
LEGAL AND OTHER PROFESSIONAL FEES		
MANAGEMENT FEES		
MORTGAGE INTEREST PAID TO BANKS		
OTHER INTEREST		
REAL ESTATE TAXES		
REGISTRATION FEE		
REPAIRS		
RUBBISH REMOVAL		
SUPPLIES		
TRAVEL EXPENSES (Airfare, Motel, etc.)		
UTILITIES		
NEW APPLIANCES & FURNITURE (Bring details)		
IMPROVEMENTS (Bring details)		
OTHER (list) >		

SALE OF HOME/OTHER REAL ESTATE
Please bring settlement statements for purchase and sale of old property, and purchase of new property.
Was this your personal residence 2 of the last 5 years? Yes No
Selling Price \$
Date Property Sold
Date of Original Purchase
Purchase Price of Property Sold \$
Cost of Improvements and Special Assessments
Prior Depreciation Amount \$

BUSINESS AUTOMOBILE EXPENSES					
Mileage records are ALWAYS required to claim auto expenses					
	Make	Year	Date Purch.	Cost	Cash To Boot
Vehicle #1					
Vehicle #2					
Check if mfg gross vehicle weight is 6,000 lbs					
Total of all Miles Driven in 2025					
BREAKDOWN:					
Total Business Miles					
Total Commuting Miles (to and from work)					
Total Personal Miles					
ACTUAL AUTO EXPENSES PAID (Not needed if you use mileage method)					
Gas & Oil Insurance/Auto Club/Licenses					
Lube/Wash/Wax					
Lease Payments					
Repairs + Towing					
Tires/Accessories/Other:					
TRAVEL AWAY FROM HOME			You	Spouse	
Nights away from home:					
Airplane, Train Fares					
Auto Rental					
Cabs, Buses, etc.					
Lodging - Actual Cost					
Meals/Tips/Entertainment - Actual Cost					
Laundry & Cleaning					
Convention Fees/Seminar Fees					
Other Travel Expenses					
REIMBURSEMENTS RECEIVED FOR EXPENSES					
Auto \$	Meals & Entertainment \$		Other \$		
Is this reimbursement included in your W-2? Yes No					
BUSINESS USE OF HOME (Exclusive Use)					
Date Home Acquired			Interest		
Total Cost			Taxes		
Cost of Land			Utilities/Garbage		
Cost of Improvements			Insurance		
Sq. Ft. of Home			Repairs/Maintenance		
Sq. Ft. of Office Area			Other		
Rent paid if you are a renter					
Instead of calculating all the above information, \$5 a square foot can be deducted (maximum \$1,500)					

SELF-EMPLOYMENT BUSINESS INCOME AND EXPENSE GUIDE SCHEDULE C					
GROSS RECEIPTS		\$	LEGAL & PROFESSIONAL SERVICES		\$
INVENTORY (Beginning of year 1/1/2025)		\$	OFFICE SUPPLIES, POSTAGE, DUES, BANK CHGS.		\$
SUPPLIES PURCHASED FOR RESALE		\$	RENT OR LEASE, VEHICLES, MACH. & EQUIP.		\$
INVENTORY (End of year 12/31/2025)		\$	RENT OR LEASE - other		\$
- EXPENSES -			REPAIRS		\$
ADVERTISING/BUSINESS CARDS		\$	MISC. SUPPLIES		\$
COMMISSIONS AND FEES PAID		\$	TAXES (RE, Payroll, etc.)		\$
AUTO/TRAVEL EXPENSES - See Above		\$	UTILITIES --- Water \$ Electric \$ Gas \$		
BUSINESS PHONE EXPENSE		\$	MEALS & ENTERTAINMENT		
INSURANCE - FIRE, LIABILITY, etc.		\$	WAGES		\$
INTEREST PAID TO MORTGAGE CO.		\$	NEW EQUIPMENT date purchased		\$
INTEREST other		\$	BUSINESS USE OF HOME (See above)		\$
DO YOU PAY FOR MEDICAL INSURANCE TO COVER YOURSELF AND YOUR FAMILY?			YES	NO	COST \$

BURNS BROTHERS FINANCIAL GROUP
Thank You for Your Referrals