What to Bring?

** **Important**: The IRS will be phasing out paper refund checks. Most tax refunds instead will be delivered via direct deposit. Please bring **banking information** as outlined below.**

The following documents are required at the time of your appointment:

- **Photo ID** for you (and spouse, if applicable)
- **W-2s** and any information on tips (gratuities) received
- **Social Security** or **ITIN** (tax ID #) cards (or photocopies) *for all in family (not needed if prior year tax return was done by one of our tax sites (See below *) AND you bring a copy of the tax return showing all those ITINs and social security numbers*
- **Banking information:** a voided check or card, bank statement from bank, prepaid debit card *(listing routing number and account number)*
- Copy of **prior year return**(s) - a transcript can be ordered from the IRS at 800-908-9946 or online at *irs.gov*
- **IRS Intake forms** which can be found at each site or downloaded IRS Intake Sheet and MN Intake Form.
- **SSA-1099** – has pink box showing total social security amount for the year before the Medicare subtraction is taken (if lost, call 877-405-3631 to obtain); can also serve as SSN verification
- **Letter from MNDOR** (*mailed in January 2026*) summarizing payments received if you opted in for ADVANCE payments of your TY25 MN Child Tax Credit
- **1099-INT** or information from bank if less than $10 – bank statement showing total of interest received during the year
- **1099-DIV** – dividends received during the year
- **1099-R** – IRA or pension retirement income for the year
- **1099-G** – unemployment compensation received

If filing for **MN rent or homestead credit** refund, documentation of total of nontaxable income received during the tax year, such as:

- **SSI** (Supplemental Security Income); if you don't have a letter showing total for tax year, go to the Social Security office (206 Broadway Ave S, Suite 600 in Rochester) or call 877-405-3631 to have a letter mailed to you
- **County cash assistance**; if the letter you received in January showing the total of cash benefits received during the year is lost, call county case worker for a copy
- **Veterans Benefits**
- Scholarships – also need this info on a **1098-T** if want to apply for education credit
- If a homeowner and want to file for a **MN M1PR Homestead Credit Refund**, income of other person(s) living in the home (unless they are a dependent or parent)

Other:

- Any other income of any kind received during the year: election worker, gambling winnings, etc.
- Charitable contributions made during the year for contributions over $500 may qualify for a state deduction
- If itemizing, real estate (homeowner) taxes paid, medical expenses, health insurance paid, charitable donations

- Closing statement if bought or sold a home
- Certificate of rent paid forms received from landlord for current tax year
- Property tax statement for taxes payable in 2026 (if a homeowner)
- Health Insurance information if purchased through MNsure (need **Form 1095-A**)
- Any Power of Attorney or other document giving authority to file for another

New provisions for tax year 2025 and info needed:

- A portion of qualified tips are not subject to income tax. Tips Info may not be shown on your W2. Bring details of tips received and if reported on your W2. This may apply to occupations where tips are customarily received such as servers and taxi drivers.
- Overtime may not be subject to income tax. This will not be disclosed on your W2 form so bring support such as paystubs or an employer statement regarding overtime. Only the "half premium" and overtime worked in excess of 40 hours a week qualifies.
- New interest expense deduction on loans used to purchase new cars in 2025. Not all vehicles qualify and you will need to provide the VIN Identification number (often found on your insurance card) and the amount of the interest paid.

*Tax Sites:

125 Live, Salvation Army, Bethel Lutheran Church, Stewartville Center for Active Adults, Mantorville Senior Center, Sylvan Manor, Mower County Senior Center

All income and expense information should be for **2025 tax year**
and/or prior tax year(s) if you need a return done for prior year(s)

Form **13614-C** (November 2024)

Department of the Treasury - Internal Revenue Service

Intake/Interview and Quality Review Sheet

OMB Number 1545-1964

You will need:
- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social Security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse

- Complete pages 1-6 of this form.
- You are responsible for the information on your return. Provide complete and accurate information.
- If you have questions, ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards. To report unethical behavior to the IRS, email us at ts.voltax@irs.gov

Your first name *(pronouns, optional)*	M.I.	Last name	Your date of birth	Your job title
Spouse's first name *(pronouns, optional)*	M.I.	Last name	Spouse's date of birth	Spouse's job title

Mailing address	Apt #	City	State	ZIP code

Your telephone number	Spouse's telephone number	Email address *(optional)*	Did you live or work in two or more states in 2024 ☐ Yes ☐ No

Check if you or your spouse were in 2024:

A U.S. citizen	☐ You	☐ Spouse	☐ No
In the U.S. on a visa	☐ You	☐ Spouse	☐ No
A full-time student	☐ You	☐ Spouse	☐ No
Legally blind	☐ You	☐ Spouse	☐ No
Totally and permanently disabled	☐ You	☐ Spouse	☐ No
Issued an identity protection PIN (IPPIN)	☐ You	☐ Spouse	☐ No
Owners or holders of any digital assets	☐ You	☐ Spouse	☐ No

If due a refund, how would you like your refund

☐ Direct deposit ☐ Check by mail

☐ Split refund between accounts ☐ Other ____________________

If you have a balance due, how would you like to make your payment

☐ Bank account ☐ IRS.gov Direct Pay

☐ Set up installment agreement ☐ Mail payment to IRS

Would you like to receive written communications from the IRS in a language other than English ☐ You ☐ Spouse ☐ No

What language ____________________

Would you like information on how to vote and/or how to register to vote ☐ Yes ☐ No

Would you, or your spouse if married filing jointly, like $3 to go to the Presidential Election Campaign Fund ☐ You ☐ Spouse ☐ No

As of December 31, 2024, what was your marital status

☐ **Never Married**

☐ **Married** If married, were you married for all of 2024 ☐ Yes ☐ No

Did you live with your spouse during any part of the last six months of 2024 ☐ Yes ☐ No

☐ **Divorced** Date of final decree __________

☐ **Legally Separated but not Divorced** Date of separate maintenance decree __________

☐ **Widowed** Year of spouse's death __________

To be completed by certified volunteer: Can anyone else claim the taxpayer or spouse on their tax return ☐ Yes ☐ No

List the names below of everyone who lived with you last year (except your spouse) **AND** anyone you supported but did not live with you last year.

List the names below					Answer Yes or No (Y/N)					To be completed by certified volunteer (Yes, No, or N/A)				
Name (first, last)	Date of birth (mm/dd/yy)	Relationship to you (child, parent, none, etc.)	Number of months lived in your home in 2024	Single or Married as of 12/31/2024 (S/M)	U.S. Citizen	Resident of U.S., Canada or Mexico	Full-time student	Totally and permanently disabled	Issued IPPIN	Qualifying child or relative of any other person	This person provided more than 50% of their own support	This person had less than $5,050 of income	Taxpayer(s) provided more than 50% of support for this person	Taxpayer(s) paid more than half the cost of maintaining a home for this person

Income: Answer the following questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Received money from any of the following in 2024:	(To be completed by certified volunteer) Income to be included	Notes/Comments
☐ (B) Wages as a part-time or full-time employee How many jobs ______	☐ (B) W-2s # ______	
☐ (B/A) Tips	☐ (B/A) Tips (Basic when reported on W2)	
☐ (B/A) Retirement account, pension or annuity proceeds	☐ (B/A) 1099-R (Basic when taxable amount isreported) # ______ ☐ (A) Qualified Charitable Distribution From 1099-R $ ______	
☐ (B) Disability benefits (such as payments from insurance and worker's compensation)	☐ (B) Disability benefits on 1099-R or W-2 # ______	
☐ (B) Social Security or Railroad Retirement Benefits	☐ (B) SSA-1099, RRB-1099 # ______	
☐ (B) Unemployment benefits	☐ (B) 1099-G # ______	
☐ (B) Refund of state or local income tax	☐ (B) Refund $ ______ ☐ (B) Itemized last year ☐ Yes ☐ No	
☐ (B) Interest or dividends (bank account, bonds, etc.)	☐ (B) 1099-INT #______ ☐ (B) 1099-DIV # ______	
☐ (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) 1099-B (include brokerage statement) # ______ ☐ Capital loss carryover ☐ Yes ☐ No	
☐ (B) Alimony	☐ (B) Alimony $ ______ Excluded from income ☐ Yes ☐ No	
☐ (A/M) Income from renting out your house or a room in your house If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days ☐ Yes ☐ No ☐ Income from renting personal property such as a vehicle	☐ (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) ☐ Rental expense $ ______	
☐ (B) Gambling winnings, including lottery	☐ (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # ______	
☐ (A) Payments for contract or self-employment work Did you report a loss on last year's return ☐ Yes ☐ No	☐ (A) Schedule C ☐ 1099-MISC # ______ ☐ 1099-NEC # ______ ☐ 1099-K # ______ ☐ Other income reported elsewhere ☐ Schedule C expenses $ ______	
☐ Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	☐ Other income (see Pub 4012 for guidance on other income, i.e., scope of service chart)	

Expenses and Tax Related Events: Answer the questions on the left side of this page. Check only the boxes that apply to you and/or your spouse.

Paid any of the following expenses to itemize in 2024?	(To be completed by certified volunteer) Standard or Itemized Deductions	Notes/Comments
☐ (A) Mortgage Interest	☐ (A) 1098 # ____	
☐ (A) Taxes: state, local, real estate, sales, etc.		
☐ (A) Medical, dental, prescription expenses	☐ (B) Standard deduction ☐ (A) Itemized deduction	
☐ (A) Charitable contributions		

Paid any of these expenses in 2024?	(To be completed by certified volunteer) Expenses to report	Notes/Comments
☐ (B) Student loan interest	☐ (B) 1098-E	
☐ (B) Child and dependent care	☐ (B) Child and dependent care credit	
☐ (B/A) Contributions to a retirement account	☐ (B/A) IRA (Basic if a Roth IRA or 401K)	
☐ (B) School supplies by a teacher, teacher's aide or other educator	☐ (B) Educator expenses deduction $	
☐ (B) Alimony payments (do not include child support)	☐ (B) Alimony payments with spouse's SSN $ ____ Adjustment to income ☐ Yes ☐ No	

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
☐ (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	☐ (B) Taxable scholarship income ☐ (B) 1098-T (itemized statement from school, invoice, etc.) ☐ (B) Education credit or tuition and fees deduction	
☐ (A) Sell a home	☐ (A) Sale of home (1099-S)	
☐ (A) Have a health savings account (HSA)	☐ HSA contributions ☐ HSA distributions	
☐ (A) Purchase health insurance through the Marketplace (Exchange)	☐ (A) 1095-A	
☐ (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	☐ (B) Energy efficient home improvement credit	
☐ (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	☐ (A) 1099-C	
☐ (A) Have a loss related to a declared Federal disaster area	☐ (A) 1099-A ☐ Disaster relief impacts return	
☐ (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	☐ (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
☐ Receive any letter or bill from the IRS	☐ Eligible for Low Income Taxpayer Clinic referral	
☐ (B) Make estimated tax payments or apply last year's refund to 2024 taxes	☐ Estimated tax payments ____ ☐ Last year's refund applied to this year ____ ☐ Last year's return available	

Optional Information

The following information is for statistical purposes only. Your responses to these questions are not a part of your tax return and are not transmitted to the IRS with your tax return. You are not required to answer these questions.

1. Would you say you can carry on a conversation in English	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
2. Would you say you can read a newspaper in English	☐ Very well	☐ Well	☐ Not well	☐ Not at all	☐ Prefer not to answer
3. Do you or any member of your household have a disability	☐ Yes	☐ No	☐ Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	☐ Yes	☐ No	☐ Prefer not to answer		

5. What is your race and/or ethnicity? Select all that apply

☐ **American Indian or Alaska Native** *(for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)*

☐ **Asian** *(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

☐ **Black or African American** *(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*

☐ **Hispanic or Latino** *(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*

☐ **Middle Eastern or North African** *(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*

☐ **Native Hawaiian or Pacific Islander** *(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

☐ **White** *(for example, English, German, Irish, Italian, Polish, Scottish, etc.)*

6. What is your spouse's race and/or ethnicity? Select all that apply

☐ **American Indian or Alaska Native** *(for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)*

☐ **Asian** *(for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

☐ **Black or African American** *(for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*

☐ **Hispanic or Latino** *(for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*

☐ **Middle Eastern or North African** *(for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*

☐ **Native Hawaiian or Pacific Islander** *(for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

☐ **White** *(for example, English, German, Irish, Italian, Polish, Scottish, etc.)*

Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:TS:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Additional Notes/Comments

Form **15080** (October 2024)	Department of the Treasury - Internal Revenue Service **Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites**

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2026.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer. You have the right to receive a signed copy of this form.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2026). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484. Report a Crime or IRS Employee Misconduct - U.S. Treasury Inspector General for Tax Administration (TIGTA) (https://www.tigta.gov/reportcrime-misconduct).

VITA Volunteer Income Tax Assistance

MINNESOTA · REVENUE

Minnesota Intake Sheet – Page 1

Important Questions for MN Income and Property Tax Refund- Do you/ did you:	Yes	No	Unsure
1. Receive a letter in 2025/26 from the MN Dept of Revenue about a previous year MN return?	☐	☐	☐
2. Agree to allow the MN Dept of Revenue to share the amount of your AGI with MNsure?	☐	☐	☐
3. Move since filing your last MN tax return?	☐	☐	☐
4. Have a permanent and total disability	☐	☐	☐
5. Wish to give to the MN State Elections Campaign Fund? This will NOT affect your refund.	☐	☐	☐
6. Do you wish to contribute to the MN non-game wildlife Fund?	☐	☐	☐
If so, how much? $______ This will reduce your refund or increase your amount due.			

Questions for your MN Income Tax Return - Did you or do you…	Yes	No	Unsure
1. Military involvement – for you or your spouse:			
a. Serve as a member (or veteran) of the military or Active Guard Reserve?	☐	☐	☐
b. Complete 20 years of military service (active and/or reserve component)?	☐	☐	☐
c. Receive a military pension or other retirement pay from military service?	☐	☐	☐
d. Have service-related disabilities rated as permanent or total?	☐	☐	☐
2. Pay any K-12 education expenses for which you have receipts?	☐	☐	☐
3. MN Child Tax Credit			
3a Did you elect to receive Minnesota Advance Child Tax Credit (ACTC) Payments in 2025?	☐	☐	☐
3b Do you have the letter from MN confirming the 2025 ACTC payments received?	☐	☐	☐
3c Do you elect to receive advance payments of your 2026 Child Tax Credit, if eligible	☐	☐	☐
4. Make payments for long-term care insurance? Policy #_______________ Amt paid__________	☐	☐	☐
5. Make payments on a postsecondary education loan? Original loan amt_________________	☐	☐	☐
6. Contribute or withdraw from a Section 529 College Savings Plan?	☐	☐	☐
7. Have a First-Time Homebuyer Savings Account?	☐	☐	☐
8. Make charitable contributions in excess of $500?	☐	☐	☐
9. Experience a stillbirth in 2025?	☐	☐	☐
10. Receive a public service pension on income that was not subject to Social Security tax?	☐	☐	☐
If yes, start and end dates of employment: ____			
11. Pay rent for your personal residence during any part of 2025 and have a CRP?	☐	☐	☐
12. MN has tax deductions for the relatively rare situations (teacher completion of a master's program, SEIU collective bargaining stipend, coerced debt discharge, foreign service retirement) Did you receive any of these items?	☐	☐	☐
13. If your rent exceeds your gross income, please complete Govt. Assistance Q 1-7 on page 2	☐	☐	☐

Questions for Minnesota Property Tax Refund (for Homeowners or Mobile Home Owners Only)

Please complete the questions below and on page 2. Do you or did you:	Yes	No	Unsure
1. File M1PR and receive a MN Property Tax refund as mobile home or homeowner in 2025?	☐	☐	☐
2. Have the Property Tax Statement Payable in 2026?	☐	☐	☐
3. Contribute to a ROTH IRA?	☐	☐	☐
4. Own your personal residence and occupy it on January 2, 2026?	☐	☐	☐
5. Live in a mobile home during any part of the tax year (**circle one on each line**)?	☐	☐	☐
a. If yes, did you rent or own the lot? Rent Own			
b. If yes, did you rent or own the mobile home? Rent Own			
6. If you own your residence or mobile home, did any non-dependents live with you in 2025?	☐	☐	☐
If yes, were any of them boarders (OOS), renters (OOS), or parents?	☐	☐	☐

MINNESOTA · REVENUE

Minnesota Intake Sheet – Page 2

If you are filing for a **Homestead Credit Refund** (for Home owners or Mobile Home owners)**,** the income from these sources will NOT be added to your taxable income and will NOT add to your tax bill, but must be included as part of your "household income" to correctly figure your MN homeowners refund.

Please check all the following income sources that apply to you:

Government Assistance (M1PR Line 4)	**Yes**	**No**	**Unsure**
1. Supplemental Security Income (SSI)	☐	☐	☐
2. MN Diversionary Work Program (DWP) Benefits	☐	☐	☐
3. MN General or Emergency Assistance (GA or EA)	☐	☐	☐
4. MN Family Investment Program (MFIP)	☐	☐	☐
5. MN Supplemental Aid (MSA)	☐	☐	☐
6. MN Refugee Cash Assistance	☐	☐	☐
7. MN housing support assistance	☐	☐	☐
Other Nontaxable Income (M1PR Line 6)			
1. Adoption assistance (subsidy and employer paid)	☐	☐	☐
2. Alimony received §§	☐	☐	☐
3. Canceled, discharged or forgiven debt §§	☐	☐	☐
4. Community Access for Disability Inclusion Waivers (CADI)	☐	☐	☐
5. Compensated Work Therapy (CWT) §§	☐	☐	☐
6. Disability benefits (do not include Veterans disability) §§	☐	☐	☐
7. Employer paid education expenses §§	☐	☐	☐
8. Foster care income, including adult foster care	☐	☐	☐
9. Gain from sale of home §§	☐	☐	☐
10. IRA contributions not on W-2	☐	☐	☐
11. Long-term care benefits*	☐	☐	☐
12. IRA distributions (ROTH and traditional or QCD) §§	☐	☐	☐
13. Pension/annuity income §§	☐	☐	☐
14. Personal injury settlement*	☐	☐	☐
15. Reduction in rent for caretaking (incl amt shown on CRP)	☐	☐	☐
16. Scholarships, fellowships, and grants received by taxpayer or spouse, but not dependent §§	☐	☐	☐
17. Sick pay*	☐	☐	☐
18. Strike benefits	☐	☐	☐
19. Transit and parking costs paid by employer §§	☐	☐	☐
20. Treaty exclusions for Native Americans	☐	☐	☐
21. Tuition waivers or reductions	☐	☐	☐
22. Voluntary Employee Benefit Assoc. Contributions by Employee §§	☐	☐	☐
23. Worker's compensation benefits*	☐	☐	☐

Preparer Notes:

* Can exclude to extent taxpayer can show funds used to pay medical expenses..

§§ To the extent <u>not included</u> in Federal adjusted gross income.

All nontaxable income is entered via the *Enter your Total Household Income* line on the *Minnesota M1PR Return* menu. Ln 6 income, however, may be programmed to be entered here OR may be from the M1 Menu>*Additional Nontaxable Income (Forms M1PR)*

See "do not include" list for Line 6 in the *M1PR Instructions* booklet for income that is not added to total household income.

Also do not include dollar value of food/food stamps, clothing and medical supplies from government agencies, fuel assistance, subsidized housing that reduces rent (i.e., HUD/Sect 8), government assistance medical care (GAMC).