

January 12, 2026



CERTIFIED PUBLIC ACCOUNTANTS

Dear Client:

As you organize the financial data required to prepare your 2025 income tax returns, consider whether you wish to mail, or drop off your information at our office. You may also call our office at (218) 749-4880 to schedule an appointment even if you do not have all of your information available when you schedule your appointment.

Thank you for your past patronage and we look forward to assisting you in the upcoming year. Please **update** taxpayer and bank information.

The IRS has phased out paper tax refund checks. Taxpayers must provide bank account details for direct deposit to avoid significant delays or receive alternative electronic payments such as a prepaid debit card. All tax payments including estimated taxes and balances due must now be made electronically.

- Ryan S. Jarvi, CPA
- Thomas B. Kelly, CPA
- Carly Newman, CPA

- Steven R. Jarvi, CPA
- William Paulson, CPA (Retired)
- Kaija Giroux, CPA
- Patricia Miller Sabie, CPA
- Megan Christenson, CPA
- Judy Novak
- Tina Olson
- Ashley Marsyla
- Lauri Perez
- Logan Cushman
- Anthony Hecimovich
- John Starkovich

TAX REFUND - DIRECT DEPOSIT INFORMATION

Bank Name _____

Bank Routing Number _____

Account Number _____

(numbers are on the bottom of your check)

Type of Account: Checking Savings

TAXPAYER INFORMATION

	Taxpayer	Spouse
NAME	_____	_____
SOCIAL SECURITY NO.	_____	_____
DATE OF BIRTH	_____	_____
HOME ADDRESS	_____	_____
TELEPHONE NUMBER	_____	_____
E-MAIL ADDRESS	_____	_____
OCCUPATION	_____	_____

DEPENDENTS:

Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Social Security No.	_____	_____	_____	_____
No. of Months Lived in Your Home	_____	_____	_____	_____
Full Time Student	_____	_____	_____	_____
Grade Level in School	_____	_____	_____	_____

P.O. Box 960
 225 1st Street North
 Suite 2400
 Virginia, MN 55792

(218) 749-4880
 FAX (218) 749-8528

info@wghcpas.com

INCOME INFORMATION

*****PLEASE PROVIDE ALL DOCUMENTS*****

<u>Source (Form)</u>	<u>Amount or # Enclosed</u>	<u>Source (Form)</u>	<u>Amount or # Enclosed</u>
WAGES (W-2)	_____	Partnership/Estate/S-Corporation/Trust/LLC (K-1)	_____
DISABILITY INCOME (W-2)	_____	RENTAL INCOME & EXPENSE	attach schedule
COMMISSIONS & FEES (1099 MISC/NEC/K)	_____	BUSINESS OR FARM INCOME & EXPENSE	attach schedule
INTEREST (1099-INT)	_____	UNEMPLOYMENT COMP (1099-G)	_____
DIVIDENDS (1099-DIV)	_____	SALES & EXCHANGES (1099-B/S)	_____
PENSION, ANNUITY, IRA, 401K (1099-R)	_____	SOCIAL SECURITY (SSA-1099)	_____
CANCELLATION OF DEBT (1099-AC)	_____	RAILROAD RETIREMENT (RRB-1099)	_____
EDUCATION DISTRIBUTIONS (1099-Q)	_____	GAMBLING/LOTTERY (W-2G)	_____
ALIMONY RECEIVED	_____	NON-TAXABLE INCOME (disability, muni bonds, etc.)	attach schedule

If you received any tip or overtime income please provide documentation for the amount received for the year such as your final pay stub or other information from your employer.

ADJUSTMENTS TO INCOME

	Date Paid	Taxpayer	Spouse
IRA Deduction			
Traditional IRA	_____	_____	_____
Roth IRA	_____	_____	_____
Health Savings Account	_____	_____	_____
Educator - out-of -pocket Classroom Costs		_____	_____
Alimony Paid (Amount)		_____	
Recipient's Name		_____	
Recipient's Social Security Number		_____	

ESTIMATED TAX PAYMENTS

		FEDERAL	STATE
First Quarter	Date Paid _____	\$ _____	\$ _____
Second Quarter	Date Paid _____	\$ _____	\$ _____
Third Quarter	Date Paid _____	\$ _____	\$ _____
Fourth Quarter	Date Paid _____	\$ _____	\$ _____

**ITEMIZED DEDUCTIONS (OR)
STANDARD DEDUCTION, S - \$15,750, MFJ - \$31,500, HOH \$23,625**

MEDICAL AND DENTAL

Prescriptions, Doctors, Dentists, Clinics, Hospitals _____
 Medical Miles Driven _____
 Medical Lodging and Parking _____

Medical Insurance Premiums _____

Long - Term Care Insurance
 Company Name _____
 Policy #(s) _____
 Amount(s) _____
 Name _____

TAXES

State Income Tax Withheld _____
 State Estimated or PY Balance Due _____

Real Estate Taxes
 Primary Residence _____
 Other _____

Auto Licenses _____

Sales Tax Paid _____

CONTRIBUTIONS - must be substantiated with receipts or cancelled checks (\$250 or more, a receipt is required)

Total _____
 Charitable Miles Driven _____

Non-Cash:

Organization	Date	Value
_____	_____	_____
_____	_____	_____

INTEREST

Forms 1098: _____

Not on 1098:
 Payee Name _____
 ID Number (SS or EIN) _____
 Address _____
 Amount _____

STATE MISCELLANEOUS DEDUCTIONS

Union and Professional Dues _____
 Unreimbursed Employee Expenses _____
 Investment Expense _____
 Tax Preparation Fees _____
 Safe Deposit Box Rental _____

CREDITS

CHILD AND DEPENDENT CARE EXPENSES

Qualifying Children

Name	Relationship	Social Security Number	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provider(s)

Name	Address	SSN or EIN	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

PREMIUM TAX CREDIT/REPAYMENT OF EXCESS ADVANCE PAYMENT

Bring in form **1095-A** to reconcile the advance payment of premium tax credit.

COLLEGE EDUCATION EXPENSES

Post Secondary Tuition & Fees, Books, Supplies (Less) Scholarships and Grants.

Student Name	Name of Institution	Year in College	Amount
_____	_____	_____	_____
_____	_____	_____	_____

K-12 EDUCATION

Tuition, Fees, Required Education, Materials (Textbooks, Paper, Pencils, Musical Instruments)

Student Name	Grade/School	Instrument	Amount
_____	_____	_____	_____
_____	_____	_____	_____

529 (EDUCATION SAVINGS ACCOUNT) CONTRIBUTIONS

Financial Institution	Account Number	Amount
_____	_____	_____
_____	_____	_____

ENERGY CREDITS

	Amount
Central Air Conditioners, Electric Panels, Water Heaters, Furnaces	_____
Windows and Skylights	_____
Exterior Doors	_____
Biomass Stoves and Boilers	_____
Home Energy Audit	_____

***NOTE – Foreign Bank Account information (account numbers, balances, country) is required to be disclosed as a separate filing.**

If you are a new client, please provide copies of prior years tax returns.

I have reviewed the information contained in the following pages, and to the best of my knowledge it is true, correct and complete.

SIGNATURE _____