

NECESSARY DOCUMENTS: What do I need to bring?



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

- **Photo ID** for you (and spouse, if applicable)
- **Social security** or ITIN (tax ID #) cards (or photo copies) 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
- It is recommended that you bring a **copy of prior year returns** (a transcript can be ordered from the IRS at 800-908-9946). It may get you a better refund and provide for a more accurate filing.
 - If you had MN refunds, it is recommended you bring any Minnesota Department of Revenue **check stubs**.
- Completed **IRS Intake forms** included in this packet
- **W-2s** and any tip information
- **1099-SSA** – 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
- **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 don't have a letter showing total for tax year, go to 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 lost the letter they send in January showing the total of cash benefits received during the year, call county case worker for a copy
 - Veterans Benefits
 - Scholarship – 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 living in home (unless they are a dependent or parent)
- Any other income of any kind received during the year. Front line worker pay, gambling winnings, election worker, etc
- **Charitable contributions** made during the year for contributions over \$500 may qualify for a state deduction.
- If itemizing on federal (homeowner) – taxes paid, medical expenses, health insurance paid.
- 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 2025 (if a homeowner)
- **Health Insurance Information** if purchased through MN Sure (need Form 1095-A)
- For direct deposit/faster refund, **voided check or card/statement from bank** listing **routing number and account number**. If none, suggest they may want to open a bank account
- Any Power of Attorney or other document giving authority to file for another

All income and expense information should be for 2024 tax year and/or prior tax year(s) if want a return done for prior year(s)

Service made available through a grant provided by the state of Minnesota.



UNITED WAY
Southeast Minnesota



Intake/Interview and Quality Review Sheet

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

Mailing address	Apt #	City	State	ZIP code
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Your telephone number	Spouse's telephone number	Email address (<i>optional</i>)	Did you live or work in two or more states in 2024 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check if you or your spouse were in 2024:				Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A U.S. citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Issued an identity protection PIN (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No	Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

If due a refund, how would you like your refund				If you have a balance due, how would you like to make your payment			
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Check by mail			<input type="checkbox"/> Bank account	<input type="checkbox"/> IRS.gov Direct Pay		
<input type="checkbox"/> Split refund between accounts	<input type="checkbox"/> Other _____			<input type="checkbox"/> Set up installment agreement	<input type="checkbox"/> 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

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	If married, were you married for all of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you live with your spouse during any part of the last six months of 2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated but not Divorced		<input type="checkbox"/> Widowed
Date of final decree _____	Date of separate maintenance decree _____		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.					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
<input type="checkbox"/> (B) Wages as a part-time or full-time employee How many jobs _____	<input type="checkbox"/> (B) W-2s # _____	
<input type="checkbox"/> (B/A) Tips	<input type="checkbox"/> (B/A) Tips (Basic when reported on W2)	
<input type="checkbox"/> (B/A) Retirement account, pension or annuity proceeds	<input type="checkbox"/> (B/A) 1099-R (Basic when taxable amount is reported) # _____ <input type="checkbox"/> (A) Qualified Charitable Distribution From 1099-R \$ _____	
<input type="checkbox"/> (B) Disability benefits (such as payments from insurance and worker's compensation)	<input type="checkbox"/> (B) Disability benefits on 1099-R or W-2 # _____	
<input type="checkbox"/> (B) Social Security or Railroad Retirement Benefits	<input type="checkbox"/> (B) SSA-1099, RRB-1099 # _____	
<input type="checkbox"/> (B) Unemployment benefits	<input type="checkbox"/> (B) 1099-G # _____	
<input type="checkbox"/> (B) Refund of state or local income tax	<input type="checkbox"/> (B) Refund \$ _____ <input type="checkbox"/> (B) Itemized last year <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> (B) 1099-INT # _____ <input type="checkbox"/> (B) 1099-DIV # _____	
<input type="checkbox"/> (A) Sale of stocks, bonds or real estate Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) 1099-B (include brokerage statement) # _____ <input type="checkbox"/> Capital loss carryover <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (B) Alimony	<input type="checkbox"/> (B) Alimony \$ _____ Excluded from income <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (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 <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A/M) Rental income (Advanced when the dwelling is a personal residence and rented for fewer than 15 days) <input type="checkbox"/> Rental expense \$ _____	
<input type="checkbox"/> Income from renting personal property such as a vehicle		
<input type="checkbox"/> (B) Gambling winnings, including lottery	<input type="checkbox"/> (B) W-2G or other gambling winnings (list losses below if taxpayer can itemize deductions) # _____	
<input type="checkbox"/> (A) Payments for contract or self-employment work Did you report a loss on last year's return <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> (A) Schedule C <input type="checkbox"/> 1099-MISC # _____ <input type="checkbox"/> 1099-NEC # _____ <input type="checkbox"/> 1099-K # _____ <input type="checkbox"/> Other income reported elsewhere <input type="checkbox"/> Schedule C expenses \$ _____	
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> 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
<input type="checkbox"/> (A) Mortgage Interest	<input type="checkbox"/> (A) 1098 # _____	
<input type="checkbox"/> (A) Taxes: state, local, real estate, sales, etc.		
<input type="checkbox"/> (A) Medical, dental, prescription expenses	<input type="checkbox"/> (B) Standard deduction <input type="checkbox"/> (A) Itemized deduction	
<input type="checkbox"/> (A) Charitable contributions		

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

Did any of the following happen during 2024?	(To be completed by certified volunteer) Information to report	Notes/Comments
<input type="checkbox"/> (B) You or someone in your family took educational classes (technical school, college, job related, etc.)	<input type="checkbox"/> (B) Taxable scholarship income <input type="checkbox"/> (B) 1098-T (itemized statement from school, invoice, etc.) <input type="checkbox"/> (B) Education credit or tuition and fees deduction	
<input type="checkbox"/> (A) Sell a home	<input type="checkbox"/> (A) Sale of home (1099-S)	
<input type="checkbox"/> (A) Have a health savings account (HSA)	<input type="checkbox"/> HSA contributions <input type="checkbox"/> HSA distributions	
<input type="checkbox"/> (A) Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> (A) 1095-A	
<input type="checkbox"/> (A) Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> (B) Energy efficient home improvement credit	
<input type="checkbox"/> (A) Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> (A) 1099-C	
<input type="checkbox"/> (A) Have a loss related to a declared Federal disaster area	<input type="checkbox"/> (A) 1099-A <input type="checkbox"/> Disaster relief impacts return	
<input type="checkbox"/> (B) Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> (B) EITC, CTC, AOTC or HOH disallowed in a previous year Year disallowed Reason	
<input type="checkbox"/> Receive any letter or bill from the IRS	<input type="checkbox"/> Eligible for Low Income Taxpayer Clinic referral	
<input type="checkbox"/> (B) Make estimated tax payments or apply last year's refund to 2024 taxes	<input type="checkbox"/> Estimated tax payments _____ <input type="checkbox"/> Last year's refund applied to this year _____ <input type="checkbox"/> 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	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
2. Would you say you can read a newspaper in English	<input type="checkbox"/> Very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not well	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer
3. Do you or any member of your household have a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
4. Are you or your spouse a Veteran of the U.S. Armed Forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer		
5. What is your race and/or ethnicity? <u>Select all that apply</u>	6. What is your spouse's race and/or ethnicity? <u>Select all that apply</u>				
<input type="checkbox"/> 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.)	<input type="checkbox"/> 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.)				
<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)	<input type="checkbox"/> Asian (for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)				
<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)	<input type="checkbox"/> Black or African American (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)				
<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)	<input type="checkbox"/> Hispanic or Latino (for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)				
<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)	<input type="checkbox"/> Middle Eastern or North African (for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)				
<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)				
<input type="checkbox"/> White (for example, English, German, Irish, Italian, Polish, Scottish, etc.)	<input type="checkbox"/> 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.

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>).



Minnesota Intake Sheet – Page 1

Did you...

Federal Income Tax Return

Yes No Unsure

- 1. Receive a MN Property Tax refund as mobile home or homeowner in 2024?
2. Receive a MN one-time rebate of \$260 for you or family member in 2024 (most got this in 2023)?

Minnesota Income Tax Return

Yes No Unsure

- 1. Have a permanent and total disability?
2. Move since last filing a tax return?
3. Military Concerns – 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 disability rated as permanent or total?
4. Pay any K-12 education expenses for which you have receipts?
5. Make payments for long-term care insurance? Policy # _____ Amt paid _____
6. Complete a master’s program started after 6/30/2017 to be a licensed teacher?
7. Make payments on a postsecondary education loan? Original loan amt _____
8. Contribute to a Section 529 College Savings Plan?
9. Have a First-Time Homebuyer Savings Account?
10. Make charitable contributions in excess of \$500?
11. Experience a stillbirth in 2024?
12. Receive a public service pension on income that was not subject to Social Security tax?
If yes, start and end dates of employment: _____
13. Make estimated state income tax payments or apply last year’s refund to this year’s tax?
14. Pay rent for your personal residence during any part of 2024 and have a CRP?
15. Want to contribute to the MN Nongame Wildlife Fund?

Important Questions

- Did you receive a letter from the MN Dept of Revenue about your MN return last year?
Do you want to opt-in for advance payment(s) of your 2025 Child Tax Credit, if eligible?
Do you agree to allow the MN Dept of Revenue to share the amount of your AGI with MNSure?

Minnesota Property Tax Refund (for Homeowners or Mobile Home Owners Only – NOT Renters)

If filing for a homeowner property tax refund, complete questions below and on reverse.

Yes No Unsure

- 1. Contribute to a ROTH IRA?
3. Own your personal residence and occupy it on January 2, 2025?
3. 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
4. If you own your residence or mobile home, did any non-dependents live with you in 2024?
If yes, were any of them boarders (OOS), renters (OOS), or parents?



Minnesota Intake Sheet – Page 2

If you are filing for a **Homestead Credit Refund (NOT applicable to Renters but applicable for a Mobile Home owner who rents the property it stands on)**, we need to know if you had any of the following income in 2024. 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 homeowner 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MN Diversionary Work Program (DWP) Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. MN General or Emergency Assistance (GA or EA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MN Family Investment Program (MFIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MN Supplemental Aid (MSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. MN Refugee Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Nontaxable Income (M1PR Line 6)

1. Adoption assistance (subsidy and employer paid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alimony received §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Canceled, discharged or forgiven debt §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Community Access for Disability Inclusion Waivers (CADI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compensated Work Therapy (CWT) §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disability benefits (do not include Veterans disability) §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Education expenses paid by employer §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Foster care payments, including adult foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gain from sale of home §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IRA contributions not on W-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Long-term care benefits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. IRA (ROTH and traditional) distributions (including distribution portions made to charity) §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pension/annuity payments §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Personal injury settlement*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Reduction in rent for caretaking (incl amt shown on CRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Scholarships, fellowships, and grants received by taxpayer or spouse, but not dependent §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sick pay*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Strike benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Transit and parking costs paid by employer §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Treaty exclusions for Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Tuition waivers or reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. VEBA Contributions by Employee §§	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Worker’s compensation benefits*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preparer Notes:

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

§ To the extent that it reduced Federal adjusted gross income.

§§ To the extent not included 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).