Bob Lindgren Tax Service 200 W 98TH ST #101 **BLOOMINGTON, MN 55420** 952-881-7053 fax 952-884-0588

Your Name: _____

Dear Client:

Bring in a copy of your 2010 property tax statement if you owned your home in 2009 (which was mailed last March). You will need the statement for a property tax refund. I am required to inform you that: Although Banks & Credit Card companies may sell your information to others, which is not my policy. PLEASE NOTE THAT YOUR INFORMATION IS CONFIDENTIAL. (I may give your telephone # out to your friend) DO NOT HAVE THIRD PARTIES CALL ME ABOUT YOUR TAX INFORMATION UNLESS YOU TALK TO ME FIRST. As usual, I expect the tax season to be extremely hectic and busy. Call ahead with your questions. As many of you know, I receive a number of telephone calls while prepare I your taxes. Sometimes it can be irritating, but it is the most effective way to serve you best. List all employers, bonuses, and awards received on 1099s and w2gs on a separated piece of paper.

BOB LINDGREN

In order to claim day care expenses you must include the following: each child (Vo

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Amount for each child. (Yes we	now need the amount of each child)		
Name of daycare provider	Address/ Zip Code	Identification #		Amount Paid
1.				\$
2.				\$
3.				\$
DOES YOU EMPLOYER PROV	IDE YOU WITH A DAY CARE	BENEFIT PLAN? YES	NO	

RENTAL PROPERTY	HOUSE #1	HOUSE #2	BUSINESS EXPENSES FOR SALES/ SELF EMPLOYED		
				HUSBAND	WIFE
				BUSINESS #1	BUSINESS #2
RENT RECEIVED	\$	\$	REVENUE/SALES?	\$	\$
Auto/Travel	\$	\$	Advertising	\$	\$
Cleaning / Maintenance	\$	\$	Bank Charges	\$	\$
Insurance	\$	\$	Commissions/ Paid out	\$	\$
Legal / Professional	\$	\$	Dues / Publications	\$	\$
Mortgage Interest	\$	\$	Entertainment / Meals	\$	\$
Other Interest	\$	\$	Other Entertainment	\$	\$
Repairs	\$	\$	Freight & UPS	\$	\$
Supplies	\$	\$	Insurance	\$	\$
Property Taxes	\$	\$	Interest / Business	\$	\$
Utilities	\$	\$	Laundry / Cleaning	\$	\$
Wages	\$	\$	Legal / Professional	\$	\$
FHA MIP	\$	\$	Office Supplies	\$	\$
Garbage / Sewer	\$	\$	Rent	\$	\$
Improvement	\$	\$	Repairs	\$	\$
Other (List)	\$	\$	Supplies	\$	\$
AUTO EXPENSE			Travel out of town	\$	\$
ONLY IF YOU USE CAR F	FOR BUSINESS		Utilities / Telephone	\$	\$
	Car #1	Car #2	Education / Seminars	\$	\$
Make and Model			Health Insurance	\$	\$
Date Purchased			Pay Phones	\$	\$
Beg. Odometer 1/1/10			Cell Phones	\$	\$
End. Odometer 12/31/10			Internet / Business	\$	\$
Total Miles in 2010			INVENTORY Beg/End	\$	\$
Business Miles 2010			OFFICE IN HOME	#1	#2
Commuting Miles / Day			Total Square Footage		
License Tabs	\$	\$	Mortgage Interest	\$	\$
Gas / Oil / Washes	\$	\$	Electricity	\$	\$
Auto Club	\$	\$	Gas/Heat/Water	\$	\$
Auto Insurance	\$	\$	FHA MIP	\$	\$
Repairs	\$	\$	Real Estate Taxes	\$	\$
Vehicle rent/ lease	\$	\$	Repairs	\$	\$
Auto Interest	\$	\$	Insurance	\$	\$
Parking / Meters / Tolls	\$	\$	Improvements	\$	\$
Other	\$	\$	Other	\$	\$
	\$	\$			

Attn: Auto sales and finance people: List income and source of money received that is listed on a 1099. AND MENTION THE AMOUNT TO THE TAX PREPARER AND VERBALLY CONFIRM THAT IS INCLUDED ON THE TAX RETURN. DOCUMENTATION IS NEEDED FOR ALL EXPENSES BY THE GOVERNMENT.

	_ Social Security #_		Birth Date	
	Social Security #		Birth Date	
	Home Telephone	#	Work #	
se 65 or older? Yes	No Disables	? Yes No		
litional dependents/ch	ildren for this tax yea	r (2010)? Yes No		
	2			
S NEED A SOCIAL S	ECURITY NUMBE	R. List dependents name. Soc	ial Security #. Birth Dat	e. & Age in 2004.
SOCIAL	SECURITY #	BIRTH DATE		-,
			1102	
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(NOT VOU DEDEN	IDENITS) Live in ven	w household? VES NO		
(Do no	ot include IRA interes	st) Workers Compensation	l	
Rolle	d Over?			
Husband	Wife	Social Security	Н	W
		Unemployment	Н	W W
		Comp.		
Н	W	Alimony	Н	W
\$	\$	Pensions Received	Н	W W
\$	\$	\$ Sale of stock/date	2	3
\$	\$	Stock Purchase Price	\$	\$
\$	\$		\$	\$
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HUSBAND	WIFE	INTEREST & HOUSE	HUSBAND	WIFE
				or #2
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N CAR OR BOAT				
\$	\$	Children school/Public	\$	\$
\$	\$	Private expenses K-12	\$	\$
Η	W	Uniforms	\$	\$
\$	\$	Uniform Cleaning	\$	\$
\$	\$	Union Dues	\$	\$
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eived last year. \$_				
rove to second job or s		Miles		
rove to second job or s	'ES/NO SELL A HO	USE? YES/NO BRING IN C	CLOSING PAPERS.	
	se 65 or older? Yes ditional dependents/ch s in 2010? Yes No S NEED A SOCIAL S SOCIAL		se 65 or older? Yes No Disables? Yes No fitional dependents/children for this tax year (2010)? Yes No s in 2010? Yes No S NEED A SOCIAL SECURITY NUMBER. List dependents name, Soc SOCIAL SECURITY # BIRTH DATE 	nome reception #

BRING IN ANY DOCUMENTS OR PAPERS THAT MAY HELP TO COMPLETTE YOUR TAXES! TURN OVER PAPER