

Your Name: _____
Phone Number: _____

BOB LINDGREN TAX SERVICE
200 W 98TH ST #101
BLOOMINGTON, MN 55420
952-881-7053

**HORSE TRAINERS/OWNERS (SOME CATEGORIES MAY BE COMBINED BUT ALWAYS
KEEP FOOD, MEALS, AND ENTERTAINMENT SEPARATE FROM OTHERS)**

ADVERTISING	\$ _____	\$ _____
BANK CHARGES	\$ _____	\$ _____
COMMISSIONS	\$ _____	\$ _____
DUES/ PUBLICATIONS	\$ _____	\$ _____
EDUCATION/ SMINAR	\$ _____	\$ _____
EMPLOYEES/ LABOR	\$ _____	\$ _____
ENTERTAIN/ MEALS	\$ _____	\$ _____
FARM/ LAYUPS	\$ _____	\$ _____
FEED	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
FREIGHT & UPS	\$ _____	\$ _____
HAY / STRAW	\$ _____	\$ _____
HEALTH INSURANCE	\$ _____	\$ _____
HORSE SHOEING	\$ _____	\$ _____
HORSE TRANSPORTATION	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
INTEREST /BUSINESS	\$ _____	\$ _____
JOCKEY FEES	\$ _____	\$ _____
LAUNDRY/ CLEANING	\$ _____	\$ _____
LEAGAL / PROF	\$ _____	\$ _____
OFFICE SUPPLIES	\$ _____	\$ _____
PONYING FEES	\$ _____	\$ _____
RACING FORMS	\$ _____	\$ _____
RACING PROGRAMS	\$ _____	\$ _____
RENT	\$ _____	\$ _____
REPARIS	\$ _____	\$ _____
SUBCONTRACTORS/ MISC	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____
TACK SUPPLIES	\$ _____	\$ _____
TRAINING EXPENSES	\$ _____	\$ _____
TRAVEL OUT/ TOWN	\$ _____	\$ _____
UTILS/ TELEPHONE	\$ _____	\$ _____
VET BILLS	\$ _____	\$ _____
VIDEOS	\$ _____	\$ _____
WIN PICTURES	\$ _____	\$ _____
LIST OTHER EXPENSES	\$ _____	\$ _____
_____	\$ _____	\$ _____

OFFICE IN HOME

TOTAL SQ FOOTAGE	_____
OFFICE SQ FOOTAGE	_____
MORTGAGE	\$ _____
INTEREST	\$ _____
ELECTRICITY	\$ _____
GAS/HEAT	\$ _____
FHA MIP	\$ _____
REAL ESTATE TAXES	\$ _____
RENT	\$ _____
REPAIRS	\$ _____
INSURANCE	\$ _____
OTHER (LIST)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

LIST NAMES OF HORSE YOU OWNED DURING THE YEAR,
PURCHASE DATE, COST, SALE OF HORSE AND PERCENT
YOU OWNED.

NAME	PURCHASE COST/DATE	SALES PRICE /DATE	OWNERSHIP PERCENTAGE
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LIST OTHER COMMENTS / QUESTIONS HERE

IS YOUR VEHICLE RATED OVER 6000 LBS (look on your door jam) _____

AUTO & TRUCK EXPENSES

	CAR #1	CAR #2	
MAKE & MODEL	_____	_____	_____
DATE PURCHASE	_____	_____	_____
TOTAL MILES	_____	_____	_____
BUSINESS MILES	_____	_____	_____
COMMUTING MILES / DAY	_____	_____	_____
LICENSE TABS	\$ _____	\$ _____	_____
GAS / OIL / WASHES	\$ _____	\$ _____	_____
AUTO CLUB	\$ _____	\$ _____	_____
INSURANCE	\$ _____	\$ _____	_____
REPARIS	\$ _____	\$ _____	_____
AUTO INTEREST	\$ _____	\$ _____	_____
VEHICLE RENTAL	\$ _____	\$ _____	_____
PARKING	\$ _____	\$ _____	_____
OTHER	\$ _____	\$ _____	_____
OTHER	\$ _____	\$ _____	_____