PERSONAL INFORMATION	TAXPAYER		SPOUSE	
Last Name				
First Name				
Middle Initial & Suffix	MI:	Suffix:	MI:	Suffix:
Date Of Birth				
Date Of Death				
Social Security Number				
Occupation				
Home Phone				
Cell Phone				
Work Phone				
Email Address				

Please provide us with your email address to receive our newsletters and other important tax information via email.

Street Address:		Apt/Unit/Lot #:
City:	State:	Zip:
Do you want $3 contributed to the presidential election campaign fund?	Yes ☐ No ☐	Yes ☐ No ☐
Do you want to contribute to the Minnesota Wildlife Fund?	Yes ☐ No ☐	Yes ☐ No ☐
Are you eligible to be claimed as a dependant on another return?	Yes ☐ No ☐	Yes ☐ No ☐
Do you want us to prepare your Minnesota M1PR to see if you are eligible for a Property Tax Refund? There is $15 fee for this service if you receive a refund. You will not be charged for the preparation if you do not receive a refund.		Yes ☐ No ☐

FILING STATUS (STATUS AS OF 12/31)

☐ Single

☐ Married Filing Joint (If your spouse became deceased during the tax year you can still claim Married Filing Joint)

☐ Married Filing Separately | Spouses Name: | Spouses SSN:

☐ Head Of Household (You are not a dependant on someone else's return and have dependants you provide support for)

☐ Qualifying Widower (Spouse Deceased With Dependent Children) - Year Spouse Died:

RESIDENCY STATUS

State Of Residence	Minnesota	Wisconsin	_____	_____
Full Year Resident	☐	☐	☐	☐
Part Year Resident	☐	☐	☐	☐
Non-Resident Required To File State	☐	☐	☐	☐
Enter Dates Of Residency				

Were you and your spouse residents of different states at the same time at any point during the tax year? Yes ☐ No ☐

Did you have moving expenses related to moving for your job? Yes ☐ No ☐

DEPENDENTS

First Name	MI	Last Name	Suffix	Date Of Birth	Social Security #	Relationship	Amt Pd For Daycare

☐ Check if any of these dependants are a child that did not live with you due to a divorce or separation

☐ Check if any of these dependants are other than a child

☐ Check if any of these dependants did not live with you for a full year

☐ Check if you did not provide over half of the support for any of these dependants for the year

CHILD AND DEPENDENT CARE PROVIDER EXPENSES

Name of Provider	Address	Social Security # Or EIN	Amount Paid

Did you have dependent care benefits withheld as a pretax item from your paycheck? Yes ☐ No ☐

DIRECT DEPOSIT INFORMATION

Generally income tax refunds can be directly deposited within 3 to 9 calendar days. If you are receiving a refund, do you want it directly deposited into your account? Yes ☐ No ☐

You may deposit into two separate accounts?

Account # 1: Amount =
Bank Name:
Routing Number:
Account Number:

Account # 2: Amount =
Bank Name:
Routing Number:
Account Number:

Please attach a voided check (not a deposit slip) for the account(s) that funds will be deposited into if it has changed from last year.

ELECTRONIC PAYMENT INFORMATION

If you owe taxes do you want the payment electrically withdrawn from your account? If yes, complete account information below?
Yes ☐ No ☐

Bank Name:
Routing Number:
Account Number:

Please attach a voided check (not a deposit slip) for the account that funds will be withdrawn from if it has changed from last year.

What date do you want your payment(s) withdrawn?

Would you like your 2012 Estimated Tax Payments to come out electronically on their due dates? Yes ☐ No ☐

FORMS TO PROVIDE TO TAX PROFESSIONAL – INDICATE # OF FORMS PROVIDED

W-2 Forms		1099-R Forms (Retirement Dist)		Social Security/Railroad Retirement	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
1099-Misc Forms (Self-Employment)		**1099-INT (Interest Income)**		**1099-DIV (Dividend Income)**	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
K-1 Form – Partnership		**K-1 Form - S-Corporation**		**K-1 Form – Estate/Trust**	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
1099-B (Stocks, Bonds, Securities)		**1099-G (Unemployment/Gov't Pmt)**		**W-2G (Gambling Winnings)**	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
1099-A Forms (Acquisition or Abandonment of Secured Property)		**1099-C Forms (Cancellation of Debt)**		**1099-SA (HSA Distributions)**	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
1098-INT (Mortgage Interest Paid)		**1098-E (Student Loan Interest Paid)**		**1098-T (Tuition Statements)**	
Taxpayer		Taxpayer		Taxpayer	
Spouse		Spouse		Spouse	
		Dependants		Dependants	
1099-Q (Qualified Education Program)					
Taxpayer					
Spouse					
Dependants					

Did you have additional income (alimony, jury duty, unreported tips, disability income, election judge, business, rentals, farms, etc.) that is not reported on any of the forms above? Yes ☐ No ☐ Maybe ☐ If Yes or Maybe, provide details:

IRA & SEP CONTRIBUTIONS

	Taxpayer	Spouse
Traditional IRA contributions for tax year already made		
Roth IRA contributions for tax year already made		
SEP, Keogh, 401(k), SIMPLE Contributions for tax year		

Did you convert a Traditional IRA to a Roth IRA during the tax year? Yes ☐ No ☐

Did you Rollover funds from a Retirement Account or a Traditional IRA into a Roth IRA during the tax year? Yes ☐ No ☐

Will you be contributing additional funds to a Traditional IRA to a Roth IRA before April 15 for the prior tax year?
Yes ☐ No ☐ Maybe ☐ If Yes or Maybe, provide details:

HSA CONTRIBUTIONS		
	Taxpayer	Spouse
Health Savings Account contributions for tax year already made		

Do not include contributions that have been made by your employer or that you have had deducted as a pre-tax item from your paycheck. Include only after-tax contributions you made individually. HSA's are not the same as Flex Spending/Cafeteria Plans.

Is your HSA an ☐ Individual or ☐ Family Plan?

Will you be contributing additional funds to your HSA before April 15 for the prior tax year?
Yes ☐ No ☐ Maybe ☐ If Yes or Maybe, provide details:

ITEMIZED DEDUCTIONS

Medical Expenses (Limited By 7.5% of Adjusted Gross Income)

Prescription Medicine		Eyeglasses And Contact Lenses	
Health Insurance (After Tax)		Medical Equipment And Supplies	
Taxpayer's Long Term Care Insurance		Ambulance Fees	
Spouse's Long Term Care Insurance		Medical Transportation	
Self Employed Health Insurance		Lodging	
Doctor		Miles Driven For Medical Purposes	
Dentist		Miles From 1/1/11 – 6/30/11	
Hospital		Miles From 7/1/11 – 12/31/11	
Clinic			
Lab And X-Ray Fees			
Qualified Long-Term Care			

Medical Expense Reimbursement Received for Medical Expenses Listed Above

Flex Spending Account/Cafeteria Plan		Health Savings Account Distribution	
Medical Savings Account Distribution		Insurance Reimbursement	

Taxes

Property Taxes – Principal Home		Property Taxes – 2nd Home/Land	
Auto Registration Fees		Sales Tax	
Sales Tax On Major Purchase (i.e vehicle)			

Home Mortgage Interest (Attach Form 1098-INT)

Payer	Amount	Payer	Amount

Points Paid On Purchase, Construction, Refinance, Or Improvement Loan (Attach Closing Settlement Statement)

Payer	Amount	Payer	Amount

If you refinanced, what is the term (length) of the loan? ☐ 10 Yr ☐ 15 Yr ☐ 20 Yr ☐ 30 Yr ☐ 40 Yr ☐ Other:_____

Please provide us with a copy of the Closing Settlement (HUD-1) Settlement Statement for a review of deductible closing costs.

Investment Interest

Margin Interest		Investment Property Loan Interest	

Cash/Check/Credit Donations

Organization	Amount	Organization	Amount
Charitable Miles Driven		Parking Fees/Tolls/Transport For Charity	

Noncash Charitable Contributions

Organization	Description of Donation	Date Donated	Original Cost	Donation Value

All donations being claimed must have receipts or supporting statements no matter what the amount is in order to be claimed as a deduction. For Non-Cash Donations the information in the table above is required, with values determined by taxpayer.

Miscellaneous Itemized Deductions (Limited By 2% of Adjusted Gross Income)			
Union/Professional Dues		Investment Counsel/Advisory Fees	
Prof. Subscriptions, Books, Supplies		Certain Attorney/Accounting Fees	
Uniforms And Protective Clothing		Safe Deposit Box Rental	
Job Search Costs		IRA Custodial Fees	
Educator Expense – Taxpayer			
Educator Expense – Spouse			
Tax Return Preparation Fees			
Gambling Losses (Up To Reported Winnings)			
Taxpayer's Losses		Spouse's Losses	

EMPLOYEE BUSINESS EXPENSES	
Were you out of town during the year for your job?	Yes ☐ No ☐
If yes, how many days during the year were you out of town? _____ How many nights did you stay out of town? _____	
Travel Expenses	
Lodging Expenses	
Meals And Entertainment Expenses	
Do you have other expenses such as Parking Fees, Tolls, And Local Transportation, Travel, Business Gifts, Education, Home Office Expense, Trade Publications, or other expenses that were required for your job that were not reimbursed by your employer? Yes ☐ No ☐ If Yes, please provide details or complete Employee Business Expenses worksheet on our website:	
Employer Reimbursements	
Did your employer provide you with lodging at their expense while you were out of town? Yes ☐ No ☐ Sometimes ☐	
Did your employer provide you with meals at their expense while you were out of town? Yes ☐ No ☐ Sometimes ☐	
Did your employer provide you with traveling or vehicle at their expense while you were out of town? Yes ☐ No ☐ Sometimes ☐	
If you paid for expenses other than Meals and Entertainment out of town, how much were you reimbursed?	
If you paid for Meals and Entertainment out of town, how much were you reimbursed?	

Vehicle Expenses			
Vehicle 1		Vehicle 2	
Year, Make, & Model		Year, Make, & Model	
Date In Service		Date In Service	
Total Miles Driven: Business & Personal		Total Miles Driven: Business & Personal	
Business Miles: 1/1/11 – 6/30/11		Business Miles: 1/1/11 – 6/30/11	
Business Miles: 7/1/11 – 12/31/11		Business Miles: 7/1/11 – 12/31/11	
Is The Vehicle Leased?	Yes ☐ No ☐	Is The Vehicle Leased?	Yes ☐ No ☐
Is It Available When Off-Duty?	Yes ☐ No ☐	Is It Available When Off-Duty?	Yes ☐ No ☐
Is Another Personal Vehicle Available?	Yes ☐ No ☐	Is Another Personal Vehicle Available?	Yes ☐ No ☐
Do You Have Written Evidence?	Yes ☐ No ☐	Do You Have Written Evidence?	Yes ☐ No ☐

The IRS requires that you maintain a written log book of your miles driven for work purposes and receipts and documentation for and expenses in order to claim Employee Business Expenses that you are not fully or partially reimbursed for.

TAX PAYMENTS				
Estimated Payments				
	Federal		State: _____	
Payment	Date Paid	Amount	Date Paid	Amount
Qtr 1: Due 04/15/11				
Qtr 2: Due 06/15/11				
Qtr 3: Due 09/15/11				
Qtr 4: Due 01/15/12				

2010 Refund Applied To 2011	
Federal	
State	
State Balance Due For 2010 Return Paid In 2011 (Do Not Include Penalties Or Interest)	
State Balance Due For 2009 Or Prior Return Paid In 2011 (Do Not Include Penalties Or Interest)	
2010 Quarter 4 Estimated/Additional Payments Paid In 2011	
2010 Extension Payments Paid In 2011	
Would you like your 2012 Estimated Tax Payments to come out electronically on their due dates?	Yes ☐ No ☐

GENERAL QUESTIONS	
Did a lender cancel any of your debt in 2011? If yes, attach any forms 1099-A or 1099-C.	Yes ☐ No ☐
Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If yes, please provide and attach details:	Yes ☐ No ☐
Did you purchase a motor vehicle, boat, motorcycle, or motor home during 2011? If yes, attach documentation showing sales tax paid.	Yes ☐ No ☐
Did you purchase a hybrid vehicle in 2011? If yes attach details.	Yes ☐ No ☐
Did you donate a vehicle in 2011? If yes, attach for 1098C.	Yes ☐ No ☐
Did your marital status change in 2011? If yes, explain:	Yes ☐ No ☐
Were you or your spouse permanently and totally disabled in 2011?	Yes ☐ No ☐
Do you have dependants who must file?	Yes ☐ No ☐
Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $1,900?	Yes ☐ No ☐
Did you provided over half the support for any other person other than your spouse or dependent children during 2011?	Yes ☐ No ☐
Did you incur adoption expenses during 2011?	Yes ☐ No ☐
Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	Yes ☐ No ☐
Did you receive any disability payments in 2011?	Yes ☐ No ☐
Did you receive tip income not reported to your employer?	Yes ☐ No ☐
Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2011? If yes, attach closing or escrow statements, 1099-S, 1099-C, or 1099-A forms.	Yes ☐ No ☐
If you sold a home, did you claim First-Time Homebuyer Credit when you purchased it?	Yes ☐ No ☐
Did you incur any casualty or theft losses in 2011?	Yes ☐ No ☐
Did you incur any non-business bad debts?	Yes ☐ No ☐
Did you pay any individual for domestic services (nanny, cleaning, etc.) in 2011?	Yes ☐ No ☐
Did you buy or sell any stocks or bonds in 2011?	Yes ☐ No ☐
Did you use any proceeds from Series EE or I US Savings Bonds purchased after 1989 to pay for higher education expenses?	Yes ☐ No ☐
Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated?	Yes ☐ No ☐
Did you receive any income not included in this Tax Organizer? If yes, please attach information.	Yes ☐ No ☐
Do you or your spouse plan to retire in the next couple years?	Yes ☐ No ☐
Are you considering drawing Social Security in 2012 or 2013?	Yes ☐ No ☐
Do you expect your income and deductions in 2012 to be the same, or close to the same as 2011? If no, please explain:	Yes ☐ No ☐
If you paid any alimony enter recipients SSN: Alimony Paid:	$

Please visit www.lindgrentaxandaccounting.com and go to Forms and Newsletters for these additional worksheets:

- Small Business Self Employment Income and Expenses
- Partnership, C-Corporation, and S-Corporation Income and Expenses Worksheets
- Farm Income and Expenses
- Farm Rental Income and Expenses
- Real Estate Rental Income and Expenses
- Employee Business Expenses
- Home Office Expense
- Installment Sale/Contract For Deed or Sales To Related Party
- Home Sale
- Tax Changes and Notes
- Moving Expenses