

Dear Client:

Bring in a copy of your 2004 property tax statement if you owned your home in 2004 (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.

**BOB LINDGREN**

In order to claim day care expenses you must include the following:

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 YOUR EMPLOYER PROVIDE YOU WITH A DAY CARE BENEFIT PLAN? YES NO**

RENTAL PROPERTY	HOUSE #1	HOUSE #2	BUSINESS EXPENSES FOR SALES/ SELF EMPLOYED	
			HUSBAND BUSINESS #1	WIFE 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 FOR BUSINESS			Utilities / Telephone	\$ _____
	Car #1	Car #2	Education / Seminars	\$ _____
Make and Model	_____	_____	Health Insurance	\$ _____
Date Purchased	_____	_____	Pay Phones	\$ _____
Beg. Odometer 1/1/04	_____	_____	Cell Phones	\$ _____
End. Odometer 12/31/04	_____	_____	Internet / Business	\$ _____
Total Miles in 2004	_____	_____	INVENTORY Beg/End	\$ _____
Business Miles 2004	_____	_____	<b>OFFICE IN HOME</b>	#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	\$ _____

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Spouses Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Work # \_\_\_\_\_

1. Are you or you spouse 65 or older? Yes No      Disables?      Yes      No
2. Do you have any additional dependents/children for this tax year (2004)? Yes      No
3. Lose any dependents in 2004? Yes      No
4. ALL DEPENDENTS NEED A SOCIAL SECURITY NUMBER. List dependents name, Social Security #, Birth Date, & Age in 2004.

FULL NAME	SOCIAL SECURITY #	BIRTH DATE	AGE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Any children or relatives (NOT YOU DEPENDENTS) Live in your household? YES NO \_\_\_\_\_

**INCOME THAT IS NOT TAXABLE BUT MAY HAVE TO BE REPORTED ON TAX RETURN**

Tax Exempt Interest \_\_\_\_\_ ( Do not include IRA interest)      Workers Compensation \_\_\_\_\_  
 IRA Received \_\_\_\_\_ Rolled Over? \_\_\_\_\_

**WAGES: ATTACH OR BRING IN W-2S AND 1099S**

Interest Received	Husband	Wife	Social Security	H _____	W _____
Bank Name			Unemployment	H _____	W _____
			Comp.		
	H _____	W _____	Alimony	H _____	W _____
	\$ _____	\$ _____	Pensions Received	H _____	W _____
	\$ _____	\$ _____	\$ Sale of stock/date	\$ _____	\$ _____
Dividends Received	\$ _____	\$ _____	Stock Purchase Price	\$ _____	\$ _____
	\$ _____	\$ _____		\$ _____	\$ _____

MEDICAL DEDUCTIONS	HUSBAND or #1	WIFE or #2	INTEREST & HOUSE DEDUCTIONS	HUSBAND or #1	WIFE or #2
Drugs and Medical	\$ _____	\$ _____	Points to buy House	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____	Real Estate Taxes	\$ _____	\$ _____
Medical Car Miles	H _____	W _____	Mortgage Interest	\$ _____	\$ _____
Other (LIST)	\$ _____	\$ _____	Contract/ Deed Interest	\$ _____	\$ _____
Long Care Medical Ins.	\$ _____	\$ _____	Investment/Margin Int.	\$ _____	\$ _____
<b>CONTRIBUTIONS</b>	\$ _____	\$ _____	List Other Deductions	\$ _____	\$ _____
Church/Synagogue	\$ _____	\$ _____	Student Loan Interest	\$ _____	\$ _____
Other	\$ _____	\$ _____	For you or dependents	\$ _____	\$ _____
Non Cash (Clothes)	\$ _____	\$ _____	Seasonal real estate tax	\$ _____	\$ _____
Contributions	\$ _____	\$ _____	Auto License tabs	\$ _____	\$ _____

SALES TAX PAID ON CAR OR BOAT					
Education/Seminars	\$ _____	\$ _____	Children school/Public	\$ _____	\$ _____
College Expenses	\$ _____	\$ _____	Private expenses K-12	\$ _____	\$ _____
Investment Expenses	H _____	W _____	Uniforms	\$ _____	\$ _____
IRA Custodial Fees	\$ _____	\$ _____	Uniform Cleaning	\$ _____	\$ _____
Occupation License	\$ _____	\$ _____	Union Dues	\$ _____	\$ _____
Professional Subscription	\$ _____	\$ _____	Work Tools	\$ _____	\$ _____
Safety Deposit Box	\$ _____	\$ _____	Moving Expenses	\$ _____	\$ _____
<b>TAX PREP FEES</b>	\$ _____	\$ _____	Motels	\$ _____	\$ _____
Job Seeking Expenses	\$ _____	\$ _____	U-Haul: Truck	\$ _____	\$ _____
Alimony Paid	\$ _____	\$ _____	Other (List)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	Forfeited Interest	\$ _____	\$ _____
Did you convert to a Roth?	\$ _____	\$ _____	IRA DEDUCTIONS	\$ _____	\$ _____

Date & Amount paid in 2004 Estimated Taxes. Bring in cancelled checks.  
 FEDERAL (IRS) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 MN & OTHER STATES 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Amount applied to 2004 estimated taxes from 2003 refund      FEDERAL \_\_\_\_\_ MN \_\_\_\_\_  
 Amount of State refund received last year. \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_  
 Property tax refund received last year. \$ \_\_\_\_\_

Number of miles you drove to second job or seeking employment. \_\_\_\_\_ Miles  
 DID YOU BUY A HOUSE LAST YEAR? YES/NO      SELL A HOUSE? YES/NO      BRING IN CLOSING PAPERS.  
 Bring in copy of 2004 property tax statement that you received last year.

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