

DWIGHT HETLETVED PC

CERTIFIED PUBLIC ACCOUNTANT

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TAX INFORMATION SHEET

2011

TAXPAYER

(Husband) First Name _____ M. Last Name _____ Occupation _____ Birthdate _____

SPOUSE

(Wife) First Name _____ M. Last Name _____ Occupation _____ Birthdate _____

Social Security # H _____ W _____

MAILING ADDRESS _____

TELEPHONE # (Home) _____ (Cell) _____

E-MAIL _____

Dependents: **(PLEASE CHECK THE SOCIAL SECURITY CARD TO BE SURE THE NUMBER IS CORRECT)**

	Name	Birthdate	Social Security #	Relationship	# of months in your home this year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

A. Are all W-2's attached? Yes____ No____

B. Do you want to give to Presidential Campaign Fund? Yes____ No____

C. Do you want to give to the ND Nongame Wildlife Fund? Yes____ No____

D. Do you want to give to ND Centennial Tree Fund? Yes____ No____

E. Other income (Please attach statements you have received such as interest, dividends, unemployment, etc.)

Interest-Dividends Yes____ No____ Royalties Yes____ No____

Sale of Property Yes____ No____ Farm Yes____ No____

Business Yes____ No____ Unemployment Comp Yes____ No____

Rentals Yes____ No____ Annuities or Pensions Yes____ No____

If any of the above items are marked Yes, please give details on a separate schedule.

Please provide copies of all 1099's or documents for any other tax information.

F. Contributions to IRA: Husband \$ _____ Wife \$ _____

G. Did you make Tax Estimates? Yes____ No____

	Payment 1	Payment 2	Payment 3	Payment 4
Date Paid	_____	_____	_____	_____
Amount - Federal	_____	_____	_____	_____
Amount - State	_____	_____	_____	_____

LIST EXPENSES ON BACK OF THIS FORM

PERSONAL DEDUCTIONS

2011

MEDICAL EXPENSES

(Do not list items paid by insurance)

Medical Insurance _____
Prescription drugs, medicines,
insulin, doctors, clinics,
hospital, dentists, etc. _____
Optical, dentures, hearing aids
etc. _____
Other _____
Medical travel
(1/1-6/30 _____ Miles @ 19¢) _____
(7/1-12/31 _____ Miles @ 23.5¢) _____

TAXES PAID

State income tax _____
Real estate tax _____
(Do not include special assessments)

INTEREST EXPENSE

Student loan interest _____
Home - paid to Financial
Institution _____
Home - paid to Individual
(Name, SS# & Address) _____

Interest on special assessments _____

If you have financed the purchase of a home
or refinanced your existing home, please
provide a copy of the closing statements

Investment interest paid _____
(Interest paid on purchase of stocks, bonds, etc.)

Mortgage Insurance premiums _____

Points paid _____
(Please provide a copy of the closing statement)

CONTRIBUTIONS

(Do not include political Contributions)

Church _____
Other _____
Non Cash _____
Charity travel _____
(_____ Miles @ 14¢) _____

OTHER

Casualty Losses (explain) _____
Union dues _____
Tax preparation fee _____
Uniforms & maintenance _____
Work tools _____
Safety shoes, etc. _____
Union Miles _____
Other (describe) _____

MISCELLANEOUS

Child care expenses _____
Child care provider information(Name, SS# & Address)
(List on a separate sheet)

Education expenses (college) _____
(Provide 1098-T)

Other educational expenses (List w/ Amounts)

Did you at any time during the year, employ any
individual to perform household services such as
babysitting, cleaning, cooking, or gardening?

Yes _____ No _____

Alimony paid _____
(Please provide Name & SS #)

Moving Expense _____
(Please provide description and amounts.)

Employee Business Expense _____
(Attach a list and amounts.)

OTHER NOTES

