

DWIGHT HETLETVED PC

CERTIFIED PUBLIC ACCOUNTANT

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Washburn, ND 58577-1106

Phone: 701-462-3376

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TAX INFORMATION SHEET

2009

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 NUMBER (Home) _____ (Cell) _____

E-MAIL ADDRESS _____

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

	Name	Birthdate	Social Security #	# 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 - Fed	_____	_____	_____	_____
Amount - State	_____	_____	_____	_____

LIST EXPENSES ON BACK OF THIS FORM

PERSONAL DEDUCTIONS

2009

MEDICAL EXPENSES

AMOUNT

(Do not list items paid by insurance)

Medical Insurance _____

Prescription drugs, medicines,
insulin, doctors, clinics, hospital,
dentists _____

Optical, dentures, hearing aids
etc. _____

Other _____

Medical travel
(_____ Miles @ 24¢) _____

TAXES PAID

State income tax _____

Sales tax (vehicle & boat) _____

Real estate tax _____

(Do not include special assessments)

New motor vehicle sales tax _____

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

AMOUNT

(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

