

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_  
 Mark if you were married but living apart all year \_\_\_\_\_

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact **Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2010	_____	_____
	<b>Taxpayer</b>	<b>Spouse</b>
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:  
 Financial institution: Routing transit number \_\_\_\_\_ Name \_\_\_\_\_  
 Your account number \_\_\_\_\_ Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.\*\* \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

\*\*To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive. Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive. Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive. Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive. Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive. Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Credits: Cr-4 **Making Work Pay Credit**

Enter the amount of the economic recovery payment you received in 2010 in the field(s) below, DO NOT enter any amount received in 2009.

Table with 4 columns: Taxpayer, Spouse, Prior Year Information, and a blank field for Economic recovery payment received in 2010 (Do not enter more than \$250 per person).



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J  Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address \_\_\_\_\_ Amount received in 2010 \_\_\_\_\_ Amount received in 2009 \_\_\_\_\_  
 Amount received in 2010 \_\_\_\_\_ Amount received in 2009 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2010 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2010 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____



Itemized: A1

**Medical and Dental Expenses**

T/S/J		2010 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

Itemized: A1

**Tax Expenses**

T/S/J		2010 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2009 state and local income taxes paid in 2010	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____
T/S/J	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid in 2010
—	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	_____	_____

Itemized: A2

**Interest Expenses**

T/S/J		2010 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2010 Information
—	_____	_____	_____
Address _____			
T/S/J		2010 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
T/S/J	Refinance #1		Refinance #2
—	Description _____	_____	_____
—	Total points paid _____	_____	_____
—	Date of refinance _____	_____	_____
—	Total number of payments _____	_____	_____
—	Reported on Form 1098 in 2010 _____	_____	_____

Itemized: A3

**Charitable Contributions**

T/S/J		2010 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

**Miscellaneous Deductions**

T/S/J		2010 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
Other expenses, subject to 2% AGI limitation:			
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
Investment expenses, other than on K1s:			
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

## Minnesota General Information

Mark if you or your spouse are disabled \_\_\_\_\_ [1]  
 Welfare amounts received \_\_\_\_\_ [2]

### Contributions

Amount of political and charitable contributions you wish to make to:

#### Political Contributions

State campaign fund Taxpayer \_\_\_\_\_ [3]      Spouse \_\_\_\_\_ [4]  
 Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Independence 12 = Republican	13 = Democratic Farmer-Labor 14 = Green	15 = General Campaign Fund

#### Charitable Contribution

Nongame Wildlife Fund \_\_\_\_\_ [5]

### Credits and Subtractions

#### Long Term Care Insurance Credit

Name of insurance company (Taxpayer) \_\_\_\_\_ [6]  
 Name of insurance company (Spouse) \_\_\_\_\_ [7]  
 Policy Number (Taxpayer) \_\_\_\_\_ [8]  
 Policy Number (Spouse) \_\_\_\_\_ [9]

#### K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]

#### M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

### Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

Part-year residency dates: Taxpayer \_\_\_\_\_ [55]      Spouse \_\_\_\_\_ [57]  
 From \_\_\_\_\_ [56] \_\_\_\_\_ [58]  
 To \_\_\_\_\_ [59] \_\_\_\_\_ [60]  
 Other state of residence (State/Foreign country required for other nonresidents) \_\_\_\_\_ [61]

**NOTES/QUESTIONS:**