

# INDIVIDUAL INCOME TAX INFORMATION FOR 2010

**1. GENERAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
 Spouse \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_\_  
 Taxpayer Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address (*to contact for additional information*) \_\_\_\_\_

**Circle Filing Status**      Single      Married Filing Joint      Married Filing Separately      Head of Household

**2. DEPENDENT INFORMATION**

Name	Date of Birth	Social Security #	Relationship	Months Lived at Home	Student Yes/No
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

**3. ESTIMATED TAX PAYMENTS - (Bring copies of your cancelled checks.)**

	Federal	State
April 15, 2010	\$	\$
June 15, 2010	\$	\$
September 15, 2010	\$	\$
December 31, 2010	\$	\$
January 15, 2011	\$	\$
2009 overpayment applied to 2010	\$	\$

**4. WAGES & COMPENSATION (Bring in all W-2 and 1099 forms)**

**5. INTEREST & DIVIDEND INCOME (Bring in all 1099 forms)**

Name of Payer	Amount	Name of Payer	Amount
	\$		\$
	\$		\$

**6. TAX-EXEMPT INTEREST**

Name of Payer	Amount	Name of Payer	Amount
	\$		\$
	\$		\$

7. **OTHER INCOME** (Bring in all 1099 forms)

	Taxpayer	Spouse
A. Unemployment Compensation Received	\$ _____	\$ _____
B. State Income Tax Refund	\$ _____	\$ _____
C. Alimony Received	\$ _____	\$ _____
D. Tip Income Not Reported on W-2	\$ _____	\$ _____
E. Social Security Benefits (bring in Social Sec forms)	\$ _____	\$ _____
F. Gambling Winnings (bring in W-2G forms)	\$ _____	\$ _____
G. IRA Distributions Received (bring in 1099-R forms)		
H. Pension & Annuity Income (bring in 1099-R forms)		
I. Other Income (please list payee and amount)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Yes    No

- J. \_\_\_\_\_ Sale of Investments (Bring in all 1099 forms)  
 Attach a list showing: Item Sold   Date Sold   Sale Proceeds   Date Acquired   Cost or Basis
- K. \_\_\_\_\_ Business Income – Attach the schedule of Income and Related Expenses (yellow form)
- L. \_\_\_\_\_ Rental income – Attach the Income and Expenses for Each Property (blue form)
- M. \_\_\_\_\_ Partnerships, ‘S’-Corporations, Trusts & LLC’s – (Bring in all K-1 Forms)
- N. \_\_\_\_\_ Did you Purchase or Sell your Personal Residence – (Bring in Closing Statement)
- O. \_\_\_\_\_ Did you receive a \$250 Economic Recovery Payment in 2010?
- P. \_\_\_\_\_ Did you make any Energy Efficient Improvements to your home in 2010? – (Bring in receipts)
- Q. \_\_\_\_\_ Did you receive employer sponsored dependent care benefits this year? (flex benefits)
- R. \_\_\_\_\_ Did you pay any student loan interest this year? – (Bring in Form 1098E)
- S. \_\_\_\_\_ Did you pay college tuition for yourself or dependent this year? – (Bring in Form 1098-T and complete section below)
- T. \_\_\_\_\_ Did you or your employer contribute to a Health Savings Account in 2010?
- U. \_\_\_\_\_ Are you or your spouse insured by a long-term care “partnership plan”? (Bring in certification)  
 \*\*You will need to contact your insurance company if you do not have a copy of the certificate\*\*

<u>Child’s Name</u>	<u>Dates Paid</u>	<u>Amount Paid</u>	<u>Circle Year in College as of 01/01/10</u>				
			1	2	3	4	5
_____	_____	\$ _____					
_____	_____	\$ _____					
_____	_____	\$ _____					

**DEDUCTIONS**

	Taxpayer	Spouse
A. If eligible, do you want to contribute to an IRA? (yes or no)	_____	_____
B. Amount already contributed for 2010 (if any)	\$ _____	\$ _____
C. Type of IRA (Roth, Traditional, Other)	_____	_____

9. **ALIMONY** Amount Social Sec #  
 Amount paid this year and recipient's Social Security Number \$ \_\_\_\_\_ \_\_\_\_\_

10. **CHILD CARE** – (Daycare Center or Baby Sitter)

*Amount flexed through your employer \$ \_\_\_\_\_*

1. Name \_\_\_\_\_ I.D or Soc Sec # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_ Name of children attending \_\_\_\_\_
  
2. Name \_\_\_\_\_ I.D or Soc Sec # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_ Name of children attending \_\_\_\_\_

11. **EMPLOYEE BUSINESS EXPENSE** – (Mileage **must** be supported by a written log or expense report to be eligible for deduction.)

Business miles driven \_\_\_\_\_  
 Total of all miles driven, including personal \_\_\_\_\_  
 Cost of business related meals (only if you are not using per diem) \$ \_\_\_\_\_  
 Lodging costs \$ \_\_\_\_\_  
 Number of days away from home overnight on business \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

12. **MOVING EXPENSES** – Attach a list of any moving expenses as a result of a job related relocation

13. **MEDICAL EXPENSE**

Medical insurance premiums you paid (*do not include Medicare*) \$ \_\_\_\_\_  
 Prescription drugs, insulin, doctors, dentists,  
 hospitals, chiropractors and clinics you paid \$ \_\_\_\_\_  
 Eyeglasses, hearing aids, dentures, etc. \$ \_\_\_\_\_  
 Long-Term Care Insurance premiums paid Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Lodging costs while away from home for medical treatment \$ \_\_\_\_\_  
 Miles driven for medical care \_\_\_\_\_

14. **TAXES**

Real estate tax on residence paid in 2010 (Must bring in 2009 Real Estate tax statement) \$ \_\_\_\_\_  
 Taxes paid on second home, vacation home, lake cabin, etc. \$ \_\_\_\_\_

15. **INTEREST**

Home mortgage interest and points paid to financial institutions (Bring in Form 1098) \$ \_\_\_\_\_  
 Second mortgage interest paid on personal residence \$ \_\_\_\_\_  
 Home mortgage interest paid to individuals (person's name, SS# and address) \$ \_\_\_\_\_  
 Investment interest paid \$ \_\_\_\_\_  
 Mortgage Insurance Premium paid \$ \_\_\_\_\_

16. **CONTRIBUTIONS** - Cash contributions require a receipt from the charity to be deductible.

Church and Charities paid by Cash (receipt required) or Check \$ \_\_\_\_\_

Non-cash Contributions – (Provide detail information below)

Name & Address of Donee Organization	Description of Property	Date of Contribution	Your Cost of Property	Fair Market Value of Property	Method used to Determine Fair Market Value
		/ /	\$	\$	
		/ /	\$	\$	

17. **MISCELLANEOUS DEDUCTIONS**

Union & Professional Dues \$ \_\_\_\_\_ Uniforms & Tools \$ \_\_\_\_\_

Safe Deposit Box \$ \_\_\_\_\_ Tax Prep Fees \$ \_\_\_\_\_

Documented Gaming Losses \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

18. **EDUCATOR CLASSROOM EXPENSES**

Amount of unreimbursed expenses incurred in connection with books, supplies, computer equipment and supplementary materials used in the classroom \$ \_\_\_\_\_



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