

2005 TAXPAYER ORGANIZER

THIS EASY-TO-USE ORGANIZER HAS BEEN PREPARED TO ASSIST YOU IN COLLECTING INFORMATION FOR YOUR 2005 INDIVIDUAL INCOME TAX RETURN. INFORMATION FROM YOUR 2004 TAX RETURN HAS BEEN LISTED TO SERVE AS A GUIDE IN ASSEMBLING THIS YEAR'S TAX DATA.

ENTER THIS YEAR'S INFORMATION IN THE AREA PROVIDED ON THE ATTACHED PAGES. IF YOU NEED MORE SPACE, PLEASE USE THE BACK OF THE PAGES. PLEASE LINE THROUGH ANY PREPRINTED DATA THAT DOES NOT APPLY TO THE CURRENT YEAR. IF NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS WITH PERTINENT FACTS THAT MAY NOT HAVE BEEN REQUESTED IN THIS ORGANIZER.

IF YOU HAVE ANY QUESTIONS, PLEASE MAKE NOTE OF THEM WITHIN THE BOOKLET SO THAT WE CAN DISCUSS THEM WHEN WE PREPARE YOUR TAX RETURN.

PLEASE PROVIDE ALL RECORDS AND NECESSARY INFORMATION REQUESTED, INCLUDING:

- Prior year federal and state return (New client only)
- W-2's for wages, salaries, tips, and pensions
- 1098's for mortgage interest paid to financial institutions
- 1099's for interest, dividends, state tax refunds, and other payments
- K-1's from partnerships, s-corporations, estates, and trusts
- Additional correspondence from tax agencies, if any

USING THIS ORGANIZER WILL ASSIST YOU IN COMPILING COMPLETE AND ACCURATE TAX DATA THAT WILL MAKE IT POSSIBLE TO TAKE FULL ADVANTAGE OF ALL ALLOWABLE DEDUCTIONS.

COURTESY OF

GENERAL INFORMATION

CLIENT _____

ALL OF THE FOLLOWING QUESTIONS REFER TO 2005 ONLY.
IN EACH CASE, IF YOU ANSWER "YES," PLEASE PROVIDE ANY PERTINENT DOCUMENTS. THANK YOU.

- 1 Did your marital status change during 2005? Yes No
- 2 Is your income tax return to be mailed to an address other than the one shown on the cover sheet? Yes No
If "Yes," indicate address: _____
- 3 Would you like to have your tax return filed electronically? Yes No
- 4 Would you like to receive an electronic return via e-mail? Yes No
- 5 If you are unmarried, did a relative or child live with you in your home? Yes No
- 6 Were there any births or deaths in your household or did any children cease to be your dependents in 2005? Yes No
- 7 Did any of your dependent children under age 14 have unearned income over \$1,600? Yes No
- 8 Did you pay more than half the cost of supporting a parent? Yes No
- 9 Did you maintain a household for a child who was either under age 17 or a student under age 24,
or did you have an adult disabled dependent? Yes No
- 10 Did you incur child care expenses in 2005? Yes No
- 11 Did you make cash contributions of over \$250 at any one time to a charitable organization? Yes No
If "Yes," please obtain documentation from the organization verifying the contribution and attach.
- 12 Did you contribute property (other than cash) with a value of more than \$250 to a charity? Yes No
If you contributed a motor vehicle, boat, or airplane, attach Form 1098-C.
- 13 Did you receive any interest income from an installment sale? Yes No
- 14 Did you convert any traditional IRA funds to a Roth IRA in 2005? Yes No
- 15 Did you buy, sell, or trade any assets during the year? Yes No
If "Yes," please provide information concerning the disposition of the assets.
- 16 Did you buy, sell, or trade any bonds during the year? Yes No
If "Yes," please attach a copy of your broker's advice letter.
- 17 Did you cash any series EE or I U.S. bonds that were issued after 1989 and paid qualified
higher education expenses? If "yes," attach details Yes No
- 18 Are you or your spouse unable to participate in any gainful activity? Yes No
- 19 Do you own a vacation home that was rented to someone else at any time during the year? Yes No
- 20 Did you pay wages of \$1,000 or more in any calendar quarter this year to any one household employee? Yes No
- 21 Did you have any educational expenses in connection with employment profession, trade, or business? Yes No
- 22 Did you pay any educational expenses for a dependent child? Yes No
- 23 Did you receive any alimony or separate maintenance payments? Yes No
If "Yes," please indicate the amount you received \$ _____
- 24 Did you make any alimony or separate maintenance payments? Yes No
If "Yes," please indicate recipient's social security number _____ and amount paid \$ _____
- 25 Did you have a premature withdrawal of a savings certificate? Yes No
If "Yes," please indicate the amount you received \$ _____
- 26 Did you have any moving expenses for 2005? Yes No
If "Yes," please attach a statement listing these expenses.
- 27 Disability payments received in 2005, if any Self \$ _____ Spouse \$ _____

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
SSN				
Occupation ...				
Birthdate				
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Death Date				
Over age 65 ...	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Permanently and totally disabled ..	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
E-mail address ..				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone ...				
Work phone ...				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Education expense				
Credit Type				

Address _____ Apt No _____
 City _____ State _____ ZIP Code _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address _____
 City _____ State or Province _____
 Country _____ Postal Code .. _____

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

- 1 = Single
 - Claimed as a dependent on someone else's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on someone else's return
 - Spouse claimed as dependent of someone else but qualifies for Education Credit
- 3 = Married Filing Separately
 - Dual status alien
 - Itemizing required for Schedule A
 - Taking standard deduction
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child Year spouse died (2003 or 2004) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL	
Bank name	_____
Routing number	_____
Type of account: C = Checking S = Savings	_____
Account number	_____

DI

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial .				
Last Name if Diff ..				
Birthdate				
Soc Sec Number ..				
Relationship				
# Months in Home .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student, ..	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
*** Status Code ..				
(See Codes below)				

	DEPENDENT #5	DEPENDENT #6	DEPENDENT #7	DEPENDENT #8
First Name & Initial .				
Last Name if Diff ..				
Birthdate				
Soc Sec Number ..				
Relationship				
# Months in Home .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student, ..	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
*** Status Code ..				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation,

Number of other dependents listed above

*** An entry in this box disallows Child Tax Credit for this child.**

** Type of Education Credit: Hope (can only be taken first two years) Lifetime Tuition deduction

*** Status Codes: 0 = Claimed 1 = Not claiming child this year 2 = Not claimed but child qualifies for EIC 3 = Not claimed but qualifying child for Head of Household 4 = Not claimed but qualifies for Depn Care Benefits (DCB)	5 = Not claimed but qualifies for both EIC and HOH 6 = Not claimed but qualifies for both EIC and DCB 7 = Not claimed but qualifies for HOH and DCB 8 = Not claimed but qualifies for all three 9 = Claimed but ineligible for EIC
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NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT _____

PLEASE ENTER ALL PERTINENT 2005 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address.....							
Employer city							
Control number							
		2004 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ..	Amt	
2	Federal income tax withheld ...			b	Code ..	Amt	
3	Social security wages			c	Code ..	Amt	
4	Social security tax withheld ...			d	Code ..	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan?		Yes	
7	Social security tips			Third-party sick pay?		Yes	
8	Allocated tips			14 Other			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
	15	16	17	18	19	20	
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address.....							
Employer city							
Control number							
		2004 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ..	Amt	
2	Federal income tax withheld ...			b	Code ..	Amt	
3	Social security wages			c	Code ..	Amt	
4	Social security tax withheld ...			d	Code ..	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan?		Yes	
7	Social security tips			Third-party sick pay?		Yes	
8	Allocated tips			14 Other			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
	15	16	17	18	19	20	
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2004 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)					

SELLER-FINANCED MORTGAGE INTEREST			2005 AMOUNTS	2004 AMOUNTS
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)							

Foreign account

Name of country

Foreign trust

2005 AMOUNTS	2004 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

C _____

BUSINESS INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2005 AMOUNTS	2004 AMOUNTS
This is the spouse's business		<input type="checkbox"/> Yes	
Two-letter state code			
A	Principal business or profession		
B	Principal business code		
C	Business name		
E	Business street address		
	Business city, state, ZIP code		
D	Business address and city, state, ZIP code are same as on Form 1040	<input type="checkbox"/> Yes	
Federal employer identification number			
F	ACCOUNTING METHOD	<input type="checkbox"/> Yes	
	IF NOT CASH	<input type="checkbox"/> Yes	
	Specify other method		
G	Were you a "material participant" in the operation of this business?	<input type="checkbox"/> No	
H	Is this the first Schedule C filed for this business?	<input type="checkbox"/> Yes	

PART I	INCOME	2005 AMOUNTS	2004 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	
2	Returns and allowances	()	()
6	Other income		

PART II	EXPENSES	2005 AMOUNTS	2004 AMOUNTS
8	Advertising		
9	Car and truck expenses (see vehicle depreciation organizer)		
10	Commissions and fees		
11	Contract labor		
12	Depletion		
13	Depreciation and section 179 expense deduction (see depreciation organizer)		
14	Employee benefit programs		
15	Insurance (other than health)		
16	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17	Legal and professional services		
18	Office expense		
19	Pension and profit-sharing plans		
20	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21	Repairs and maintenance		
22	Supplies		
23	Taxes and licenses		
24	Travel, meals and entertainment: Travel		
	Meals and entertainment		
25	Utilities		
26	Wages less employment credits		
30	Expenses for business use of home (see 8829 organizer or attach explanation)		
32	Amount at risk		

C _____

BUSINESS INCOME (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD	2005 AMOUNTS		2004 AMOUNTS	
33	INVENTORY METHOD IF NOT COST	Lower of cost or market	<input type="checkbox"/>	Yes		
		Other	<input type="checkbox"/>	Yes		
		Specify other method				
34	Was there any change in inventory method?		<input type="checkbox"/>	Yes		
35	Inventory at beginning of the year					
36	Purchases					
37	Cost of items withdrawn for personal use	()	()
	Cost of labor (not salary paid to yourself)					
38	Materials and supplies					
39	Other costs					
41	Inventory at end of the year	()	()

PART IV		INFORMATION ABOUT YOUR VEHICLE	2005 AMOUNTS		2004 AMOUNTS	
43	Date your auto was placed in service for business purposes					
44	Total business miles driven from 01-01-2005 to 08-31-2005			MI		
	Total business miles driven from 09-01-2005 to 12-31-2005			MI		NEW
	Total commuting miles driven			MI		
	Total other miles driven			MI		
45	Was another vehicle available for personal use?		<input type="checkbox"/>	Yes		
46	Was this vehicle available for use during off-duty hours?		<input type="checkbox"/>	Yes		
47	Is there evidence to support your deduction?		<input type="checkbox"/>	No		
	If "yes," is the evidence written?		<input type="checkbox"/>	No		

PART V		EXPENSES	2005 AMOUNTS		2004 AMOUNTS	
Other expenses:						
	Amortization					
	Miscellaneous					
	Oil and gas deduction					
	Postage					
	Telephone (business only)					
					
					
					
					
					
					
					
					
					
					
					

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS	2005 AMOUNTS	2004 AMOUNTS
1 Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples		
2 Total area of home		
4 Total hours this facility was used for day care		
5 Total hours available for use (if used for day care that was started or stopped this year)		

DEDUCTION DESTINATION	2005 AMOUNTS	2004 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C 2 = Schedule F 3 = Form 2106		
For Schedule C Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797		
For Schedule F Only: Business expenses that are NOT from business use of the home		
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)		

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2005 AMOUNTS	2004 AMOUNTS	2005 AMOUNTS	2004 AMOUNTS
9 Casualty losses				
10 Deductible mortgage interest				
11 Real estate taxes				
16 Excess mortgage interest				
17 Insurance				
18 Repairs and maintenance				
19 Utilities				
20 Other expenses				
23 Operating expenses carryover from 2004 Form 8829, line 41				
27 Excess casualty losses				
29 Carryover of excess casualty losses and depreciation from 2004 Form 8829, line 42				

DEPRECIATION OF HOME	2005 AMOUNTS	2004 AMOUNTS
35 Smaller of home's adjusted basis or fair market value (see depreciation organizer) . . .		
36 Value of land included in home's adjusted basis or fair market value		
Date business use began		

INSTALLMENT SALE INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR INSTALLMENT SALE	
1	Description of property
2	Date acquired (MM-DD-YYYY)
	Date sold (MM-DD-YYYY)
3	Property was sold to a related party after May 14, 1980 <input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security <input type="checkbox"/> Yes

	2005 AMOUNTS	2004 AMOUNTS
19	%	
21		
23		
25		
26		

PRIOR YEAR INSTALLMENT SALE	
1	Description of property
2	Date acquired (MM-DD-YYYY)
	Date sold (MM-DD-YYYY)
3	Property was sold to a related party after May 14, 1980 <input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security <input type="checkbox"/> Yes

	2005 AMOUNTS	2004 AMOUNTS
19	%	
21		
23		
25		
26		

PRIOR YEAR INSTALLMENT SALE	
1	Description of property
2	Date acquired (MM-DD-YYYY)
	Date sold (MM-DD-YYYY)
3	Property was sold to a related party after May 14, 1980 <input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security <input type="checkbox"/> Yes

	2005 AMOUNTS	2004 AMOUNTS
19	%	
21		
23		
25		
26		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2005 INFORMATION.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State			ZIP code				
Account number									
		2004 AMOUNTS							
1	Gross distribution				8	Other			
2a	Taxable amount				Percent of other				
2b	Tax amount not determined ...			Yes	9a	Percent of total distribution			
Total distribution?				Yes	9b	Total employee contrib ..			
3	Capital gain (included in box 2a)				10	State tax withheld			
4	Federal income tax withheld ...				11	Payer's state I.D. number:			
5	Employee contrib or ins prem ..				Name of state . .				
6	Net unrealized appreciation ...				12	State distribution			
7	Distribution code				13	Local tax withheld			
IRA / SEP / SIMPLE				Yes	14	Name of locality			
Distrib rolled over 1 = IRA, 2 = Roth					15	Local distribution			
					Disability is earned income? <input type="checkbox"/> Yes				
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2 ...				

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State			ZIP code				
Account number									
		2004 AMOUNTS							
1	Gross distribution				8	Other			
2a	Taxable amount				Percent of other				
2b	Tax amount not determined ...			Yes	9a	Percent of total distribution			
Total distribution?				Yes	9b	Total employee contrib ..			
3	Capital gain (included in box 2a)				10	State tax withheld			
4	Federal income tax withheld ...				11	Payer's state I.D. number:			
5	Employee contrib or ins prem ..				Name of state . .				
6	Net unrealized appreciation ...				12	State distribution			
7	Distribution code				13	Local tax withheld			
IRA / SEP / SIMPLE				Yes	14	Name of locality			
Distrib rolled over 1 = IRA, 2 = Roth					15	Local distribution			
					Disability is earned income? <input type="checkbox"/> Yes				
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2 ...				

ATTACH ANY ADDITIONAL 1099-R'S

NONDEDUCTIBLE IRAs

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs				
	TAXPAYER		SPOUSE	
	2005 AMOUNTS	2004 AMOUNTS	2005 AMOUNTS	2004 AMOUNTS
Nondeductible traditional IRA contributions for 2005.				
Total traditional IRA basis for 2004 and prior years				
IRA contributions made from 01-01-2006 to 04-17-2006				
Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12-31-2005				
Outstanding rollovers				
Total distributions received from traditional, SEP, and SIMPLE IRAs during 2005				

2005 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs				
	2005 AMOUNTS	2004 AMOUNTS	2005 AMOUNTS	2004 AMOUNTS
Net amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2005				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, and SIMPLE IRAs)				
Basis of Roth IRAs after recharacterizations				

DISTRIBUTIONS FROM ROTH IRAs				
	2005 AMOUNTS	2004 AMOUNTS	2005 AMOUNTS	2004 AMOUNTS
Total Roth IRA distributions received in 2005 including qualified first-time homebuyer distribution				
Qualified first-time homebuyer expenses				
Basis in Roth IRA contributions				
Basis in Roth IRA conversions				

NOTES OR QUESTIONS:

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description . . .	

	2005 AMOUNTS	2004 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse)		
Two-letter state code		
Real estate professional	<input type="checkbox"/> Yes	
Qualifies for \$25,000 limitation	<input type="checkbox"/> Yes	
Passive activity	<input type="checkbox"/> Yes	
Property is exempt from passive limitation	<input type="checkbox"/> Yes	
2 Rental is part of personal residence	<input type="checkbox"/> Yes	
Percent of ownership		
Percent of personal use		
Personally used for 14 days or 10% of total rental days	<input type="checkbox"/> Yes	

INCOME	2005 AMOUNTS	2004 AMOUNTS
3 Rents received		
4 Royalties received		

EXPENSES	2005 AMOUNTS	2004 AMOUNTS
5 Advertising		
6 Auto expense (see vehicle depreciation organizer)		
Travel expenses		
7 Cleaning and maintenance		
8 Commissions		
9 Insurance		
10 Legal and other professional fees		
11 Management fees		
12 Mortgage interest paid to banks, etc		
13 Other interest		
14 Repairs		
15 Supplies		
16 Taxes		
17 Utilities		
18 Other expenses:		

Amortization (see depreciation organizer)		
Oil and gas deduction		
20 Depreciation expense (see depreciation organizer)		
Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

E1 _____ **INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)** CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2005 AMOUNTS	2004 AMOUNTS
Prior year unallowed loss		()	
Alternative minimum prior year unallowed losses		()	
Real Estate	Prior year passive loss	()	
Professional	Alternative minimum prior year loss	()	
State	Prior year loss (if different)	()	
	Depreciation (if different)	()	
	R.E. Professional only: Prior year loss	()	
VACATION HOME CARRYOVERS ONLY			
Operating expense carryover			
Depreciation carryover			
Alternative minimum depreciation carryover			

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2005 AMOUNTS	2004 AMOUNTS
Name		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2005 AMOUNTS	2004 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME	2005 AMOUNTS		2004 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7 Taxable scholarship / fellowship income				
10 IF YOU ITEMIZED LAST YEAR	NEW		NEW	
Deducted 2004 state/local sales tax	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
State tax refund				
2004 state and local taxes				
2004 itemized deductions				
11 Alimony received				
19 Unemployment compensation received (1099-G)				
Repaid unemployment compensation				
20 SOCIAL SECURITY BENEFITS				
Social security benefits received ..				
Medicare premiums withheld,				
Tier 1 Railroad retirement received				
Federal withholding				
21 Net operating loss carryover				
Other income: SE? T/S	<input type="checkbox"/>			

ADJUSTMENTS TO INCOME	2005 AMOUNTS		2004 AMOUNTS	
23 Educator expenses				
25 Health savings account deduction				
26 Moving expenses				
28 Self-employed SEP, SIMPLE, and qualified plans.				
29 Self-employed health insurance				
Health insurance premium from S Corp				
30 Penalty on early withdrawal of savings				
31 Alimony paid to first recipient				
Recipient's social security number			NEW	
TP <input type="checkbox"/> SP <input type="checkbox"/>				
Alimony paid to second recipient				
Second recipient's social security number ...			NEW	
TP <input type="checkbox"/> SP <input type="checkbox"/>				
32 Payments to your IRA (see 8606 organizer)				
Covered by employer's retirement plan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>
33 Student loan interest deduction				NEW
34 Tuition and fees deduction				
35 Domestic production activities				NEW
36 Other adjustments:				
Archer MSA deduction				

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2005 AMOUNTS	2004 AMOUNTS
15 Gifts made by cash or check:		

Total charitable mileage at 14 cents per mile	MI	
16 Contributions made other than by cash or check: (provide details)		

17 Contribution carryover from prior year		
Contributions limited to 20% of AGI		
Contributions limited to 30% of AGI		

CASUALTY AND THEFT	2005 AMOUNTS	2004 AMOUNTS
19 Net loss before applying 10% of AGI		
Details: _____		

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2005 AMOUNTS	2004 AMOUNTS
20 Union and professional dues		
Job education		
Form 2106 or Form 2106-EZ		
Other unreimbursed expenses:		

21 Tax return preparation fees		
22 Investment fees		
Safe deposit box		
Other limited miscellaneous deductions:		

OTHER MISCELLANEOUS DEDUCTIONS	2005 AMOUNTS	2004 AMOUNTS
27 Gambling losses		
Other miscellaneous deductions:		

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2005,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES							
INFORMATION ON DONATED PROPERTY							

Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION	(Complete line 2 if you gave less than an entire interest in property listed in Part I) (Complete line 3 if conditions were placed on a contribution listed in Part I)
----------------------------------	---

- 2a** Enter letter from Part I that identifies the property _____
- b** Total amount claimed as deduction for property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____
- c** Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization _____
Address (number, street, and room or suite no.) _____
City or town _____ State _____ ZIP code _____
- d** For tangible property, enter place where property is located or kept _____
- e** Name of any person, other than the donee organization having actual possession of the property _____

If an agreement between the donor and donee places conditions on any contribution listed in Part I, answer the following questions. Attach statement

- 3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . Yes
- b** Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? Yes
- c** Is there a restriction limiting the donated property for a particular use? Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)							
INFORMATION ON DONATED PROPERTY							

Enter kind of donated property from the listing below:

1 = Art (contribution over \$20,000)	4 = Qualified conservation contribution	7 = Computer equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Other
3 = Collectibles	6 = Intellectual property (patents, etc.)	

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

EMPLOYEE BUSINESS EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION					
Occupation in which expenses were incurred	0032				
		2005 AMOUNTS		2004 AMOUNTS	
Business expense is spouse's expense	1134	Yes			
Qualified performing artist	1168	Yes			
Handicapped employee	1169	Yes			
Fee-basis or local government official	1118	Yes			
D.O.T. Employees: Subject to hours-of-service limits	1137	Yes			
Armed Forces reservist	1178	Yes			

EMPLOYEE BUSINESS EXPENSE		2005 AMOUNTS		2004 AMOUNTS	
2	Parking fees, tolls, local transportation, etc	2449			
3	TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <ul style="list-style-type: none"> ← Lodging ← Car rental ← Other 	2440			
		2215			
		2216			
4	Other business expenses not included above	2454			
6	Total meals and entertainment expenses	2450			
	REIMBURSEMENT NOT ON FORM(S) W-2 <ul style="list-style-type: none"> ← Other than meals and entertainment ← Meals and entertainment 	2453			
		2238			

VEHICLE INFORMATION		VEHICLE 1		VEHICLE 2	
(refer to the vehicle depreciation organizer)		2005 AMOUNTS	2004 AMTS	2005 AMOUNTS	2004 AMTS
11	Date vehicle was placed in service	0033		0034	
12	Total miles vehicle was driven during 2005	2442	MI	3002	
13	Total business miles vehicle was driven during 2005 <ul style="list-style-type: none"> From 01-01-2005 to 08-31-2005 From 09-01-2005 to 12-31-2005 	2443	MI	3003	
			NEW		NEW
15	Average daily round trip commuting distance	2441	MI	3004	
16	Total vehicle commuting miles	2445	MI	3005	
18	Is another vehicle available for personal use?	1209	Yes		
19	Is off-hours personal use permitted?	1210	Yes		
20	Is there evidence to support the deduction?	1211	No		
21	If "Yes," is the evidence written?	1212	No		

ACTUAL EXPENSES		2005 AMOUNTS	2004 AMTS	2005 AMOUNTS	2004 AMTS
23	AUTOMOBILE EXPENSES <ul style="list-style-type: none"> ← Gasoline ← Oil ← Repairs ← Auto insurance ← Other maintenance 	2444		3006	
		2217		3007	
		2233		3008	
		2236		3009	
		2244		3010	
24	Vehicle rentals (and leases)	2448		3011	
	Inclusion amount	2451		2398	
25	Value of employer-provided vehicle	2447		3012	

DEPRECIATION		2005 AMOUNTS	2004 AMTS	2005 AMOUNTS	2004 AMTS
30	Cost or other basis	2452		3015	
31	Amount of section 179 deduction	2458		3017	
33	Depreciation method	0085		0091	
	Depreciation percentage	0124		0125	
34	Depreciation before limitation & sec 179 deduction	2739		2740	
36	Limitation amount	2817		2823	

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2005.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2005 Amts	2004 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES	2005 Amounts	2004 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.		
4 Taxpayer elects to include nontaxable combat pay	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Number of months taxpayer was a student or disabled, if applicable		
5 Spouse elects to include nontaxable combat pay	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Number of months spouse was a student or disabled, if applicable		
9 Amount of 2004 expenses being paid in 2005		
Expenses paid for: _____	Name	SSN
Explanation of expenses: _____		

PART III - DEPENDENT CARE BENEFITS	2005 Amounts	2004 AMOUNTS
12 Total employer-provided dependent care benefits		
13 Forfeited amount of employer-provided dependent care benefits		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2005 INFORMATION.

2005 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2004 return ..				
1st quarter payment	04-15-2005		- -	
2nd quarter payment	06-15-2005		- -	
3rd quarter payment	09-15-2005		- -	
4th quarter payment	01-17-2006		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2004) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

APPLICATION OF 2005 OVERPAYMENT

If you have an overpayment of 2005 taxes, do you want the excess refunded? or applied to 2006 estimate?

Other (please explain): _____

2006 ESTIMATED TAX INFORMATION

Do you expect your 2006 taxable income to be generally the same as 2005? Yes No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status

Personal exemptions TP over 65 Yes No TP blind Yes No

Dependent exemptions ... SP over 65 Yes No SP blind Yes No

Qualified Child tax credit ..

1 Ordinary income	
2 Qualified dividends and/or long-term capital gain income (5% or 15%)	
3 Self-employment income	
4 Adjustments	
6 Itemized deductions	
9 Taxable income	
10 Tax	
11 Alternative minimum tax	
12 Nonrefundable credits	
14 Other taxes	
15 Refundable credits	
19 Withholding	
20 Total 2006 estimated tax payments paid to date	

If you owe a tax for 2006, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2005 INFORMATION.

State _____

2005 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2004 return ..				
1st quarter payment	04-15-2005		- -	
2nd quarter payment	06-15-2005		- -	
3rd quarter payment	09-15-2005		- -	
4th quarter payment	01-17-2006		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2004) tax amount	
Are you a Farmer / Fisherman?	<input type="checkbox"/> Yes
Prior year adjusted gross income	
Was the income received uneven? (seasonal employment)	<input type="checkbox"/> Yes

APPLICATION OF 2005 OVERPAYMENT

If you have an overpayment of 2005 taxes, do you want the excess refunded? or applied to 2006 estimate?

Other (please explain): _____

2006 ESTIMATED TAX INFORMATION

Do you expect your 2006 taxable income to be generally the same as 2005? Yes No

If "No," enter any differences:

1 Taxable income	
2 Tax	
7 Withholding	

If you owe a tax for 2006, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS: