

2005
Organizer
for your income tax return
information

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Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2002, 2003 and 2004, please include them with this Organizer.

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2006 estimated tax . . _____
3. During 2005, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$11,000 to any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2005. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2005, you purchased a clean-fuel (e.g. electric or natural gas) or hybrid-fuel vehicle that was not intended for resale. If so, provide details on a continuation sheet _____
15. You would like to file your tax return electronically, if possible _____
16. In 2005, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

- 17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2005. If so, provide details on a continuation sheet _____

- 18. You paid household employee wages of \$1,400 or more or withheld federal income tax in 2005. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____

- 19. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____

- 20. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____

- 21. You moved in connection with your employment in 2005 _____
 Where you moved to _____
 When you moved _____
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.

- 22. You refinanced a mortgage during 2005. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____

- 23. You incurred any nonbusiness bad debts _____
 If so, provide the following details on a continuation sheet:
 - A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.

- 24. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
 You should keep the following in a safe place:
 - Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense

- 25. You incurred any casualty or theft losses in 2005 _____
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.

- 26. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____

- 27. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____

- 28. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____

- 29. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer _____

Taxpayer Information

Personal Information

First name	Initial	Last name	Social Security Number
_____	_____	_____	_____
			Taxpayer
			Spouse
Street address _____			
			Apt. number _____
City	State	Zip code	County Foreign Country/Province
_____	_____	_____	_____
Home		Business	
Ext		Fax	
Taxpayer Telephone . . . ()	()	()	()
Spouse Telephone . . . ()	()	()	()
E-Mail Address _____			
X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____			
X if you authorize taxing authority to discuss return with paid preparer Federal . . . State . . . _____			
X if you don't want state tax forms mailed to you next year _____			

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single	_____
Married, filing jointly	_____
Married, filing separately	_____
Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child)	_____
Widow (widower), as of 2003 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child	_____
If nonresident alien spouse:	
Head of household status and rates, spouse exemption not claimed	_____
Married, filing separately status and rates, spouse exemption claimed	_____

Head of Household

Indicate the name of the qualifying child who is not a dependent _____

Social security number of qualifying child _____

General

Taxpayer

Spouse

Occupation	_____
Date of birth	_____
Disabilities	Blind ___ Deaf ___
	Other _____
Contribute to Presidential Campaign Fund	Yes ___ No ___
Date of Death	_____

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)	Account type
Account number _____ (Attach a voided check)	Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X.

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2005, **and**
- 3) they had gross income of less than \$3,100, **or**, the individual was your child, **and**
 - a) Your child was under age 19 at the end of 2005, **or**
 - b) Your child was under age 24 at the end of 2005 **and** was a student.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship child, grandchild, etc.	No. of months lived in your home in 2005, or B = born D = died	Child care expenses incurred and paid in 2005*

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on the continuation sheet.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

↓ Parent's name

_____ 8

If your minor child has siblings who are also under age 14 at the end of 2005 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2005 unearned income.

First name	Last name	Net Inv. Inc.	2005 Unearned Income Net Capital Gain	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return.

First name	Last name	Interest	Tax-exempt interest	Dividends 1	Capital gains 2

1 Please indicate amount of qualified and non-qualified dividends.

2 Please indicate amount of both short-term and long-term.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Employee Compensation Information

Wages and Salaries

Please enclose all copies of 2005 Form W-2. Enter payments of 2005 estimated tax on the **Payments of 2005 Federal, State & City Estimated Tax** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse

	Box 1	Box 2	Box 4	Box 6	Box 17	Box 19
Employer's name / Name of state	Wages and Salaries	Federal income tax withheld	Social Security tax withheld	Medicare tax withheld	State tax withheld	City tax withheld
Total (Lines 1-10)						

Organizer | Income | Wages and Salaries | Columnar Wages Entry

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2005 estimated tax on the **Payments of 2005 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Description	Federal	State	City/Local	Name of state
Total (Lines 11-14)				

Other W-2 Information

If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount

If you received advance earned income payments from your employer, indicate the total amount reported on all Forms W-2 attached

	Taxpayer	Spouse

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.

Interest Income - Other/Tax Exempt

Seller-Financed Mortgage Interest

	2005 amount	PY amount	
Buyer's name _____			1
Buyer's address _____	SSN _____		2
Buyer's name _____			3
Buyer's address _____	SSN _____		4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

	2005 amount	PY amount	
Interest received on Federal tax refunds	_____		5
Interest received on State tax refunds	_____		6
Interest received as a nominee	_____		7
Interest accrued to buy bonds	_____		8
Total interest income (Lines 5-8)	_____		T

Organizer | Income | Interest Income | Interest Adjustments

Tax-Exempt Interest

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint
 Indicate: **A** = State or Municipal bonds, **B** = Private Activity bonds subject to AMT,
C = Other Tax-exempt interest

Name of Payer	2005 amount	Amount taxable in state	PY amount	
_____	_____	_____		9
_____	_____	_____		10
_____	_____	_____		11
_____	_____	_____		12
_____	_____	_____		13
_____	_____	_____		14
_____	_____	_____		15
_____	_____	_____		16
_____	_____	_____		17
_____	_____	_____		18
_____	_____	_____		19
_____	_____	_____		20
_____	_____	_____		21
_____	_____	_____		22
_____	_____	_____		23
_____	_____	_____		24
_____	_____	_____		25
_____	_____	_____		26
_____	_____	_____		27
_____	_____	_____		28
_____	_____	_____		29
_____	_____	_____		30
_____	_____	_____		31
_____	_____	_____		32
_____	_____	_____		33
Total tax-exempt interest (Lines 9-33)	_____	_____		T

Organizer | Income | Interest Income | Seller Financed Mortgage / Tax Exempt Interest

Schedule C - Profit or Loss from Business or Profession

Activity Information
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
 Business name _____ 2
 Street _____ 3
 City, state, zip, country _____ 4
 Principal business/profession _____ 5
 _____ 6
 Employer identification number Tax shelter ID number Tax shelter registration number

Accounting Method
 Indicate method of accounting: **A** = Accrual, **O** = Other, **Blank** = Cash, **B** = Leave unanswered _____ 7
 If other (specify) _____ 8

Inventory Valuation
 Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)
C = Cost, **L** = Lower of cost or market, **O** = Other, **D** = Not applicable _____ 9
X if there was any change in determining quantities, cost, or valuation of inventories _____ 10

Miscellaneous Information
 Indicate **X** if this business was started or acquired during 2005 _____ 11
 Indicate **X** if you received earnings as a statutory employee _____ 12
 Indicate **X** if the business was disposed of in 2005 _____ 13
 Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority _____ 14
 Year of audit _____ 15
 2005 amount PY amount
Self-employed health insurance premium payments you made during 2005 _____ 16

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income

Gross Receipts or Sales _____ 17
 _____ 18
 _____ 19
 Total gross receipts or sales (Lines 17-18) _____ T
 Sales returns & allowances _____ 19

Cost of Goods Sold and/or Operations _____ 20
 Inventory at beginning of year _____ 20
 Purchases less cost of items withdrawn for personal use _____ 21
 Cost of labor _____ 22
 Materials and supplies _____ 23
 Other costs related to inventory _____ 24
 _____ 25
 Inventory at end of year _____ 26
 Total cost of goods sold and/or operations (Lines 21-26) _____ T

Reimbursements
 Meals and Entertainment _____ 27
 Other reimbursements _____ 28

Other Income _____ 29
 _____ 30
 Total other income (Lines 29-30) _____ T
 Portfolio Income _____ 31

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2005 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses (postage, etc.)	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation) Indicate X if you were subject to the Department of Transportation hours of service limits	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-52)	_____	_____	52

Other Expenses

	2005 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	59 60 61 62
Total (Lines 53-63)	_____	_____	63 T

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2005. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2005, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail _____

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Please attach all Forms 1099R

Name of payer _____

	2005 amount	PY amount	
Box 1 - Gross distribution (Mandatory)	_____	_____	1
Box 2a - Taxable amount	_____	_____	2
Box 2b - Indicate X if taxable amount not determined	_____		3
Box 3 - Capital gain	_____		4
Box 4 - Federal income tax withheld	_____		5
Box 7 - Distribution code(s) (Mandatory)	_____		6
Box 7 - Indicate X if from IRA/SEP/SIMPLE	_____		7
Box 9b - Total employee contributions	_____		8
Box 10 - State tax withheld	_____		9
Box 13 - Local tax withheld	_____		10
Indicate X if entire distribution was converted to a Roth IRA	_____		11
Indicate X if entire distribution was rolled over	_____		12
Indicate X if this is an inherited IRA	_____		13
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses	_____	_____	14
If partial rollover, enter amount of distribution rolled over	_____	_____	15
Amount subject to 10% penalty tax (Override)	_____		16

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	_____		18
Cost in the plan (if different than box 9b amount)	_____		19
Amounts previously recovered tax free in PY for post 1986 annuities	_____		20
Simplified Method			
Indicate X to use Simplified Method (default to General Rule)	_____		21
Annuity starting date (Required)	_____		22
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	_____		23
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	_____	_____	24
Number of months for which this year's payments were made	_____		25
General Rule			
Expected return (if a regular pension or annuity)	_____		26
Number of years in which payments are to be received (if section 101d)	_____		27
Percent or amount not taxable (50% = .50) (Override)	_____		28

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information
 Kind of property _____
 Location of property _____
 You disposed of the property in 2005 _____
 Enter percentage of this property that is allocated to another _____

Activity Type
 Indicate **X** for type of property: Rental income _____ Royalty other than oil and gas _____
 Royalty with oil and gas depletion _____ Royalty with no depletion _____

If Rental Real Estate
 Indicate **1** if: You materially participated in the operation of the activity during 2005*
 Indicate **2** if: You actively participated in the operation of the activity during 2005*
 Indicate **3** if: You are a real estate professional
 *Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis. Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Activity Information

Rent or Royalty Income
 (Include 100% of income including amounts attributable to others.)

	2005 amount	PY amount
Income	_____	_____
Other income	_____	_____
_____	_____	_____
_____	_____	_____
Total income (Lines 9-11)	_____	_____

Rent or Royalty Expense
 (Include 100% of expenses including amounts attributable to others.)

	2005 amount	PY amount
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Management fees	_____	_____
Mortgage interest paid to financial institutions	_____	_____
(If an amount is entered, please attach detail.) Do not duplicate elsewhere.		
Mortgage interest paid to individuals*	_____	_____
(If an amount is entered, please attach detail.) Do not duplicate elsewhere.		
*If another received Form 1098, enter the recipient's name and address: _____		
Other interest	_____	_____
Repairs (enter major improvement on the Asset Detail Organizer)	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Yard maintenance	_____	_____
Other Expense	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total expenses (Lines 12-29)	_____	_____

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Rent/Roy Inc. and Exp.

Rent and Royalty Income and Expense

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8) _____						T

**For assets placed in service prior to 1/1/2005, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

	9
	10
	11
	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail _____

Notes:

Office-in-Home

Activity name: _____

Property Type Code
A = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **R** = Rent/Royalty _____

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information
 Kind of property _____
 Location of property _____

Business Use
 Indicate: Total area _____ Area used exclusively for business _____

Day-Care Facilities Not Used Exclusively for Business
 Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____

Organizer | Income | Business Income | Business Name | Office-in-Home

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Office-in-Home Income and Expenses

	2005 amount	PY amount	
Income related to this office-in home (Type: Wages, Sch. C, etc.) _____	_____	_____	
Please attach an explanation if expenses include amounts incurred when the property was rented.			
	2005 *Direct amount	2005 *Indirect amount	PY amounts
Mortgage interest paid to financial institutions	_____	_____	
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes	_____	_____	
Casualty loss after insurance reimbursement	_____	_____	
Advertising	_____	_____	
Auto and travel	_____	_____	
Cleaning and maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal and other professional fees	_____	_____	
Management fees	_____	_____	
Repairs and maintenance	_____	_____	
Supplies	_____	_____	
Utilities	_____	_____	
Other expense	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total expenses (Lines 7-25)	_____	_____	
Excess mortgage interest	_____	_____	

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information
 Kind of property (Mandatory) (House, Timeshare, etc.) _____ 2
 Location of Property (Including Country) _____ 3

Activity Type
 Indicate **V** if vacation home or **P** if other personal/business property _____ 4

Personal/Business Property
 Indicate: Total area _____ Area used exclusively for business _____ 5

Vacation Home
 Indicate the total number of days in 2005: Rented at fair market value _____ Occupied by you or a relative _____ 6
 If property is a timeshare, indicate total number of days available _____ 7

Passive Activity - Vacation Home or Other Personal/Business Property Information
 Indicate **X** if you **actively** participated in the operation of the activity during 2005* _____ 8
 Indicate **X** if you disposed of the property in 2005 _____ 9
 *Note: **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Activity Information

Rental Income
 2005 amount PY amount
 Income _____ 10

Rental Expenses
 Please attach an explanation if expenses include amounts incurred when the property was rented.

	2005 *Direct amount	2005 *Indirect amount	PY amounts
Mortgage interest paid to financial institutions <i>(Attach detail - Do not duplicate elsewhere)</i>	_____	_____	
Real estate taxes	_____	_____	
Casualty loss after insurance reimbursement	_____	_____	
Advertising	_____	_____	
Auto and travel	_____	_____	
Cleaning and maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal and other professional fees	_____	_____	
Management fees	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Utilities	_____	_____	
Other expense	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Total expenses (Lines 11-29)	_____	_____	

*Direct expenses benefit only the business part of your home. Indirect expenses benefit both the business and personal parts of your home.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Vacation Home-Inc and Exp

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

For assets placed in service prior to 1/1/2005, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Vacation Home/Other Rental | *Property Name* | Depreciation and Amortization | Asset Detail _____

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Farm Income and Expense

Ownership		1
Indicate: T = Taxpayer, S = Spouse, J = Joint _____		
Activity Information		2
Farm name (Mandatory) _____		3
Principal product _____		4
Employer identification number _____		5
Tax shelter registration number _____		6
Tax shelter ID number _____		
Accounting Method		7
Indicate method of accounting: Blank = Cash, A = Accrual, B = To leave question unanswered . . . _____		
Activity Type		8
Indicate A = Material participation*, B = Other passive, D = Rental real estate G = Non-passive tax shelter, H = Passive non-tax shelter _____		9
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.		10
Miscellaneous Information		11
Indicate X if a farm rental _____		
Indicate X if you disposed of the business in 2005 _____		
2005 amount	PY amount	
Self-employed health insurance premium payments you made during 2005 . . . _____		11
Organizer Income Farm Income Farm Name Farm Information Sch F Information		

Farm Income - Cash Method		12	
	2005 amount	PY amount	
Sale of livestock and other items bought for resale _____			12
Cost or other basis of livestock and other items bought for resale _____			13
Custom hire (machine work) income _____			14
Sale of livestock, produce, grains, and other products you raised _____			15
Cooperative distributions: Total _____			16
Taxable amount _____			17
Agricultural program payments: Total _____			18
Taxable amount _____			19
Commodity Credit Corporation (CCC) loans reported under election _____			20
CCC loans forfeited or repaid with certificates: Total _____			21
Taxable amount _____			22
Crop insurance proceeds and disaster payments:			
Amount received in 2005 _____			23
Taxable amount _____			24
Deferred from 2004 _____			25
Other income			
_____			26
_____			27
_____			28
Total income (Lines 12 - 28)	_____		T
Organizer Income Farm Income Farm Name Farm Information Income and Expenses			

Farm Income and Expense

Farm name: _____

Farm Expenses - Cash and Accrual

	2005 amount	PY amount	
Car and truck expenses	_____	_____	29
Chemicals	_____	_____	30
Conservation expenses (include prior year carryover)	_____	_____	31
Custom hire (machine work)	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	33
Feed purchased	_____	_____	34
Fertilizers and lime	_____	_____	35
Freight and trucking	_____	_____	36
Gasoline, fuel and oil	_____	_____	37
Insurance (other than health insurance)	_____	_____	38
Interest - mortgage (paid to banks, etc.)	_____	_____	39
(If an amount is entered, please attach detail.)			
Interest - other	_____	_____	40
Labor hired	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Rent or lease - vehicle, machinery and equipment	_____	_____	43
Rent or lease - other (land, animals, etc.)	_____	_____	44
Repairs and maintenance	_____	_____	45
Seeds and plants purchased	_____	_____	46
Storage and warehousing	_____	_____	47
Supplies purchased	_____	_____	48
Taxes	_____	_____	49
Preproductive period expense	_____	_____	50
Utilities	_____	_____	51
Veterinary, breeding, and medicine fees	_____	_____	52
Other expenses		_____	
_____	_____	_____	53
_____	_____	_____	54
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total expenses (Lines 29 - 63)	_____	_____	T

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2005, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | *Farm Name* | Depreciation and Amortization | Asset Detail

Notes:

Farm Income Averaging

2004 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 42 _____
 Schedule D, Line 7 _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4g _____
 Form 1040, Line 43 (do not include any amount from Form 4972 or 8814) _____
 Schedule D, Line 18 _____
 Form 1040, Line 9b _____
 Form 4952, Line 4e _____

1
2
3
4
5
6
7
8
9
10
11
12

2003 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 40 _____
 Schedule D, Line 7b _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 17a _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4g _____
 Form 1040, Line 41 (do not include any amount from Form 4972 or 8814) _____
 Schedule D, Line 20 _____
 Form 1040, Line 9b _____
 Schedule D, Line 17b _____
 Form 4952, Line 4e _____

13
14
15
16
17
18
19
20
21
22
23
24
25
26

2002 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 41 _____
 Schedule D, Line 7 _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 17 _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4e _____
 Form 1040, Line 42 _____
 Schedule D, Line 29 _____

27
28
29
30
31
32
33
34
35
36
37

Miscellaneous Income

Social Security/RRTA Payments

● Refer to Box 5 on SSA 1099

Social Security and RRTA payments received - Taxpayer

Social Security and RRTA payments received - Spouse

2005 amount

PY amount

1

2

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

State income tax refunds received in 2005

Local income tax refunds received in 2005

Include interest received on the **Interest Income - 1099-INT** organizer; include withholding taxes from Form W-2 on the **Employee Compensation Information** organizer; and include payments of 2004 estimated tax on the **Payments of 2005 Federal, State & City Estimated Tax** organizer.

Alimony income or legal separation payments received

Unemployment insurance compensation

Insurance reimbursements for prior-year medical expenses

Total miscellaneous income (Lines 3 - 7)

2005 amount

PY amount

3

4

5

6

7

T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation Information** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

Description

2005 amount

Amount taxable in state

PY amount

8

9

10

Total other miscellaneous income (Lines 8 - 10)

T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Name of payer

2005 amount

PY amount

Box 1 - Gross distribution

Box 2 - Earnings

Box 3 - Basis

Box 5 - Enter X if a private 529 program

Box 5 - Enter X if a state 529 program

Box 5 - Enter X if a Coverdell ESA

Amount contributed to this Coverdell ESA in 2005

Basis in this Coverdell ESA for 2004 and prior years

Taxpayer

Spouse

Adjusted qualified higher education expense paid for with qualified education program payments

Adjusted qualified higher education expense paid for with Coverdell ESA distributions

11

12

13

14

15

16

17

18

19

20

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Installment Sales

General Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
 Description and location of property sold: _____

_____ 2
 Date acquired (MO/DA/YYYY) _____ 3
 Date sold (MO/DA/YYYY) _____ 4

Computation of Gain

	Amount
Gross sales price	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed.	_____ 6
Original cost	_____ 7
Improvements added	_____ 8
Commissions and expenses of sale	_____ 9
Depreciation taken to date.	_____ 10

Collections

Indicate the total amount of principal collected in 2005 (Principal only,
 Do not list interest income here. Include on **Interest Income** form.) _____ 11
 If property was sold in a prior year, indicate total collections in prior years. (Do not
 include current-year collections.) _____ 12

Additional Information

Indicate **X** if:
 Investment property _____ 13
 Installment sale is a sale of residence _____ 14

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:

Name _____ 15
 _____ 16
 Address _____ 16
 _____ 17

Indicate **X** if related party disposed of the property in the current year _____ 17
 Indicate **X** if the property was a marketable security _____ 18

Payments of 2005 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) for 2005. Enter withholding taxes from Form W-2 on the **Employee Compensation Information** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MO DA YYYY		Actual tax paid
2004 overpayment applied to 2005 estimate	_____	_____		_____
1st installment (due 4/15/2005)	_____	_____		_____
2nd installment (due 6/15/2005)	_____	_____		_____
3rd installment (due 9/15/2005)	_____	_____		_____
4th installment (due 1/16/2006)	_____	_____		_____
Total federal estimated tax paid	_____	_____		_____

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation Information** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MO DA YYYY		Actual tax paid
State/City name _____				
2004 estimated tax paid in 2005	_____			_____
2004 extension amount paid in 2005	_____			_____
2004 balance due paid in 2005	_____			_____
2004 overpayment applied to 2005 estimate	_____			_____
1st installment (due 4/15/2005)	_____	_____		_____
2nd installment (due 6/15/2005)	_____	_____		_____
3rd installment (due 9/15/2005)	_____	_____		_____
4th installment (due 1/16/2006)	_____	_____		_____
Total state/city estimated tax paid	_____	_____		_____

State/City name _____				
2004 estimated tax paid in 2005	_____			_____
2004 extension amount paid in 2005	_____			_____
2004 balance due paid in 2005	_____			_____
2004 overpayment applied to 2005 estimate	_____			_____
1st installment (due 4/15/2005)	_____	_____		_____
2nd installment (due 6/15/2005)	_____	_____		_____
3rd installment (due 9/15/2005)	_____	_____		_____
4th installment (due 1/16/2006)	_____	_____		_____
Total state/city estimated tax paid	_____	_____		_____

State/City name _____				
2004 estimated tax paid in 2005	_____			_____
2004 extension amount paid in 2005	_____			_____
2004 balance due paid in 2005	_____			_____
2004 overpayment applied to 2005 estimate	_____			_____
1st installment (due 4/15/2005)	_____	_____		_____
2nd installment (due 6/15/2005)	_____	_____		_____
3rd installment (due 9/15/2005)	_____	_____		_____
4th installment (due 1/16/2006)	_____	_____		_____
Total state/city estimated tax paid	_____	_____		_____

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (incl. health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, etc.)	2005 amount	PY amount	
_____	_____	_____	1
_____	_____	_____	2
_____	_____	_____	3
_____	_____	_____	4
_____	_____	_____	5
_____	_____	_____	6
_____	_____	_____	7
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
_____	_____	_____	11
_____	_____	_____	12
_____	_____	_____	13
_____	_____	_____	14
_____	_____	_____	15
Insurance reimbursements for 2005 medical expenses - (not necessary if amounts listed above are net of any reimbursements) (_____)	(_____)	_____	16
Taxpayer long term care insurance	_____	_____	17
Spouse long term care insurance	_____	_____	18
Vehicle Expenses			
Standard medical miles: 1/1 - 8/31 _____ 9/1 - 12/31	_____	_____	19
Actual gas/oil	_____	_____	20
Parking fees/tolls	_____	_____	21
Total (Lines 1 - 21)		_____	T

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.)	2005 amount	PY amount	
_____	_____	_____	22
_____	_____	_____	23
_____	_____	_____	24
_____	_____	_____	25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	28
State unemployment and disability taxes	_____	_____	29
Other state income taxes paid in 2005 (including amounts paid for prior year)	_____	_____	30
Other city income taxes paid in 2005 (including amounts paid for prior year)	_____	_____	31
Other deductible taxes	_____	_____	32
_____	_____	_____	33
_____	_____	_____	34
_____	_____	_____	35
Sales tax paid for extraordinary retail purchases (e.g. auto, boat)	_____	_____	36
Total (Lines 22 - 36)		_____	T

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2005. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes

	2005 amount	PY amount
1. Mortgage interest received from payer(s)/borrower(s)	_____	_____
2. Points paid on purchase of principal residence	_____	_____
4. Real estate taxes paid	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes

(Enter any additional Form 1098 information on the continuation sheet)

1. Mortgage interest received from payer(s)/borrower(s)	_____	_____
2. Points paid on purchase of principal residence	_____	_____
4. Real estate taxes paid	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Mortgage Interest Paid To an Individual

Name _____	SSN _____	
Address _____		_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2005 amount	PY amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (Lines 11 - 16)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2005 amount	PY amount
<input type="checkbox"/> X if loan is a refinancing	_____	_____	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Investment Interest Expense

	2005 amount	PY amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (Lines 18 - 23)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here **if your total of all noncash contributions is \$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

▼ Description of property contributed:

prep. use only
20%
30%
50%

2005 amount

1
2
3
4
5

Enter noncash contributions here **if your total of all noncash contributions is greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

Ownership

Taxpayer Spouse Joint/Single

Name and Address of Donee

Description of Donated Property

A. _____

B. _____

C. _____

D. _____

E. _____

Contribution Date

Date Acquired

How Acquired

Cost or Basis

Fair Market Value

Method Used to Determine FMV

A. _____

B. _____

C. _____

D. _____

E. _____

6
7
8
9
10
11
12
13
14
15
16

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name: _____

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? _____ 25

Is the evidence written? _____ 26

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? _____ 27

Was an employer-provided vehicle available for personal use during off-duty hours? _____ 28

Vehicle number (1, 2, 3, 4, 5, or 6) _____ 29

Vehicle description _____ 30

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? _____ 31

Was the vehicle used primarily by more than a 5% owner or related person? _____ 32

Was another vehicle available for personal use? _____ 33

Vehicle Mileage

	2005 amount	PY amount	
We will determine whether actual expenses or those based on miles driven are better.			
Total miles driven: 1/1 - 8/31 _____ 9/1 - 12/31 _____			34
Total business miles driven: 1/1 - 8/31 _____ 9/1 - 12/31 _____			35
or percentage of total miles applicable to business (50% = 50.) _____			36
Average daily round trip commuting distance _____			37
Total commuting miles driven during the year _____			38
Date acquired (MO/DA/YYYY) _____			39

Vehicle Expenses

	2005 amount	PY amount	
(Include both business & personal amounts) Note: We will automatically prorate car expenses between business and personal use based on the miles driven.			
Gasoline, oil, repairs, insurance, etc. _____			40
State and local taxes (not sales tax) -Do not duplicate _____			41
Interest (Paid to acquire the car) _____			42
Vehicle rentals _____			43
Inclusion amount _____			44
Value of employer-provided vehicle _____			45

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

	2005 amount	
_____		46
_____		47
_____		48
_____		49
_____		50
_____		51
_____		52
_____		53
_____		54
_____		55
Total (Lines 46-55)		T

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2005, please provide
a schedule of accumulated depreciation on a per asset basis.**

Indicate X if you purchased a vehicle in 2005 which is powered primarily by an electric motor 9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

_____	10
_____	11
_____	12
_____	13

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail _____

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse 1
 Employer ID number 2

Social Security, Medicare, and Income Taxes

Indicate **X** if:
 You paid **any one** household employee wages of \$1,400 or more in 2005 3
 You withheld Federal income tax during 2005 at the request of any household employee 4
 You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2004 or 2005 to
 household employees 5
 You have filed Form W-2 for each of the employees you paid wages in 2005. **Attach copy.** 6

Name of household employee	Wages subject to				
	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld	Advance EIC payments
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Federal Unemployment (FUTA) Tax

Indicate **X** if:
 You paid unemployment contributions to only one state 12
 You paid all state unemployment contributions for 2005 by April 15, 2006 13
 All wages that are taxable for FUTA tax were also taxable for state's unemployment tax 14

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions 15
 State reporting number as shown on state unemployment tax return 16
 Contributions you paid to state unemployment fund for 2005 17
 State experience rate period From: _____ To: _____ 18
 State experience rate 19

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the **Dependent Information Page**

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS _____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit _____ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings _____ 4

Indicate the employer provided dependent care benefits forfeited in 2005-Taxpayer _____ 5

Indicate the employer provided dependent care benefits forfeited in 2005-Spouse _____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name _____ 7

Street Address _____ 8

City, State and Zip Code _____ 9

I.D. Number (SSN or EIN) (Mandatory) _____ 10

Amount Paid _____ 11

Phone Number (CA only) _____ 12

Name _____ 13

Street Address _____ 14

City, State and Zip Code _____ 15

I.D. Number (SSN or EIN) (Mandatory) _____ 16

Amount Paid _____ 17

Phone Number (CA only) _____ 18

Name _____ 19

Street Address _____ 20

City, State and Zip Code _____ 21

I.D. Number (SSN or EIN) (Mandatory) _____ 22

Amount Paid _____ 23

Phone Number (CA only) _____ 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . _____ 25

If so, indicate the number of months you or your spouse was disabled _____ 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse _____ 27

If so, indicate the number of months for which you or your spouse was a full-time student _____ 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June
_____	_____	_____	_____	_____	_____
July	August	September	October	November	December
_____	_____	_____	_____	_____	_____

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled _____ 1

A physician's statement was filed in a prior year _____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 3

Name of Physician _____ 4

Address of Physician _____ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 6

Name of Physician _____ 7

Address of Physician _____ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - Hope/Lifetime

Hope Credit Qualifications

1. As of the beginning of 2005, the student had not completed the first 2 years of post-secondary education.
2. The student was enrolled in 2005 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2005.
4. The Hope credit was **not** claimed for that student's expenses for **both** 2003 and 2004.
5. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Indicate **X** if **all five** qualifications apply:



Completed Years of
Post-Secondary
Education

Qualified Expenses*

Taxpayer _____ 9

Spouse _____ 10

Dependent Information

First Name	Last Name				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE: Qualified expenses are amounts paid for tuition and fees **required** for the students' enrollment or attendance at an eligible educational institution.

Organizer | Credits | Education Credits

