2005	1040	US	Client Information	1

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Telephone number: **(847) 433-2674**
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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2005 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2003 or 2004)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2005	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2005.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

2005	1040	US	Dependents	2

Please add, change or delete information for 2005.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child at home (default)
2 = Child not at home
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled age 19 or older
4 = Force
5 = Suppress

2005	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2005 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	
Name of bank	
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32)	
Depositor account number (up to 17 characters)	
Type of account: 1=savings, 2=checking	

2005 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004				
1st quarter payment (due 4/15/05)				
2nd quarter payment (due 6/15/05)				
3rd quarter payment (due 9/15/05)				
4th quarter payment (due 1/17/06)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/06)				

State

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004				
1st quarter payment (due 4/15/05)				
2nd quarter payment (due 6/15/05)				
3rd quarter payment (due 9/15/05)				
4th quarter payment (due 1/17/06)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/06)				

	Hash Total		3, 6

2005	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2005 information.

APPLICATION OF 2005 OVERPAYMENT (7.1)

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 different from 2005? . . . . Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: ____________________

Do you expect your 2006 withholding to be different from 2005? . . . . Yes ☐ No ☐

If "yes" explain any differences: ____________________

	Hash Total		7.1

2005	1040	US	Wages & Pensions	10, 13

Please enter all pertinent 2005 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=spouse	1=retirement plan (Box 13)	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2004 Wages
					Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Payer	1=spouse	1=Trad.IRA / SEP / SIMPLE 2=Roth IRA, 3=charity gift, 4= W-2G	1=rollover (Box 7)	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/05	2004 Distribution
							Federal (Box 4)	State (Box 10)		

2005	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2005 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2004 Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2004 Dividends

2005	1040	US	Miscellaneous Income	14.1

Please enter all pertinent 2005 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

	2005 Taxpayer	2005 Spouse	2004 Taxpayer	2004 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2005	1040	US	Business Income (Schedule C)	No.	16

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual	
Inventory method: 1=cost, 2=lower c/m, 3=other	
1=change of inventory method	
1=spouse, 2=joint	
1=first Schedule C filed for this business	
1=W-2 earnings as statutory employee	
1=not subject to self-employment tax	
1=did not "materially participate"	
1=investment	

INCOME

	2005 Amount	2004 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2005	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2005 Amount	2004 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (70%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2005	1040	US	Business Income (Schedule C) (cont.)	No.	16 p3

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

EXPENSES (continued)

Other expenses:

	2005 Amount	2004 Amount

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2005	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2005, please list the pertinent information for each sale below. Be sure to attach all 1099-B forms and brokerage statements.

No.	Description of Property (Box 5)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

17

2005	1040	US	Rental & Royalty Income (Schedule E)	No.	18

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	
Location of property	

Percentage of ownership if not 100% (.xxxx)	
Percentage of tenant occupancy if not 100% (.xxxx)	
1=spouse, 2=joint	
1=nonpassive activity, 2=passive royalty	
1=did not actively participate	
1=real estate professional	
1=rental other than real estate	
1=investment	

INCOME

	2005 Amount	2004 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2005 Amount	2004 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2005	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2005 Amount	2004 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

2005	1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2005, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

2005	1040	US	Adjustments to Income	24

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2005 Amount Taxpayer	2005 Amount Spouse	2004 Amount Taxpayer	2004 Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($4,000/$4,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2005 payments from 1/1/06 to 4/17/06				

ROTH IRA CONTRIBUTIONS

	2005 Taxpayer	2005 Spouse	2004 Taxpayer	2004 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($4,000/$4,500 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2005 Taxpayer	2005 Spouse	2004 Taxpayer	2004 Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2005 Taxpayer	2005 Spouse	2004 Taxpayer	2004 Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1)				
Deduction for clean fuel vehicles				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer		Spouse	
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid		2004 amt:		2004 amt:

2005	1040	US	Itemized Deductions	25

Please enter all pertinent 2005 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2005 Amount	TS	2004 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars)			
Long-term care premiums			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/05 - 8/31/05)			
Medical miles driven (9/1/05 - 12/31/05)			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2005 estimates are automatic.)

	2005 Amount	TS	2004 Amount
State income taxes - 1/05 payment on 2004 state estimate			
State income taxes - paid with 2004 state extension			
State income taxes - paid with 2004 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/05 payment on 2004 city/local estimate			
City/local income taxes - paid with 2004 city/local extension			
City/local income taxes - paid with 2004 city/local return			

SALES AND USE TAXES PAID

	2005 Amount	TS	2004 Amount
State and local sales taxes			
Use taxes paid on 2005 purchases			
Use taxes paid with 2004 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

	2005 Amount	TS	2004 Amount
Real estate taxes - principal residence			
Real estate taxes - property held for investment			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice).			
Foreign income taxes			
Other taxes:			

2005	1040	US	Itemized Deductions (continued)	25 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:	2005 Amount	TS	2004 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN	
Payee's street address	
Payee's city, state, ZIP	

	2005 Amount	TS	2004 Amount
Amount paid			
Points not reported on Form 1098:			
Investment interest (interest on margin accounts):			
Passive interest			
Certain home mortgage interest included above (6251)			

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

Churches, schools, hospitals, and other charitable organizations (50% or 100% limitation):

Contributions by cash or check:

	2005 Amount	TS	2004 Amount
Contributions above made from 8/28/05 - 12/31/05			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Katrina relief miles (8/25/05 - 8/31/05)			
Katrina relief miles (9/1/05 - 12/31/05)			

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

	2005 Amount	TS	2004 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Katrina relief miles (8/25/05 - 8/31/05)			
Katrina relief miles (9/1/05 - 12/31/05)			

2005	1040	US	Itemized Deductions (continued)	25 p3

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over $500)

	2005 Amount	TS	2004 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2005 Amount	TS	2004 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

2005	1040	US	Itemized Deductions (continued)	25 p4

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2005 Amount	TS	2004 Amount
Gambling losses to extent of winnings			
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2005	1040	US	Business Use of Home (Form 8829)	No.	29

Please enter 2005 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2005 Amount	2004 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

	2005 Amount	2004 Amount
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		

Other indirect expenses:

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

	2005 Amount	2004 Amount
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		

Other direct expenses:

2005	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	
Form	
Number of form (1=first Schedule C, 2=second, etc.)	
1=spouse	
1=performance artist, 2=handicapped, 3=fee-basis government official	

EMPLOYEE BUSINESS EXPENSES

	2005 Amount	2004 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (70% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2005	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2005 Amount	2004 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

	2005 Amount	2004 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/05 - 8/31/05)		
Business mileage (9/1/05 - 12/31/05)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	2005 Amount	2004 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/05 - 8/31/05)		
Business mileage (9/1/05 - 12/31/05)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2005	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2005 Amount Taxpayer	2005 Amount Spouse	2004 Amount Taxpayer	2004 Amount Spouse
Dependent care expenses incurred but not paid in 2005				
Employer-provided benefits forfeited in 2005				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2005		2004 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2005		2004 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2005		2004 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2005		2004 amt:
	1=spouse, 2=joint		

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2005		2004 amt:
	1=spouse, 2=joint		

2005	1040	US	Education Credits (Form 8863)	38

Please complete the information below if you paid qualified education expenses in 2005 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

			2005 Amount	2004 Amount
No.	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere)			
	Amount of prior year refund or assistance*			

			2005 Amount	2004 Amount
No.	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere)			
	Amount of prior year refund or assistance*			

			2005 Amount	2004 Amount
No.	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere)			
	Amount of prior year refund or assistance*			

			2005 Amount	2004 Amount
No.	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere)			
	Amount of prior year refund or assistance*			

			2005 Amount	2004 Amount
No.	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere)			
	Amount of prior year refund or assistance*			

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2005	1040	US	Household Employment Taxes (Schedule H)	42

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of $1,400 or more in 2005; withheld federal income tax during 2005 for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of 2004 or 2005 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2005 Amount	2004 Amount
1=paid any one employee cash wages of $1,400 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of $1,000 or more in any calendar quarter of 2004 or 2005		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/17/06		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

2005	1040	US	Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.