

|      |      |    |                    |   |
|------|------|----|--------------------|---|
| 2006 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

**Nancy S. Funk, CPA**  
**676 DeTamble Ave.**  
**Highland Park, IL 60035-4002**  
 Telephone number: **(847) 433-2674**  
 Fax number: **(847) 433-2837**  
 E-mail address: **nf@nfunkcpa.com**

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2006 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                 |   |  |   |
|-----------------|---|--|---|
| Filing Status   | Filing status (table) .....                                   |  | <p style="text-align: center;"><b>Filing Status</b></p> <p>1 = Single<br/>                 2 = Married filing joint<br/>                 3 = Married filing separate<br/>                 4 = Head of household<br/>                 5 = Qualifying widow(er)</p> |
|                 | 1=married filing separate and lived with spouse. ....         |  |   |
|                 | Year spouse died, if qualifying widow(er) (2004 or 2005)..... |  |   |
| 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 .....   |  |   |
| Foreign Address | Region .....  |  |   |
|                 | Postal code .....   |  |   |
|                 | Country .....   |  |   |

2006

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2006.

CLIENT INFORMATION

|                              |                            |  |   |
|------------------------------|----------------------------|--|---|
| Taxpayer Contact Information | Home phone. ....           |  | Daytime Phone<br><br>1 = Work<br>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. ....       |  |   |

1 p2

|      |      |    |            |   |
|------|------|----|------------|---|
| 2006 | 1040 | US | Dependents | 2 |
|------|------|----|------------|---|

Please add, change or delete information for 2006.

**DEPENDENTS**

|  |           |           | Type of Dependent                                 |
|--|-----------|-----------|---|
|  | Dependent | Dependent |   |
| First name .....                       |           |           | 1 = Child living w/taxpayer                       |
| Last name .....                        |           |           | 2 = Child not living w/taxpayer                   |
| Title/suffix .....                     |           |           | 3 = Dependent other than child                    |
| Date of birth (m/d/y) .....            |           |           | 4 = Head of household only,<br>not a dependent    |
| Social security number .....           |           |           | 5 = Earned income credit only,<br>not a dependent |
| Relationship .....                     |           |           |   |
| Months lived at home .....             |           |           |   |
| Type of dependent (see table) .....    |           |           |   |
| Earned income credit (see table) ..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse ..... |           |           |   |
|  | Dependent | Dependent | Earned Income Credit                              |
| First name .....                       |           |           | 1 = When applicable (default)                     |
| Last name .....                        |           |           | 2 = Student age 19 to 23                          |
| Title/suffix .....                     |           |           | 3 = Disabled age 19 or older                      |
| Date of birth (m/d/y) .....            |           |           | 4 = Force   |
| Social security number .....           |           |           | 5 = Suppress                                      |
| 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 ..... |           |           |   |

|      |      |       |   |      |
|------|------|-------|---|------|
| 2006 | 1040 | US/IL | Direct Deposit & Estimates (Form 1040 ES) | 3, 6 |
|------|------|-------|---|------|

Please enter all pertinent 2006 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 .....                    |  |  |
| 1=state direct deposit .....                                   |  |  |
| 1=state electronic payment of balance due .....                |  |  |

**BANK INFORMATION**

| Name of Bank | Routing Number | Account Number | Type of Account (Table) | Percent to Deposit (xx.xx) |
|--------------|----------------|----------------|-------------------------|----------------------------|
|              |                |                |                         |                            |
|              |                |                |                         |                            |
|              |                |                |                         |                            |

**2006 ESTIMATED TAX / 1040-ES (6)**

| Federal                                 | Amount Paid | Date Paid | TS | 2006 Voucher Amount |
|---|-------------|-----------|----|---------------------|
| Overpayment applied from 2005 .....     |             |           |    |                     |
| 1st quarter payment (due 4/17/06) ..... |             |           |    |                     |
| 2nd quarter payment (due 6/15/06) ..... |             |           |    |                     |
| 3rd quarter payment (due 9/15/06) ..... |             |           |    |                     |
| 4th quarter payment (due 1/16/07) ..... |             |           |    |                     |

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Additional Estimated Tax Payments |  |  |  |  |
|                                   |  |  |  |  |
|                                   |  |  |  |  |
|                                   |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Paid with extension (not later than 4/16/07) ..... |  |  |  |  |
|--|--|--|--|--|

| State                                   | Amount Paid | Date Paid | TS | 2006 Voucher Amount |
|---|-------------|-----------|----|---------------------|
| Overpayment applied from 2005 .....     |             |           |    |                     |
| 1st quarter payment (due 4/17/06) ..... |             |           |    |                     |
| 2nd quarter payment (due 6/15/06) ..... |             |           |    |                     |
| 3rd quarter payment (due 9/15/06) ..... |             |           |    |                     |
| 4th quarter payment (due 1/16/07) ..... |             |           |    |                     |

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Additional Estimated Tax Payments |  |  |  |  |
|                                   |  |  |  |  |
|                                   |  |  |  |  |
|                                   |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Paid with extension (not later than 4/16/07) ..... |  |  |  |  |
|--|--|--|--|--|

| Type of Account |                    |                                  |                                     |
|-----------------|--------------------|----------------------------------|-------------------------------------|
| 1 = Savings     | 3 = Taxpayer's IRA | 5 = Health Savings Account (HSA) | 7 = Coverdell Savings Account (ESA) |
| 2 = Checking    | 4 = Spouse's IRA   | 6 = Archer MSA                   | 8 = Other                           |

|  |            |      |
|--|------------|------|
|  | Hash Total | 3, 6 |
|--|------------|------|

|      |      |    |   |     |
|------|------|----|---|-----|
| 2006 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|------|------|----|---|-----|

Please enter all pertinent 2006 information.

### APPLICATION OF 2006 OVERPAYMENT (7.1)

If you have an overpayment of 2006 taxes, do you want the excess refunded?  or applied to 2007 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2007 ESTIMATED TAX INFORMATION

Do you expect your 2007 taxable income to be different from 2006? ..... Yes  No

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

Do you expect your 2007 withholding to be different from 2006? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |            |  |     |
|--|------------|--|-----|
|  | Hash Total |  | 7.1 |
|--|------------|--|-----|

|      |      |    |                                    |                |
|------|------|----|------------------------------------|----------------|
| 2006 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|------|------|----|------------------------------------|----------------|

Please enter all pertinent 2006 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=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2005 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |          | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/06 | 2005 Distribution |
|-----|---------------|----------------------|----------|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | Distribution code #1 |          |                            |                         | Federal (Box 4) | State (Box 10) |                               |                   |
|     |               | 1=IRA/SEP/SIMPLE     | 1=spouse |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings | Tax Withheld        |                   | 2005 Winnings |
|-----|---------------|----------|----------------|---------------------|-------------------|---------------|
|     |               |          |                | Federal Withholding | State Withholding |               |
|     |               |          |                |                     |                   |               |
|     |               |          |                |                     |                   |               |
|     |               |          |                |                     |                   |               |

10, 13.1, 13.2



2006

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2006 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

|   | 2006 Amount |        | 2005 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 .....            |             |        |             |        |
| Jury duty pay .....                                   |             |        |             |        |
| 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)

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld ..... |  |  |  |  |
| State income tax withheld .....   |  |  |  |  |
| Local income tax withheld .....   |  |  |  |  |

14.1

2006

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2006 information as appropriate.  
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)

2006 1099-G Amount

|   |  |  |  |
|---|--|--|--|
| No. <input type="text"/>                          | Name of payer .....  |  |  |
|   | 1=spouse .....   |  |  |
|   | Unemployment compensation:                                   |  |  |
|   | Total received (Box 1) .....                                 |  |  |
|   | 2006 Overpayment repaid .....                                |  |  |
|   | State and local refunds:                                     |  |  |
|   | State and local income tax refund, credit or offsets (Box 2) |  |  |
|   | 1=city or local income tax refund .....                      |  |  |
|   | Tax year for box 2 if not 2005 (Box 3) .....                 |  |  |
|   | Federal income tax withheld (Box 4) .....                    |  |  |
|   | Taxable grants:  |  |  |
|   | Federal taxable amount (Box 6) .....                         |  |  |
|   | State taxable amount, if different .....                     |  |  |
|   | Agriculture payments:  |  |  |
| Agriculture payments (Box 7) .....                |  |  |  |
| Number of farm .....                              |  |  |  |
| 1=box 2 is trade or business income (Box 8) ..... |  |  |  |
| State income tax withheld .....                   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| No. <input type="text"/>                          | Name of payer .....  |  |  |
|   | 1=spouse .....   |  |  |
|   | Unemployment compensation:                                   |  |  |
|   | Total received (Box 1) .....                                 |  |  |
|   | 2006 Overpayment repaid .....                                |  |  |
|   | State and local refunds:                                     |  |  |
|   | State and local income tax refund, credit or offsets (Box 2) |  |  |
|   | 1=city or local income tax refund .....                      |  |  |
|   | Tax year for box 2 if not 2005 (Box 3) .....                 |  |  |
|   | Federal income tax withheld (Box 4) .....                    |  |  |
|   | Taxable grants:  |  |  |
|   | Federal taxable amount (Box 6) .....                         |  |  |
|   | State taxable amount, if different .....                     |  |  |
|   | Agriculture payments:  |  |  |
| Agriculture payments (Box 7) .....                |  |  |  |
| Number of farm .....                              |  |  |  |
| 1=box 2 is trade or business income (Box 8) ..... |  |  |  |
| State income tax withheld .....                   |  |  |  |

14.2

|      |      |    |                              |  |    |
|------|------|----|------------------------------|--|----|
| 2006 | 1040 | US | Business Income (Schedule C) | No. <input style="width:30px;" type="text"/> | 16 |
|------|------|----|------------------------------|--|----|

Please enter all pertinent 2006 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 .....                                   |  |  |
| 1=minister's Schedule C .....                        |  |  |

### INCOME

|   | 2006 Amount | 2005 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 .....       |  |  |

2006

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|   | 2006 Amount | 2005 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 (75%) .....                |             |             |
| Uniforms .....  |             |             |
| Utilities .....   |             |             |
| Wages .....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

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

16 p2



|      |      |    |   |  |    |
|------|------|----|---|--|----|
| 2006 | 1040 | US | <b>Rental &amp; Royalty Income (Schedule E)</b> | No. <input style="width:30px;" type="text"/> | 18 |
|------|------|----|---|--|----|

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|                            |   |
|----------------------------|---|
| Kind of property .....     | <input style="width:90%;" type="text"/> |
| Location of property ..... | <input style="width:90%;" type="text"/> |

|  |   |  |
|--|---|--|
| Percentage of ownership if not 100% (.xxxx) .....        | <input style="width:95%;" type="text"/> |  |
| Percentage of tenant occupancy if not 100% (.xxxx) ..... | <input style="width:95%;" type="text"/> |  |
| 1=spouse, 2=joint .....                                  | <input style="width:95%;" type="text"/> |  |
| 1=nonpassive activity, 2=passive royalty .....           | <input style="width:95%;" type="text"/> |  |
| 1=did not actively participate .....                     | <input style="width:95%;" type="text"/> |  |
| 1=real estate professional .....                         | <input style="width:95%;" type="text"/> |  |
| 1=rental other than real estate .....                    | <input style="width:95%;" type="text"/> |  |
| 1=investment .....                                       | <input style="width:95%;" type="text"/> |  |

**INCOME**

|  | 2006 Amount                             | 2005 Amount                             |
|--|---|---|
| Rents received (Form 1099-MISC, box 1) .....     | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Royalties received (Form 1099-MISC, box 2) ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

**DIRECT EXPENSES**

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

|   |   |   |
|---|---|---|
| Advertising .....                             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Association dues .....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Auto and travel (not entered elsewhere) ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cleaning and maintenance .....                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Commissions .....                             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gardening .....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Insurance .....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Legal and professional fees .....             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Licenses and permits .....                    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Management fees .....                         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Miscellaneous .....                           | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Mortgage interest (paid to banks, etc.) ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other interest (not entered elsewhere) .....  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Painting and decorating .....                 | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Pest control .....                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Plumbing and electrical .....                 | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Repairs .....                                 | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Supplies .....                                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - real estate .....                     | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - other (not entered elsewhere) .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Telephone .....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Utilities .....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Wages and salaries .....                      | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

Other:

|   |   |   |
|---|---|---|
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

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







Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| Description of vehicle .....  |             |             |
| 1=no evidence to support your deduction .....                         |             |             |
| 1=no written evidence to support your deduction .....                 |             |             |
| 1=vehicle is available for off-duty personal use .....                |             |             |
| 1=no other vehicle is available for personal use .....                |             |             |
| 1=vehicle used primarily by more than 5% owner .....                  |             |             |
| Number of months your job required a vehicle (if not 12 months) ..... |             |             |

**AUTOMOBILE MILEAGE**

|  |  |  |
|--|--|--|
| Total mileage .....                    |  |  |
| Business mileage .....                 |  |  |
| Commuting mileage .....                |  |  |
| Average daily round-trip commute ..... |  |  |

**ACTUAL EXPENSES**

|   |  |  |
|---|--|--|
| Parking fees and tolls (business portion only) .....        |  |  |
| 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) ..... |  |  |

Please enter all pertinent 2006 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|   | 2006 Amount |        | 2005 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older) ..... |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |
| 1=covered by plan, 2=not covered .....  |             |        |             |        |
| 2006 payments from 1/1/07 to 4/16/07 .....  |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|  | 2006 Amount |        | 2005 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older) ..... |             |        |             |        |
| Contributions made to date .....   |             |        |             |        |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|   | 2006 Amount |        | 2005 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | 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.) .....                                   |             |        |             |        |
| <b>SIMPLE contributions:</b>  |             |        |             |        |
| 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**

|   | 2006 Amount |        | 2005 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| <b>Self-employed health insurance:</b>  |             |        |             |        |
| 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) ..... |             |        |             |        |
| Jury duty pay given to employer .....   |             |        |             |        |
| Expenses from rental of personal property .....   |             |        |             |        |
| <b>Other adjustments to income:</b>   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

|                              | 2006 Amount |           | 2005 Amount |           |
|------------------------------|-------------|-----------|-------------|-----------|
|                              | Taxpayer    | Spouse    | Taxpayer    | Spouse    |
| <b>Alimony paid:</b>         |             |           |             |           |
| Recipient's first name ..... |             |           |             |           |
| Recipient's last name .....  |             |           |             |           |
| Recipient's SSN .....        |             |           |             |           |
| Amount paid .....            |             | 2005 amt: |             | 2005 amt: |

Please enter all pertinent 2006 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.

|   | 2006 Amount | TS | 2005 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 .....  |             |    |             |
| Other medical and dental expenses:  |             |    |             |
| _____   |             |    |             |
| _____   |             |    |             |
| _____   |             |    |             |

**TAXES PAID** (State and local withholding and 2006 estimates are automatic.)

|  |  |  |  |
|--|--|--|--|
| State income taxes - 1/06 payment on 2005 state estimate .....           |  |  |  |
| State income taxes - paid with 2005 state extension .....                |  |  |  |
| State income taxes - paid with 2005 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/06 payment on 2005 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2005 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2005 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

|   |  |  |  |
|---|--|--|--|
| State and local sales taxes .....                 |  |  |  |
| Use taxes paid on 2006 purchases .....            |  |  |  |
| Use taxes paid with 2005 state return .....       |  |  |  |
| Taxes paid on vehicles, boats, and aircraft ..... |  |  |  |

**OTHER TAXES PAID**

|  |  |  |  |
|--|--|--|--|
| 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:   |  |  |  |
| _____  |  |  |  |
| _____  |  |  |  |
| _____  |  |  |  |

Please enter all pertinent 2006 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:

2006 Amount

TS

2005 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 . . . . . | _____ |  |  |
| 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% limitation):

Contributions by cash or check:

|       |  |  |  |
|-------|--|--|--|
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |

Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

Katrina relief miles .....

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

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

Contributions by cash or check:

|       |  |  |  |
|-------|--|--|--|
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |
| _____ |  |  |  |

Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

Katrina relief miles .....

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

2006

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. For noncash contributions made after 8/17/06, no deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2006 Amount

TS

2005 Amount

Four horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.

Tax return preparation fee.....

Safe deposit box rental.....

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.



If your total noncash contributions are in excess of \$500 in 2006, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items made after 08/17/06 that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

|  |   |  |  |
|--|---|--|--|
| No. <input style="width:40px;" type="text"/>             | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) ..... |   |  |  |

|  |   |  |  |
|--|---|--|--|
| No. <input style="width:40px;" type="text"/>             | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) ..... |   |  |  |

|  |   |  |  |
|--|---|--|--|
| No. <input style="width:40px;" type="text"/>             | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) ..... |   |  |  |

|          |                                  |
|----------|----------------------------------|
| <b>1</b> | <b>How Property was Acquired</b> |
|          | 1 = Purchase                     |
|          | 2 = Gift                         |
|          | 3 = Inheritance                  |
|          | 4 = Exchange                     |

|          |                                      |
|----------|--------------------------------------|
| <b>2</b> | <b>Method Used to Determine FMV</b>  |
|          | 1 = Appraisal                        |
|          | 2 = Thrift shop value                |
|          | 3 = Catalog                          |
|          | 4 = Comparable sales                 |
|          | For other methods, see IRS Pub. 561. |

Please enter 2006 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

### BUSINESS USE OF HOME

|   | 2006 Amount | 2005 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.

|                               |  |  |
|-------------------------------|--|--|
| 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.

|                                |  |  |
|--------------------------------|--|--|
| 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:         |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |

|      |      |    |  |                          |    |
|------|------|----|--|--------------------------|----|
| 2006 | 1040 | US | Employee/Vehicle Bus. Exp. (Form 2106) | No. <input type="text"/> | 30 |
|------|------|----|--|--------------------------|----|

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|   |                      |  |
|---|----------------------|--|
| Occupation, if different from Form 1040.....                              | <input type="text"/> |  |
| Form.....   | <input type="text"/> |  |
| Number of form (1=first Schedule C, 2=second, etc.).....                  | <input type="text"/> |  |
| 1=spouse.....   | <input type="text"/> |  |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> |  |

EMPLOYEE BUSINESS EXPENSES

|   | 2006 Amount          | 2005 Amount          |
|---|----------------------|----------------------|
| Meal and entertainment expenses.....                              | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (75% meal allowance).....          | <input type="text"/> |                      |
| Local transportation (bus, taxi, train, etc.).....                | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight.....               | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1.....               | <input type="text"/> | <input type="text"/> |
| Other business expenses:  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |

2006

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

|  | 2006 Amount | 2005 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

|   |  |  |
|---|--|--|
| Description of vehicle .....                                |  |  |
| Date placed in service (m/d/y) .....                        |  |  |
| Total mileage .....   |  |  |
| Business mileage .....                                      |  |  |
| 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

|   |  |  |
|---|--|--|
| Description of vehicle .....                                |  |  |
| Date placed in service (m/d/y) .....                        |  |  |
| Total mileage .....   |  |  |
| Business mileage .....                                      |  |  |
| 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) ..... |  |  |

2006

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2006 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)**

|   | 2006 Amount |        | 2005 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2006 . . . . . |             |        |             |        |
| Employer-provided benefits forfeited in 2006 . . . . .          |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|                          |   |  |           |
|--------------------------|---|--|-----------|
| No. <input type="text"/> | First name . . . . .  |  |           |
|                          | Last name . . . . .   |  |           |
|                          | Date of birth (m/d/y) . . . . .                                       |  |           |
|                          | Social security number . . . . .                                      |  |           |
|                          | Qualified dependent care expenses incurred and paid in 2006 . . . . . |  | 2005 amt: |
|                          | 1=disabled . . . . .<br>1=spouse, 2=joint . . . . .                   |  |           |

|                          |   |  |           |
|--------------------------|---|--|-----------|
| No. <input type="text"/> | First name . . . . .  |  |           |
|                          | Last name . . . . .   |  |           |
|                          | Date of birth (m/d/y) . . . . .                                       |  |           |
|                          | Social security number . . . . .                                      |  |           |
|                          | Qualified dependent care expenses incurred and paid in 2006 . . . . . |  | 2005 amt: |
|                          | 1=disabled . . . . .<br>1=spouse, 2=joint . . . . .                   |  |           |

|                          |   |  |           |
|--------------------------|---|--|-----------|
| No. <input type="text"/> | First name . . . . .  |  |           |
|                          | Last name . . . . .   |  |           |
|                          | Date of birth (m/d/y) . . . . .                                       |  |           |
|                          | Social security number . . . . .                                      |  |           |
|                          | Qualified dependent care expenses incurred and paid in 2006 . . . . . |  | 2005 amt: |
|                          | 1=disabled . . . . .<br>1=spouse, 2=joint . . . . .                   |  |           |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|                          |  |  |           |
|--------------------------|--|--|-----------|
| No. <input type="text"/> | Name of provider . . . . .                     |  |           |
|                          | Street address . . . . .                       |  |           |
|                          | City, state, ZIP code . . . . .                |  |           |
|                          | Identification number (SSN or EIN) . . . . .   |  |           |
|                          | Amount paid to care provider in 2006 . . . . . |  | 2005 amt: |
|                          | 1=spouse, 2=joint . . . . .                    |  |           |

|                          |  |  |           |
|--------------------------|--|--|-----------|
| No. <input type="text"/> | Name of provider . . . . .                     |  |           |
|                          | Street address . . . . .                       |  |           |
|                          | City, state, ZIP code . . . . .                |  |           |
|                          | Identification number (SSN or EIN) . . . . .   |  |           |
|                          | Amount paid to care provider in 2006 . . . . . |  | 2005 amt: |
|                          | 1=spouse, 2=joint . . . . .                    |  |           |

33.1,33.2

|      |      |    |                               |    |
|------|------|----|-------------------------------|----|
| 2006 | 1040 | US | Education Credits (Form 8863) | 38 |
|------|------|----|-------------------------------|----|

Please complete the information below if you paid qualified education expenses in 2006 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**

|   |   | 2006 Amount                  | 2005 Amount |
|---|---|------------------------------|-------------|
| No. <input style="width:40px;" type="text"/>  | 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 2006 (net of refund or assistance and not entered elsewhere) ..... |   |                              |             |
| Amount of prior year refund or assistance* .....  |   |                              |             |
| No. <input style="width:40px;" type="text"/>  | 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 2006 (net of refund or assistance and not entered elsewhere) ..... |   |                              |             |
| Amount of prior year refund or assistance* .....  |   |                              |             |
| No. <input style="width:40px;" type="text"/>  | 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 2006 (net of refund or assistance and not entered elsewhere) ..... |   |                              |             |
| Amount of prior year refund or assistance* .....  |   |                              |             |
| No. <input style="width:40px;" type="text"/>  | 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 2006 (net of refund or assistance and not entered elsewhere) ..... |   |                              |             |
| Amount of prior year refund or assistance* .....  |   |                              |             |
| No. <input style="width:40px;" type="text"/>  | 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 2006 (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.

|      |      |    |   |    |
|------|------|----|---|----|
| 2006 | 1040 | US | Household Employment Taxes (Schedule H) | 42 |
|------|------|----|---|----|

Please enter all pertinent 2006 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,500 or more in 2006; withheld federal income tax during 2006 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employees, please complete the following:

Employer identification number ..... 

|  |
|--|
|  |
|--|

  
 1=spouse, 2=joint ..... 

|  |
|--|
|  |
|--|

| Social security, Medicare and income taxes:                 | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| 1=paid any one employee cash wages of \$1,500 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 2005 or 2006 ..... |  |  |
| Total cash wages subject to FUTA tax .....   |  |  |
| 1=paid unemployment contributions to only one state .....                                |  |  |
| 1=paid all state unemployment contributions by 4/16/07 .....                             |  |  |
| 1=all wages taxable for FUTA were also taxable for state unemployment.                   |  |  |
| Name of state .....  |  |  |
| State reporting number .....   |  |  |
| Contributions paid to state unemployment fund .....                                      |  |  |

|      |      |    |   |                |
|------|------|----|---|----------------|
| 2006 | 1040 | IL | Credit for Qualified Education Expenses | 53.072, 53.073 |
|------|------|----|---|----------------|

Please enter all pertinent 2006 information.

CHILDREN

|                          |       |  |  |
|--------------------------|-------|--|--|
| No. <input type="text"/> | Child | First name .....                                       |  |
|                          |       | Last name .....  |  |
|                          |       | Social security number .....                           |  |
|                          |       | Grade (K-12) .....                                     |  |
| Expenses                 |       | Total tuition, books and lab fees .....                |  |
|                          |       | 1=did not receive receipt (Schedule ED required) ..... |  |

  

|                          |       |  |  |
|--------------------------|-------|--|--|
| No. <input type="text"/> | Child | First name .....                                       |  |
|                          |       | Last name .....  |  |
|                          |       | Social security number .....                           |  |
|                          |       | Grade (K-12) .....                                     |  |
| Expenses                 |       | Total tuition, books and lab fees .....                |  |
|                          |       | 1=did not receive receipt (Schedule ED required) ..... |  |

  

|                          |       |  |  |
|--------------------------|-------|--|--|
| No. <input type="text"/> | Child | First name .....                                       |  |
|                          |       | Last name .....  |  |
|                          |       | Social security number .....                           |  |
|                          |       | Grade (K-12) .....                                     |  |
| Expenses                 |       | Total tuition, books and lab fees .....                |  |
|                          |       | 1=did not receive receipt (Schedule ED required) ..... |  |

  

|                          |       |  |  |
|--------------------------|-------|--|--|
| No. <input type="text"/> | Child | First name .....                                       |  |
|                          |       | Last name .....  |  |
|                          |       | Social security number .....                           |  |
|                          |       | Grade (K-12) .....                                     |  |
| Expenses                 |       | Total tuition, books and lab fees .....                |  |
|                          |       | 1=did not receive receipt (Schedule ED required) ..... |  |

SCHOOLS

|                          |                      |  |
|--------------------------|----------------------|--|
| No. <input type="text"/> | Name of school ..... |  |
|                          | City .....           |  |

  

|                          |                      |  |
|--------------------------|----------------------|--|
| No. <input type="text"/> | Name of school ..... |  |
|                          | City .....           |  |

  

|                          |                      |  |
|--------------------------|----------------------|--|
| No. <input type="text"/> | Name of school ..... |  |
|                          | City .....           |  |

  

|                          |                      |  |
|--------------------------|----------------------|--|
| No. <input type="text"/> | Name of school ..... |  |
|                          | City .....           |  |

53.072, 53.073

