

2005 Tax Documents to Send to Preparer

Check items enclosed.

Gather the following documents to send to your preparer.

Form W-2 - Wages, Salaries and Tips:

...

Form 1099-Q - Payments from Qualified Education Programs:

...

Form 1099-INT - Interest Income:

..

Form 1099-DIV - Dividend Income:

...

Form 1099-B - Brokerage Statements:

...

...

Taxpayer J

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2005 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2005 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2004 information is included for your reference. You do not need to make any 2004 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2004 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Hurricane Tax Relief Information

2005

The questions below will help us prepare your tax return if you lived in a Katrina Disaster area, provided housing for Katrina evacuees, or were affected by any of the 2005 hurricanes. Please enter any additional information or questions you may have below line 10.

NOTE: Enter any Katrina charitable mileage or cash contributions on ORG14.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Were you affected by any of the hurricanes in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you live in a Katrina disaster area? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you withdraw money from any retirement plans due to Hurricane Katrina? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you provide at least 60 days consecutive housing to evacuees of Hurricane Katrina? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, enter name(s), social security number(s), prior address and number of days for each evacuee.

Name	SSN
Prior Address	Number of Days
Name	SSN
Prior Address	Number of Days
Name	SSN
Prior Address	Number of Days
Name	SSN
Prior Address	Number of Days

- | | | |
|---|--------------------------|--------------------------|
| 5 Were you compensated for providing housing to evacuees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 If you were self-employed, did you donate food inventories to Katrina charities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Did you have any debts cancelled or forgiven due to Hurricane Katrina? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you have any casualty or theft losses due to Hurricane Katrina? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you receive any Hurricane Katrina payments such as FEMA, Red Cross or insurance? These payments may or may not be taxable | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Enter any other information or questions relating to Hurricane Katrina that you would like to discuss regarding your income tax return(s). | | |

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General Questions

ORG3

PERSONAL INFORMATION

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1 Did you purchase a motor vehicle or boat during 2005?
If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did your marital status change during 2005?
If yes , explain . . . _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no , enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Designee's Name . . . ▶ _____
Phone Number . . . ▶ _____ Personal Identification Number (5 digit PIN) . . . ▶ _____ | | |
| 4 Do you or your spouse plan to retire in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Were you or your spouse permanently and totally disabled in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Enter date of death for taxpayer or spouse (if during 2005 or 2006): Taxpayer: _____ Spouse: _____ | | |

DEPENDENT INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children under age 14 with investment income greater than \$1,600? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA AND PENSION PLAN

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you sell and/or purchase a principal residence in 2005?
(Attach copies of your purchase and/or sale escrow statements.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you have any installment sale amounts from relatives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any casualty or theft losses during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 22 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- 24 Did you have foreign income or pay any foreign taxes in 2005?
25 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
26 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?

HEALTH AND LIFE INSURANCE

- 27 Did you or your spouse have self-employed health insurance?
28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?

GIFTS TO TRUSTS OR TUITION PLANS

- 30 Did you or your spouse make gifts of over \$11,000 to an individual or contribute to a prepaid tuition plan?
31 Did you make gifts to a trust?

MISCELLANEOUS

- 32 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?
33 Did you or your spouse participate in a medical savings account in 2005?
34 Did you make a loan at an interest rate below market rate?
35 Did you pay any individual for domestic services in 2005?
36 Did you pay interest on a student loan for yourself, your spouse, or your dependents?
37 Did you, your spouse, or your dependents attend post-secondary school in 2005?
38 Did you receive any income not included in this Tax Organizer?

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- Caution: Review transferred information for accuracy.
39 If your tax return is eligible for Electronic Filing, would you like to file electronically?
40 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?
41 If yes, please provide the following information:
a Name of your financial institution
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
c Account number
d What type of account is this? Checking Savings

Please attach a voided check (not a deposit slip).

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2005? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.</p>		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, please list the type of use and the number of gallons for each fuel.</p> <p>...</p> <hr/> <hr/> <hr/> <hr/>		

Additional Information

ORG5

..

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	J	
First name	Taxpayer	
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	123-45-6789	
Occupation		
Work phone/extension		
Cell phone		
E-mail address		
Birthdate or age as of 1-1-2006	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address Apartment number

City State ZIP code

Home phone Foreign country

Fax Foreign phone

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name Child's social security number

5 Qualifying widow(er)

Check the box for the year the spouse died. 2003 2004

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2005 Child Care Expense
		+Months in U.S.	*Not Citizen	2004 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2, 1099-R, and W-2G Income

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

Form section for W-2 forms, including fields for Employer's name, 2005 applicability, spouse, and various checkboxes for housing allowances and SE tax.

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

Form section for 1099-R forms, including fields for Payer's name, 2005 applicability, spouse, and checkboxes for rollovers and RMD distributions.

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Table with 6 columns: Name of Payer, Check if Spouse, Gross Winnings (Box 1), Federal Tax Withheld (Box 2), State Tax Withheld (Box 14), State Code (Box 13).

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Railroad Retirement Benefits from Form RRB-1099		
3 Federal income tax withheld		
4 Medicare B premiums withheld		
5 Federal income tax withheld from Form RRB-1099		
6 Medicare B premiums withheld from Form RRB-1099		

FORM 1099-G

<input checked="" type="checkbox"/> Attach all copies of 1099-G forms.				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2005			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2003 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	Alternative Trade Adjustment Assistance			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld			
	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation			

OTHER INCOME

Nature and Source	2005 Taxpayer	2005 Spouse	2004 Combined
1 Alimony received			
2 Scholarship/fellowship income not on Form W-2			
3 Unreported tip income (less than \$20 per month)			
4 Unreported tip income (\$20 or more per month)			
5 Recovery of bad debts previously deducted			
6 Jury duty pay			
7 Bartering income not reported elsewhere			
8 Income from the rental of personal property			
9 Other miscellaneous income items: Description:			

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2005	2004
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a	Insurance reimbursement		
b	Medical (MSA) or health (HSA) savings account distributions		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12a	Miles driven for medical purposes 01/01/05 thru 08/31/05		
b	Miles driven for medical purposes 09/01/05 thru 12/31/05		
13	Ambulance fees and other medical transportation costs		
14	Lodging		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2005	2004
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		
	_____		
	_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2005	2004
...	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2005
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Points Paid	Date of Loan	Loan Length (years)	2004 Points Deducted

INVESTMENT INTEREST

	2005	2004
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A . . .	<input type="checkbox"/>		
B	<input type="checkbox"/>		
C	<input type="checkbox"/>		
D	<input type="checkbox"/>		
E	<input type="checkbox"/>		
F	<input type="checkbox"/>		
G	<input type="checkbox"/>		
H	<input type="checkbox"/>		
I	<input type="checkbox"/>		
J	<input type="checkbox"/>		

Note: Complete sections below **only** if the **total** noncash contributions is **more than \$500**.

Description of Donated Property	Address of Donee Organization
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				

* Some methods used in determining FMV are: Appraisal, Thrift Shop, Catalog, or Comparable Sales

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2005	2004
Employee Business Expenses			
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1	Union and professional dues		
2	Professional subscriptions		
3	Uniforms and protective clothing		
4	Job search costs		
5	Other unreimbursed employee expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
6	Tax return preparation fees		
7	Investment counsel and advisory fees		
8	Certain attorney and accounting fees		
9	Safe deposit box rental		
10	IRA custodial fees		
11	Other expenses (list):		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
OTHER MISCELLANEOUS DEDUCTIONS		2005	2004
12	Amortizable bond premiums (acquired before 10/23/86)		
13	Gambling losses (to the extent of gambling income)		
14	Other miscellaneous deductions:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		

Moving Expenses

ORG16

If you sold your principal residence during 2005, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred. Employee Business Expenses
 Check box if spouse's employee expenses. If blank, taxpayer assumed
 Check box if a fee-basis state or local government official
 Check box if subject to Department of Transportation (DOT) hours of service limits.
 Treat all MACRS assets for activity as qualified Indian reservation property? Yes No

EXPENSES	2005	2004
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only — complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other: _____ _____ _____		

EMPLOYER REIMBURSEMENTS	2005	2004
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2005	2004
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2005	2004
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2005, please complete ORG51— Additional Assets. For vehicles, see page 2.
 If any property or equipment other than a vehicle was disposed of during 2005, please complete the disposition information on ORG50 — Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle		
16 Date placed in service		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading		
b Beginning mileage reading		
c Total miles for the year (line 17a less line 17b)		
18a Business miles from 01/01/05 thru 08/31/05		
b Business miles from 09/01/05 thru 12/31/05		
19 Total commuting miles		
20 Average daily commuting miles		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc		
24 Vehicle registration fee (excluding property tax)		
25 Vehicle lease or rental fee		
26 Inclusion amount (Preparer Use Only)		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28 Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis		
30 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only)		
33 Section 179 expense (Preparer Use Only)		
34 Qualified property for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
35 Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Date sold		
38 Date acquired, if different from line 16		
39 Sales price		
40 Expense of sale		
41 Gain/loss basis, if different (Preparer Use Only)		
42 AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS		
43 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
44 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
45 Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
46 If yes , is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for: ORG17 Employee Business Expenses
 copy: 1 Home Office Expense

GENERAL INFORMATION	2005	2004
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Total wages from this business		
6 Enter the percent of wages above that are from the business use of this home		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2005		2004	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Deductible mortgage interest				
11 Real estate taxes				
12 Insurance				
13 Repairs and maintenance				
14 Utilities				
15 Other expenses (e.g., rent)				
16 Carryover of operating expenses				
17 Excess casualty losses (Preparer Use Only)				
18 Depreciation of your home (Preparer Use Only)				
19 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

20	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence _____			
	Addition/Improvement _____			
	Addition/Improvement _____			
	Addition/Improvement _____			
	Addition/Improvement _____			
21	Enter the land value included in cost for residence			

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

Business Name:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle		
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4a Business miles from 01/01/05 thru 08/31/05			
b Business miles from 09/01/05 thru 12/31/05			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use Only)			
20 Section 179 expense (Preparer Use Only)			
21 Qualified Property for SDA? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
22 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Date sold			
25 Date acquired, if different from line 2			
26 Sales price			
27 Expense of sale			
28 Gain/loss basis, if different (Preparer Use Only)			
29 AMT gain/loss basis, if different (Preparer Use Only)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
30 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
34 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3 Business address _____

4 Principal business/profession Business Name: _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of to an unrelated person during the year? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of Other (explain) _____
 cost or
 market

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2005? Yes No

12 Did you start or acquire this business during 2005? Yes No

13 At-risk determination:
 a Is all of the investment in this activity at risk? Yes No
 b Is some of the investment in this activity not at risk? Yes No

14 Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

15 Did you have unallowed passive losses in 2004? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2005	2004
16 Gross receipts or sales		
17 Returns and allowances		
18 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2005	2004
19 Inventory at beginning of year		
20 Purchases less cost of items used personally		
21 Cost of labor (do not include your salary)		
22 Materials and supplies		
23 Other costs		
24 Inventory at end of year		
25 Cost of goods sold		

Business Income and Expenses (continued)

ORG19

EXPENSES	2005	2004
Business name _____		
26 Advertising		
27 Car and truck expenses (complete ORG18)		
28 Commissions and fees		
29 Contract labor		
30 Depletion		
31 Depreciation and Section 179 deduction (Preparer Use Only)		
32 Employee benefit programs		
33 Insurance (other than health)		
34 Self-employed health insurance attributable to this business		
35 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
36 Legal and professional services		
37 Office expenses		
38 Pension and profit-sharing plans		
39 Rent or lease:		
a Machinery and equipment		
b Other business property		
40 Repairs and maintenance		
41 Supplies (not included in cost of goods sold)		
42 Taxes and licenses		
43 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 70% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Wages		
46 Work credit from Form 5884, Form 8845 or Form 8861		
47 Other expenses:		
.		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plans start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property type:
Rent Income

Property location:
...

- | | | | | | |
|----|---|---------------------------------|--------------------------------|--------------------------|--------------------------|
| 1 | Check property owner <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint | | |
| | | | | Yes | No |
| 2 | Enter the ownership percentage (if not 100%). _____ | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If not 100%, are you reporting 100% of the income and expenses? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Check this box if some of this investment was not at-risk | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Is this a rental property? (If yes , answer questions 5 through 7; if no , skip to question 8.) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Did you have personal use of this rental property? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enter number of days: Rented. _____ Personal use _____ Owned _____ | | | | |
| 6 | Does this rental have multiple living units and you live in one of the units? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enter percentage of rental use _____ | | | | |
| 7 | Did you actively participate in this property's management during 2005? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Did you materially participate in this property's management during 2005? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Do you want to treat this property as non-passive? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Did you fully dispose of this property during 2005? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Did this property have unallowed passive losses in 2004? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Do you want to treat this property as commercial property? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Treat all MACRS assets for this activity as qualified Indian reservation property? | | | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2005	2004
14 Rents received		
15 Royalties received		

EXPENSES	2005	2004
16 Advertising		
17 a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20 Insurance		
21 Legal and professional fees		
22 Management fees		
23 a Mortgage interest paid to banks — qualified		
b Mortgage interest paid to banks — other		
24 Other interest		
25 Repairs		
26 Supplies		
27 a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30 a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm Farm Income

1 Check ownership Taxpayer Spouse Joint

2 Principal product _____

3 Employer identification number _____

4 Agricultural activity code (Preparer Use Only) _____

5 Accounting method Cash Accrual

6 Was this farm fully disposed of to an unrelated person during 2005? Yes No

7 Did you materially participate in the operation of this business during 2005? Yes No

8 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

9 Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

10 Did you have unallowed passive losses in 2004? Yes No

FARM INCOME – CASH METHOD	2005	2004
11 Sales of livestock, etc purchased for resale		
12 Cost/Basis of livestock, etc purchased for resale		
13 Sales of livestock, produce, grains, etc raised		
14a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
15a Total agricultural program payments		
b Taxable amount of agricultural program payments		
16a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
17a Crop insurance proceeds received in 2005		
b Taxable amount of crop insurance proceeds		
c Crop insurance proceeds deferred from 2004		
18 Custom hire (machine work) income		
19 Other income – include federal/state gas tax credit/refund		

FARM INCOME – ACCRUAL METHOD	2005	2004
20 Sales – livestock, produce, grain during the year		
21a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
22a Total agricultural program payments		
b Taxable amount of agricultural program payments		
23a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
24 Crop insurance proceeds		
25 Custom hire (machine work) income		
26 Other income include federal/state gas tax credit/refund		
27 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
28 Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>

Farm Income and Expenses (continued)

ORG27

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2005	2004
Name of this farm <u>Farm Income</u>		
29 Car and truck expense (complete ORG18)		
30 Chemicals		
31 Conservation expenses		
32 Custom hire (machine work)		
33 Depreciation and Section 179 deduction (Preparer Use Only)		
34 Employee benefit programs other than pension and profit-sharing plans		
35 Feed purchased		
36 Fertilizers and lime		
37 Freight and trucking		
38 Gasoline, fuel and oil		
39a Insurance		
b Self-employed health insurance attributable to this farm business		
40 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
41 Labor hired:		
a Gross wages		
b Less work credits from Form 5884, Form 8845 or Form 8861		
42 Pension and profit-sharing plans		
43 Rent or lease:		
a Machinery, equipment, etc		
b Other (land, animals, etc)		
44 Repairs and maintenance		
45 Seeds and plants purchased		
46 Storage and warehousing		
47 Supplies purchased		
48 Taxes		
49 Utilities		
50 Veterinary fees and medicine		
51 Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
52 Qualified pension plans start-up costs		

Education Information

ORG36

EDUCATION TUITION AND FEES

Student Name First Name Last Name	Middle Initial Suffix	Student's Social Security Number	Qualified 2005 Expenses	1. First/second year of post-secondary education? 2. At least 1/2 time? 3. Earning degree or other credential? 4. No drug offenses?	
				Yes	No
-----	-----			<input type="checkbox"/>	<input type="checkbox"/>
-----	-----			<input type="checkbox"/>	<input type="checkbox"/>
-----	-----			<input type="checkbox"/>	<input type="checkbox"/>
-----	-----			<input type="checkbox"/>	<input type="checkbox"/>

EDUCATOR EXPENSES

2005

2004

1 a Taxpayer educator expenses

b Spouse educator expenses

STUDENT LOAN INTEREST PAID

2005

2004

2 Enter the total interest you paid in 2005 on qualified student loans

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
...		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Tax Payments

ORG40

2005 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/05	04/15/05							
2 Qtr 2 due by 06/15/05	06/15/05							
3 Qtr 3 due by 09/15/05	09/15/05							
4 Qtr 4 due by 01/16/06	01/15/06							
5 a Additional payments .								
b Additional payments .								
c Additional payments .								
d Additional payments .								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2004 overpayment applied to 2005			
7 Balance due paid with 2004 return			
8 a 2004 Quarter 4 payments paid in 2005			
b 2004 extension payments paid in 2005			
9 Other taxes paid in 2005 for prior years (include explanation)			

2006 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2006, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	_____
	Spouse	_____
11 Self-Employment Income	Taxpayer	_____
	Spouse	_____
12 Capital Gains (sale of stock, real estate, etc)		_____
13 Other Income:		
Description		_____

Deductions

14 Allowable Itemized Deductions	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	_____
16 Federal Withholding	_____
17 Number of personal exemptions expected for 2006	_____

ADDITIONAL INFORMATION

18 Check to use your 2005 tax amount for your 2006 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2005 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	_____
21 Number of installments for estimated tax (1 - 4)	_____

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

Taxpayer Copy

- | | | | | |
|---|--|--------------------------|--------------------------|----|
| 1 | Enter your employer identification number | | Yes | No |
| 2 | Did you pay any one household employee cash wages of \$1,400 or more in 2005? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Did you withhold federal income tax during 2005 for any household employee? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Did you pay total cash wages of \$1,000 or more to household employees in any calendar quarter of 2004 or 2005? | <input type="checkbox"/> | <input type="checkbox"/> | |

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2005	2004
5 Enter total cash wages paid during 2005 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2005		
7 Enter any advance earned income credit (EIC) payments		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

- Federal Unemployment Tax (FUTA) Questions: Yes No
- | | | | |
|----|--|--------------------------|--------------------------|
| 8 | Did you pay unemployment contributions to only one state? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (Check 'No' if you paid contributions to more than one state or to New York state.) | | |
| 9 | Did you pay all state unemployment contributions for 2005 by April 17, 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | <input type="checkbox"/> | <input type="checkbox"/> |

11 Enter any unemployment compensation you paid for 2005:

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2005	2004	2005	2004
a	---				
b	---				

12 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%)
- If your state experience rate is 5.4% or higher:
- b State experience rate period — starting date (e.g., 01/01/05)
- c State experience rate period — ending date (e.g., 12/31/05).

State A	State B
_____	_____

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2004?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded <input type="checkbox"/>	b Apply to 2006 estimates <input type="checkbox"/>	c Apply to 2006 taxes <input type="checkbox"/>	
12 Additional state information: _____			

