

# 2006

## TAX ORGANIZER

F  
R  
O  
M

T  
O

**This tax organizer has been prepared for your use in gathering the information needed for your 2006 tax return.**

**To save you time, selected information from your 2005 tax return has been entered within this organizer. Please line through any information which does not apply to your 2006 tax return.**

**In some cases, 2005 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

# 2006

## TAX ORGANIZER

**F  
R  
O  
M**

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

**T  
O**

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

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

|                           |             |
|---------------------------|-------------|
| <b>Taxpayer Signature</b> | <b>Date</b> |
| <b>Spouse Signature</b>   | <b>Date</b> |

|   |                                  |                                |
|---|----------------------------------|--------------------------------|
| <b>Primary E-mail Address</b>                                       | <b>Home Phone</b>                | <b>Fax Number</b>              |
| <b>Secondary E-mail Address</b>                                     | <b>Taxpayer's Business Phone</b> | <b>Spouse's Business Phone</b> |
| <b>Preferred Method of Contact (i.e., cell phone, e-mail, etc.)</b> |                                  |                                |

**Personal Information:**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Did your marital status change during 2006? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| If married, do you and your spouse want to file separate returns? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change during 2006? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Dependents:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$850? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings during 2006? .....            | <input type="checkbox"/> | <input type="checkbox"/> |

**Purchases, Sales and Debt:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you have a discharge of indebtedness due to Hurricane Katrina? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled, forgiven or refinanced during 2006? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2006? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2006? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange or purchase any real estate in 2006? If so, please attach closing statements. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest in 2006? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan in 2006? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any put or call transactions? If Yes, please provide details. ....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Itemized Deductions:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any casualty or theft losses during the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any large purchases, such as motor vehicles and boats? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2006?<br>If you received a distribution from an MSA, please include Form 1099-SA. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2006?<br>If you received a distribution from an HSA, please include Form 1099-SA. ....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your IRA to pay for higher education expenses<br>incurred by you, your spouse, your children or grandchildren? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program<br>(Section 529 plan)? If Yes, include Form 1099-Q. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your dependents incur any post-secondary education expenses, such as tuition? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered<br>under an employer's health plan at another job? If Yes, how many months were you covered? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Months                   |                          |
| Did you move to a different home because of a change in the location of your job? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay in excess of \$1,000 in any quarter, or \$1,500 during the year for domestic services performed in or around<br>your home to individuals who could be considered household employees? .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive unreported tip income of \$20 or more in any month of 2006? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive distributions from long-term care insurance contracts?<br>If Yes, please include Form 1099-LTC. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or<br>other authority over a bank account, securities account or other financial account in a foreign country? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you create or transfer money or property to a foreign trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle in 2006? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2006 because of foreign competition and pay for your own health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you displaced or did you suffer casualty losses as a result of Hurricane Katrina? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If someone was displaced by Hurricane Katrina, did they live with you? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity<br>equipment (photovoltaic) or fuel cells? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements or energy property in your residence such as exterior doors<br>or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous: (continued)**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Did you engage in any bartering transaction? .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$12,000 to any individual? .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2006? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Severance/Retirement:**

|  |  |                          |             |  |
|--|--|--------------------------|-------------|--|
| Did you retire or change jobs in 2006? .....   | <input type="checkbox"/>   | <input type="checkbox"/> |             |  |
| Did you receive retirement or severance compensation? .....  | <input type="checkbox"/>   | <input type="checkbox"/> |             |  |
| If Yes, enter the date received (Mo/Da/Yr).  | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 2px;"><b>Date</b></td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table> |                          | <b>Date</b> |  |
| <b>Date</b>  |  |                          |             |  |
|  |  |                          |             |  |
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution? ..... | <input type="checkbox"/>   | <input type="checkbox"/> |             |  |

**Sale of Your Home:**

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| Did you sell your home in 2006? .....   | <input type="checkbox"/>          | <input type="checkbox"/>        |
| If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? ..... | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Did you ever rent out this property? .....  | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Did you ever use any portion of the home for business purposes? .....   | <input type="checkbox"/>          | <input type="checkbox"/>        |
| Have you or your spouse sold a principal residence within the last two years? .....   | <input type="checkbox"/>          | <input type="checkbox"/>        |
| At the time of the sale, the residence was owned by the:  | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
|   | <input type="checkbox"/> Both     |                                 |

**Additional Information:**

|   |                          |                          |
|---|--------------------------|--------------------------|
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2006? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2006? .....       | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

| Name of Designated Beneficiary | State Sponsoring Plan | Account Number | 2006 Amount Contributed |
|--------------------------------|-----------------------|----------------|-------------------------|
|                                |                       |                |                         |
|                                |                       |                |                         |
|                                |                       |                |                         |







# Business Income and Cost of Goods Sold

**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

**Business Questions for 2006:**

Did you dispose of this business?  Yes  No  
 If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?    
 Were you involved in the operations of this business on a regular, continuous and substantial basis?

|   | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ |             |             |

**Income:**

|                                   | 2006 Amount | 2005 Amount |
|-----------------------------------|-------------|-------------|
| Gross receipts or sales _____     |             |             |
| Less returns and allowances _____ |             |             |

**Cost of Goods Sold:**

|   | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| Beginning inventory _____                                     |             |             |
| Purchases less cost of items withdrawn for personal use _____ |             |             |
| Cost of labor (do not include amounts paid to yourself) _____ |             |             |
| Materials and supplies _____                                  |             |             |

Other Costs of Cost of Goods Sold:

| Description            | 2006 Amount | 2005 Amount |
|------------------------|-------------|-------------|
|                        |             |             |
|                        |             |             |
|                        |             |             |
| Ending inventory _____ |             |             |

**Other Income:**

| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |





**Sale or Exchange of Your Home:**

**Please attach the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ ..... \_\_\_\_\_  
 Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date sold ..... (Mo/Da/Yr) \_\_\_\_\_  
 Selling price .....

**Original Cost and Cost of Improvements:**

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? .....  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer? .....  Yes  No

Enter reimbursements not included in wages on your Form W-2 .....

**Mileage:**

Number of miles from old home to new workplace .....  
 Number of miles from old home to old workplace .....  
 Number of automobile miles in move .....

| Miles |
|-------|
|       |
|       |
|       |

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....  
 Costs of travel and lodging (do not include meals or automobile expenses) .....  
 Automobile expenses (gasoline, oil, etc.) .....  
 Meals (Pennsylvania only) .....

| Amount |
|--------|
|        |
|        |
|        |
|        |

**Individual Retirement Account (IRA):**

TS .....  
 Name of payer .....

**IRA Questions for 2006:**

|   | Yes | No |
|---|-----|----|
| Are you covered by an employer's retirement plan? .....   |     |    |
| If no, is your spouse covered by an employer's retirement plan? .....   |     |    |
| Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....                                 |     |    |
| If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? ..... |     |    |
| Did you receive distributions in 2006 from a traditional IRA, Roth IRA or Coverdell Education Savings Account? .....                  |     |    |
| Did you convert a traditional IRA to a Roth IRA in 2006? .....  |     |    |
| Did you use your IRA as security for a loan this year? .....  |     |    |
| Did you have any transactions with your IRA during the year? .....  |     |    |
| If Yes, please explain. ....  |     |    |

**IRA Values, Rollovers, and Distributions:** **Please enclose copies of all Forms 1099-R**

|   |  |
|---|--|
| Total value of all traditional IRAs on December 31, 2006 .....                  |  |
| Outstanding rollovers on December 31, 2006 .....                                |  |
| IRA distributions received during 2006 .....                                    |  |
| Amount of distribution due to Hurricanes Katrina, Rita, or Wilma disaster ..... |  |
| Total distributions converted to Roth IRAs .....                                |  |

**Contributions:** **Please enclose copies of all Forms 5498**

|   |  |
|---|--|
| IRA:  |  |
| Contributions in 2006 for the 2006 tax return .....             |  |
| Contributions in 2007 for the 2006 tax return .....             |  |
| Amount for 2006 you choose to be treated as nondeductible ..... |  |
| Roth IRA:   |  |
| Contributions made for the 2006 tax year .....                  |  |

**Pensions and Annuities:** **Please enclose all Forms 1099-R and any nontaxable distribution details**

| TSJ | Name of Payer | 2006 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a |      | Due to Hurricane Disaster? | 2005 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|-----------|------|----------------------------|--------------------------|
|     |               |                          |                |                      |                    | Rollover? | IRA? |                            |                          |
|     |               |                          |                |                      |                    |           |      |                            |                          |
|     |               |                          |                |                      |                    |           |      |                            |                          |
|     |               |                          |                |                      |                    |           |      |                            |                          |

**Self-Employed Retirement Plan:** **Please enclose copies of all Forms 1099-R**

|   | Taxpayer    |    | Spouse      |    |
|---|-------------|----|-------------|----|
|   | Yes         | No | Yes         | No |
| Have you established a self-employed retirement or SIMPLE plan with deductible contributions? ..... |             |    |             |    |
| Do you wish to contribute the maximum amount allowed? .....   |             |    |             |    |
| <b>Contributions to:</b>  |             |    |             |    |
| Simplified employee pension .....   | 2006 Amount |    | 2006 Amount |    |
| Defined benefit plan .....  |             |    |             |    |
| Defined contribution plan .....   |             |    |             |    |
| SIMPLE plan .....   |             |    |             |    |





Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

**Miscellaneous Income and Adjustments:**

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2006 Amount | 2005 Amount | 2006 Amount | 2005 Amount |
| Taxable pensions and annuities received            |             |             |             |             |
| Nontaxable pensions and annuities received         |             |             |             |             |
| Federal withholding on pensions and annuities      |             |             |             |             |
| State withholding on pensions and annuities        |             |             |             |             |
| Unemployment compensation received                 |             |             |             |             |
| Unemployment compensation repaid in 2006           |             |             |             |             |
| Social security benefits received                  |             |             |             |             |
| Social security benefits repaid in 2006            |             |             |             |             |
| Medicare premiums withheld                         |             |             |             |             |
| Tier 1 railroad retirement benefits received       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2006 |             |             |             |             |
| Taxable IRA distributions                          |             |             |             |             |
| Nontaxable IRA distributions                       |             |             |             |             |
| Total lump sum social security received            |             |             |             |             |
| Lump sum taxable social security                   |             |             |             |             |
| Other federal withholding                          |             |             |             |             |
| Other state withholding                            |             |             |             |             |

**State and Local Income Tax Refunds:**

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

**Educator Expenses:** (Deduction for amounts paid by educators of kindergarten through Grade 12)

| TS | 2006 Amount | 2005 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

**Other Income:**

| TSJ | Nature and Source | 2006 Amount | 2005 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Other Adjustments to Income:** (Please enclose all Forms 1098-E for Student Loan Interest Paid)

| TSJ | Nature and Source | 2006 Amount | 2005 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2006 Amount | 2005 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |
|     |                  |                                 |                   |             |             |

**Medical and Dental Expenses:**

Prescription medicines and drugs .....

Total medical insurance premiums paid (Do not include medicare premiums paid) .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

| TSJ | 2006 Amount | 2005 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

| 2006 Amount | 2005 Amount |
|-------------|-------------|
|             |             |
|             |             |

**Other Medical Expenses:**

| TSJ | Description | 2006 Amount | 2005 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

**Taxes Paid:** Please include copies of your tax bills

Real estate taxes .....

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

| TSJ | 2006 Amount | 2005 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

**Other Taxes Paid:**

| TSJ | Description | 2006 Amount | 2005 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2006, did you include any taxes from your closing statement in the amounts above?  Yes  No

# Itemized Deductions - Mortgage Interest and Points

**Mortgage Questions for 2006:**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, please enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____  |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.                             |                          |                          |

**Home Mortgage Interest Paid To Financial Institutions:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2006 Amount | 2005 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Other Home Mortgage Interest Paid:**

| TSJ | Paid To |         | ID Number | 2006 Amount | 2005 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

**Deductible Points:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2006 Amount | 2005 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2006 Amount | 2005 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |

**Cash Contributions:**

You are required to have written documentation from the donee organization to substantiate contributions of \$250. A cancelled check is not considered adequate substantiation. Clothes and household items donated after August 17, 2006 must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the items value appraised. Attach a copy of the appraisal.

| TSJ | Organization or Description of Contribution | 2006 Amount | 2005 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2006 Amount |
|-----|----------------------------|-------------|
|     | 100% limit                 |             |
|     | 50% limit                  |             |

| TSJ | Description   | 2006 Miles | 2005 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |
|     | Number of miles traveled performing volunteer work for Hurricane Katrina                  |            |            |

**Noncash Contributions Totaling Less Than or Equal to \$500:**

| TSJ | Description of Donated Property | 2006 Amount | 2005 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:**

TSJ .....

Description of the donated property .....

Donee organization name .....

Donee organization address .....

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated . . . . . (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property . . . . .

Fair market value of the donated property . . . . .

Which of the following methods was used to determine the fair market value?

Appraisal       Thrift shop value       Catalog       Comparable sale

Other - please explain .....

Which of the following describes how this donated property was acquired?

Purchase       Gift       Inheritance       Exchange



# Employee Business Expenses

**TS:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

|                               | 2006 Amount | 2005 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls .....  |             |             |
| Local transportation .....    |             |             |
| Travel expenses .....         |             |             |
| Meals and entertainment ..... |             |             |
| Other Business Expenses:      |             |             |

| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

|   | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| Amount received for other expenses .....          |             |             |
| Amount received for meals and entertainment ..... |             |             |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? .....  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes? .....  Yes  No

Was your vehicle available for personal use during off-duty hours? .....  Yes  No

|   | 2006 | 2005 |
|---|------|------|
| Total miles .....                         |      |      |
| Total business miles .....                |      |      |
| Average daily commuting miles .....       |      |      |
| Total commuting miles for the year .....  |      |      |
| Gasoline and oil .....                    |      |      |
| Repairs .....                             |      |      |
| Insurance .....                           |      |      |
| Taxes .....                               |      |      |
| Value of employer provided vehicle .....  |      |      |
| Temporary vehicle rentals .....           |      |      |
| Fair market value of leased vehicle ..... |      |      |
| Vehicle leases .....                      |      |      |
| Other Vehicle Expenses:                   |      |      |

| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

# Employee Business Expenses- Business Use of Home

17A

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2006 | 2005 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

|                                       | Direct Expenses |             | Indirect Expenses |             |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
|                                       | 2006 Amount     | 2005 Amount | 2006 Amount       | 2005 Amount |
| Casualty losses .....                 |                 |             |                   |             |
| Deductible mortgage interest paid to: |                 |             |                   |             |
| Financial institutions .....          |                 |             |                   |             |
| Individuals .....                     |                 |             |                   |             |
| Real estate taxes .....               |                 |             |                   |             |
| Insurance .....                       |                 |             |                   |             |
| Repairs and maintenance .....         |                 |             |                   |             |
| Utilities .....                       |                 |             |                   |             |

**Other Expenses:**

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2006 Amount     | 2005 Amount | 2006 Amount       | 2005 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

**Seller-Financed Mortgage Interest Information:**

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |

# Child/Dependent Care Expenses & Education Expenses

**Child/Dependent Care Expenses:**

**General Information:**

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2005 but paid in 2006 .....

Employer-provided dependent care benefits that were forfeited in 2006 .....

**Child/Dependent Care Providers:**

**Provider 1:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

|  | 2006 Amount | 2005 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2006 .....     |             |             |
| Expenses incurred and not paid in 2006 ..... |             |             |

**Provider 2:**

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

|  | 2006 Amount | 2005 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2006 .....     |             |             |
| Expenses incurred and not paid in 2006 ..... |             |             |

**Qualifying Persons for Child/Dependent Care Expenses:**

| First Name and Initial | Last Name | Social Security Number | 2006 Expenses Incurred | 2005 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |

**Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:**

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

| First Name and Initial | Last Name | Social Security Number | Grade | 2006 Qualified Expenses |
|------------------------|-----------|------------------------|-------|-------------------------|
|                        |           |                        |       |                         |
|                        |           |                        |       |                         |
|                        |           |                        |       |                         |

**Refund Application:**

If you have an overpayment of 2006 taxes, do you want the excess:

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Refunded .....                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Applied to your 2007 estimated tax liability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**Federal Estimated Tax Payments:**

|                                 |                  |
|---------------------------------|------------------|
| 2006 1st Quarter Estimate ..... | (Due 04-17-2006) |
| 2006 2nd Quarter Estimate ..... | (Due 06-15-2006) |
| 2006 3rd Quarter Estimate ..... | (Due 09-15-2006) |
| 2006 4th Quarter Estimate ..... | (Due 01-16-2007) |

| Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|--------------------------------------|-------------|
|                                      |             |
|                                      |             |
|                                      |             |
|                                      |             |

2005 overpayment applied to 2006 estimate .....

**State and City Estimated Tax Payments:**

|                                 |                             |
|---------------------------------|-----------------------------|
| 2006 1st Quarter Estimate ..... | TSJ _____                   |
|                                 | State/City _____            |
|                                 | <b>Date Paid (Mo/Da/Yr)</b> |
|                                 | <b>Amount Paid</b>          |
|                                 |                             |
| 2006 2nd Quarter Estimate ..... |                             |
| 2006 3rd Quarter Estimate ..... |                             |
| 2006 4th Quarter Estimate ..... |                             |

|                                 |                             |
|---------------------------------|-----------------------------|
| 2006 1st Quarter Estimate ..... | TSJ _____                   |
|                                 | State/City _____            |
|                                 | <b>Date Paid (Mo/Da/Yr)</b> |
|                                 | <b>Amount Paid</b>          |
|                                 |                             |
| 2006 2nd Quarter Estimate ..... |                             |
| 2006 3rd Quarter Estimate ..... |                             |
| 2006 4th Quarter Estimate ..... |                             |

2005 overpayment applied to 2006 estimate .....

Balance of prior year(s)' tax paid in 2006 plus amount paid with 2005 extensions .....

Estimated tax payments for 2005 paid in 2006 .....

**Tax Planning Information for Tax Year 2007:**

Do you expect any of the following to occur in 2007?

|   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| A change in your marital status .....           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| A change in the number of your dependents ..... | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| A substantial change in your income .....       | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| A substantial change in your withholding .....  | <input type="checkbox"/> |     | <input type="checkbox"/> |    |
| A substantial change in deductions .....        | <input type="checkbox"/> |     | <input type="checkbox"/> |    |

If you answered Yes to any of the above questions, please provide details.

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