

2006 TAXPAYER ORGANIZER

THIS EASY-TO-USE ORGANIZER HAS BEEN PREPARED TO ASSIST YOU IN COLLECTING INFORMATION FOR YOUR 2006 INDIVIDUAL INCOME TAX RETURN. FOR RETURNING CLIENTS, INFORMATION FROM YOUR 2005 TAX RETURN HAS BEEN LISTED TO SERVE AS A GUIDE IN ASSEMBLING THIS YEAR'S TAX DATA.

ENTER THIS YEAR'S INFORMATION IN THE AREA PROVIDED ON THE ATTACHED PAGES. IF YOU NEED MORE SPACE, PLEASE USE THE BACK OF THE PAGES. PLEASE LINE THROUGH ANY PREPRINTED DATA THAT DOES NOT APPLY TO THE CURRENT YEAR. IF NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS WITH PERTINENT FACTS THAT MAY NOT HAVE BEEN REQUESTED IN THIS ORGANIZER.

IF YOU HAVE ANY QUESTIONS, PLEASE MAKE NOTE OF THEM WITHIN THE BOOKLET SO THAT WE CAN DISCUSS THEM WHEN WE PREPARE YOUR TAX RETURN.

PLEASE PROVIDE ALL RECORDS AND NECESSARY INFORMATION REQUESTED, INCLUDING:

- Prior year federal and state return (New client only)
- W-2's for wages, salaries, tips, and pensions
- 1098's for mortgage interest paid to financial institutions
- 1099's for interest, dividends, state tax refunds, and other payments
- K-1's from partnerships, s-corporations, estates, and trusts
- Additional correspondence from tax agencies, if any

USING THIS ORGANIZER WILL ASSIST YOU IN COMPILING COMPLETE AND ACCURATE TAX DATA THAT WILL MAKE IT POSSIBLE TO TAKE FULL ADVANTAGE OF ALL ALLOWABLE DEDUCTIONS.

COURTESY OF

GENERAL INFORMATION

CLIENT _____

ALL OF THE FOLLOWING QUESTIONS REFER TO 2006 ONLY.
 IN EACH CASE, IF YOU ANSWER "YES," PLEASE PROVIDE ANY PERTINENT DOCUMENTS. THANK YOU.

- | | | |
|---|------------------------------|-----------------------------|
| 1 Did your marital status change during 2006? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 Is your income tax return to be mailed to an address other than the one shown on the cover sheet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," indicate address: _____ | | |
| 3 Would you like to have your tax return filed electronically? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 Would you like to receive an electronic return via e-mail? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 If you are unmarried, did a relative or child live with you in your home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 Were there any births or deaths in your household or did any children cease to be your dependents in 2006? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 Did any of your dependent children under age 18 have unearned income over \$1,700? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 Did you pay more than half the cost of supporting a parent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 Did you maintain a household for a child who was either under age 17 or a student under age 24,
or did you have an adult disabled dependent? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 Did you incur child care expenses in 2006? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 Did you make cash contributions of over \$250 at any one time to a charitable organization? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please obtain documentation from the organization verifying the contribution and attach. | | |
| 12 Did you contribute property (other than cash) with a value of more than \$250 to a charity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you contributed a motor vehicle, boat, or airplane, attach Form 1098-C. | | |
| 13 Did you receive any interest income from an installment sale? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14 Did you convert any traditional IRA funds to a Roth IRA in 2006? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15 Did you buy, sell, or trade any assets during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please provide information concerning the disposition of the assets. | | |
| 16 Did you buy, sell, or trade any bonds during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please attach a copy of your broker's advice letter. | | |
| 17 Did you cash any series EE or I U.S. bonds that were issued after 1989 and paid qualified
higher education expenses? If "yes," attach details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18 Are you or your spouse unable to participate in any gainful activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19 Do you own a vacation home that was rented to someone else at any time during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20 Did you pay wages of \$1,000 or more in any calendar quarter this year to any one household employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21 Did you have any educational expenses in connection with employment profession, trade, or business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22 Did you pay any educational expenses for a dependent child? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23 Did you receive any alimony or separate maintenance payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please indicate the amount you received | | |
| | | \$ _____ |
| 24 Did you make any alimony or separate maintenance payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please indicate recipient's social security number _____ and amount paid | | |
| | | \$ _____ |
| 25 Did you have a premature withdrawal of a savings certificate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please indicate the amount you received | | |
| | | \$ _____ |
| 26 Did you have any moving expenses for 2006? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes," please attach a statement listing these expenses. | | |
| 27 Disability payments received in 2006, if any | Self \$ _____ | Spouse \$ _____ |

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Death Date				
Over age 65	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Permanently and totally disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
E-mail address				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Education expense				
Credit Type				

Address Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code .. . _____

FILING STATUS

Enter the number that corresponds with the filing status chosen:
 (1 - 2 - 3 - 4 - 5)

1 = Single

- Claimed as a dependent on someone else's return.
- Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly

- Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately

- Dual status alien
- Itemizing required for Schedule A
- Taking standard deduction
- Claiming spouse as a dependent
- Didn't live with spouse entire year

4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2004 or 2005) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	
Routing number	
Type of account: C = Checking S = Savings	
Account number	

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial .				
Last Name if Diff . .				
Birthdate				
Soc Sec Number . .				
Relationship				
Ownership Code . .	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
*** Status Code . .				
(See Codes below)				

	DEPENDENT #5	DEPENDENT #6	DEPENDENT #7	DEPENDENT #8
First Name & Initial .				
Last Name if Diff . .				
Birthdate				
Soc Sec Number . .				
Relationship				
Ownership Code . .	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
*** Status Code . .				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

* An entry in this box disallows Child Tax Credit for this child.

** Type of Education Credit:	Hope (can only be taken first two years)
	Lifetime
	Tuition deduction
	Gulf Opportunity Zone Hope
	Gulf Opportunity Zone Lifetime

*** Status Codes: 0 = Claimed	5 = Not claimed but qualifies for both EIC and HOH
1 = Not claiming child this year	6 = Not claimed but qualifies for both EIC and DCB
2 = Not claimed but child qualifies for EIC	7 = Not claimed but qualifies for HOH and DCB
3 = Not claimed but qualifying child for Head of Household	8 = Not claimed but qualifies for all three
4 = Not claimed but qualifies for Depn Care Benefits (DCB)	9 = Claimed but ineligible for EIC

NOTES:

PLEASE ENTER ALL PERTINENT 2006 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
		2005 AMOUNTS					
1	Wages, tips, other compensation			12a	Code...	Amt	
2	Federal income tax withheld			b	Code ..	Amt	
3	Social security wages			c	Code ..	Amt	
4	Social security tax withheld			d	Code ..	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan?		Yes	
7	Social security tips			Third-party sick pay?		Yes	
8	Allocated tips			14 Other			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
		2005 AMOUNTS					
1	Wages, tips, other compensation			12a	Code...	Amt	
2	Federal income tax withheld			b	Code...	Amt	
3	Social security wages			c	Code...	Amt	
4	Social security tax withheld			d	Code...	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan?		Yes	
7	Social security tips			Third-party sick pay?		Yes	
8	Allocated tips			14 Other			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2005 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)					

SELLER-FINANCED MORTGAGE INTEREST			2006 AMOUNTS	2005 AMOUNTS
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)							

Foreign account

Name of country

Foreign trust

2006 AMOUNTS	2005 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

C _____

BUSINESS INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2006 AMOUNTS	2005 AMOUNTS
This is the spouse's business		<input type="checkbox"/> Yes	
Two-letter state code			
A	Principal business or profession		
B	Principal business code		
C	Business name		
E	Business street address		
	Business city, state, ZIP code		
D	Business address and city, state, ZIP code are same as on Form 1040	<input type="checkbox"/> Yes	
Federal employer identification number			
F	ACCOUNTING METHOD	<input type="checkbox"/> Yes	
	IF NOT CASH	<input type="checkbox"/> Yes	
	Specify other method		
G	Were you a "material participant" in the operation of this business?	<input type="checkbox"/> No	
H	Is this the first Schedule C filed for this business?	<input type="checkbox"/> Yes	

PART I	INCOME	2006 AMOUNTS	2005 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	
2	Returns and allowances	()	()
6	Other income		

PART II	EXPENSES	2006 AMOUNTS	2005 AMOUNTS
8	Advertising		
9	Car and truck expenses (see vehicle depreciation organizer)		
10	Commissions and fees		
11	Contract labor		
12	Depletion		
13	Depreciation and section 179 expense deduction (see depreciation organizer)		
14	Employee benefit programs		
15	Insurance (other than health)		
16	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17	Legal and professional services		
18	Office expense		
19	Pension and profit-sharing plans		
20	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21	Repairs and maintenance		
22	Supplies		
23	Taxes and licenses		
24	Travel, meals and entertainment: Travel		
	Meals and entertainment subject to 50% limitation		
	Meals and entertainment		
25	Utilities		
26	Wages less employment credits		
30	Expenses for business use of home (see 8829 organizer or attach explanation)		
32	Amount at risk		

PLEASE ENTER ALL PERTINENT 2006 INFORMATION.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State			ZIP code				
Account number									
		2005 AMOUNTS							
1	Gross distribution				8	Other			
2a	Taxable amount					Percent of other			
2b	Tax amount not determined			Yes	9a	Percent of total distribution			
	Total distribution?			Yes	9b	Total employee contrib ..			
3	Capital gain (included in box 2a)				10	State tax withheld			
4	Federal income tax withheld				11	Payer's state I.D. number:			
5	Employee contrib or ins prem					Name of state ..			
6	Net unrealized appreciation				12	State distribution			
7	Distribution code				13	Local tax withheld			
	IRA / SEP / SIMPLE			Yes	14	Name of locality			
	Distrib rolled over 1 = IRA, 2 = Roth				15	Local distribution			
						Disability is earned income?			Yes
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
	Cost in plan at starting date					Amount recd tax-free after 1986			
	Age at starting date					# mos payments made this year			
	Annuity starting date					Using Table 1 or Table 2 ...			

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State			ZIP code				
Account number									
		2005 AMOUNTS							
1	Gross distribution				8	Other			
2a	Taxable amount					Percent of other			
2b	Tax amount not determined			Yes	9a	Percent of total distribution			
	Total distribution?			Yes	9b	Total employee contrib ..			
3	Capital gain (included in box 2a)				10	State tax withheld			
4	Federal income tax withheld				11	Payer's state I.D. number:			
5	Employee contrib or ins prem					Name of state ..			
6	Net unrealized appreciation				12	State distribution			
7	Distribution code				13	Local tax withheld			
	IRA / SEP / SIMPLE			Yes	14	Name of locality			
	Distrib rolled over 1 = IRA, 2 = Roth				15	Local distribution			
						Disability is earned income?			Yes
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
	Cost in plan at starting date					Amount recd tax-free after 1986			
	Age at starting date					# mos payments made this year			
	Annuity starting date					Using Table 1 or Table 2 ...			

ATTACH ANY ADDITIONAL 1099-R'S

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description . . .	

	2006 AMOUNTS	2005 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse)		
Two-letter state code		
Real estate professional	<input type="checkbox"/> Yes	<input type="checkbox"/>
Qualifies for \$25,000 limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
Passive activity	<input type="checkbox"/> Yes	<input type="checkbox"/>
Property is exempt from passive limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
2 Rental is part of personal residence	<input type="checkbox"/> Yes	<input type="checkbox"/>
Percent of ownership		
Percent of personal use		
Personally used for 14 days or 10% of total rental days	<input type="checkbox"/> Yes	<input type="checkbox"/>

	INCOME	2006 AMOUNTS	2005 AMOUNTS
3	Rents received		
4	Royalties received		

	EXPENSES	2006 AMOUNTS	2005 AMOUNTS
5	Advertising		
6	Auto expense (see vehicle depreciation organizer)		
	Travel expenses		
7	Cleaning and maintenance		
8	Commissions		
9	Insurance		
10	Legal and other professional fees		
11	Management fees		
12	Mortgage interest paid to banks, etc		
13	Other interest		
14	Repairs		
15	Supplies		
16	Taxes		
17	Utilities		
18	Other expenses:		

	Amortization (see depreciation organizer)		
	Oil and gas deduction		
20	Depreciation expense (see depreciation organizer)		
	Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2006 AMOUNTS		2005 AMOUNTS
	TAXPAYER	SPOUSE	
1 Prescription medicine and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Total medical miles	MI	MI	
Long-term care premiums:			
Taxpayer's amount			
Spouse's amount			
Dependent's amount			
Dependent's birthdate <u>0046</u>			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2006 AMOUNTS		2005 AMOUNTS
5 Additional state and local income taxes			
General sales tax from saved receipt's			
Gen sales tax specified items (motor veh, boats, other large items)			
6 Real estate taxes (not land held for investment)			
7 Personal property taxes (includes DMV tax based on value)			
8 Other taxes:			

INTEREST PAID	2006 AMOUNTS		2005 AMOUNTS
10 Home mortgage interest and points reported on Form 1098			
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name T, S, J Address _____ □ SSN _____	Amount _____	
	Second name .. T, S, J Address _____ □ SSN _____	Amount _____	
	Third name T, S, J Address _____ □ SSN _____	Amount _____	
	FEIN _____	Amount _____	

12 Points not reported on Form 1098			
13 Deductible investment interest			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

EMPLOYEE BUSINESS EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION				
Occupation in which expenses were incurred				
Business expense is spouse's expense	2006 AMOUNTS		2005 AMOUNTS	
		Yes		Yes
Special Rule Employee _____	1 - Qualified performing artist 2 - Handicapped employee 3 - Fee-basis or local government official 4 - D.O.T. Employees: Subject to hours-of-service limits 5 - Armed Forces reservist			

EMPLOYEE BUSINESS EXPENSE	2006 AMOUNTS	2005 AMOUNTS
2 Parking fees, tolls, local transportation, etc		
3 TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <ul style="list-style-type: none"> ← Lodging ← Car rental ← Other 		
4 Other business expenses not included above		
6 Total meals and entertainment expenses		
REIMBURSEMENT NOT ON FORM(S) W-2 <ul style="list-style-type: none"> ← Other than meals and entertainment ← Meals and entertainment 		

VEHICLE INFORMATION	VEHICLE 1		VEHICLE 2	
(refer to the vehicle depreciation organizer)	2006 AMOUNTS	2005 AMTS	2006 AMOUNTS	2005 AMTS
11 Date vehicle was placed in service				
12 Total miles vehicle was driven during 2006	MI			
13 Total business miles vehicle was driven during 2006 ..	MI			
15 Average daily round trip commuting distance	MI			
16 Total vehicle commuting miles	MI			
18 Is another vehicle available for personal use?	<input type="checkbox"/>	Yes		
19 Is off-hours personal use permitted?	<input type="checkbox"/>	Yes		
20 Is there evidence to support the deduction?	<input type="checkbox"/>	No		
21 If "Yes," is the evidence written?	<input type="checkbox"/>	No		

ACTUAL EXPENSES	2006 AMOUNTS	2005 AMTS	2006 AMOUNTS	2005 AMTS
23 AUTOMOBILE EXPENSES <ul style="list-style-type: none"> ← Gasoline ← Oil ← Repairs ← Auto insurance ← Other maintenance 				
24 Vehicle rentals (and leases)				
Inclusion amount				
25 Value of employer-provided vehicle				

DEPRECIATION	2006 AMOUNTS	2005 AMTS	2006 AMOUNTS	2005 AMTS
30 Cost or other basis				
31 Amount of section 179 deduction				
33 Depreciation method				
Depreciation percentage				
34 Depreciation before limitation & sec 179 deduction ..				
36 Limitation amount				

NOTES OR QUESTIONS:

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2006.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2006 Amts	2005 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES	2006 Amounts	2005 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.		
4 Taxpayer elects to include nontaxable combat pay	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Number of months taxpayer was a student or disabled, if applicable		
5 Spouse elects to include nontaxable combat pay	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Number of months spouse was a student or disabled, if applicable		
9 Amount of 2005 expenses being paid in 2006		
Expenses paid for: _____	Name	SSN
Explanation of expenses: _____		

PART III - DEPENDENT CARE BENEFITS	2006 Amounts	2005 AMOUNTS
12 Total employer-provided dependent care benefits		
13 Forfeited amount of employer-provided dependent care benefits		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2006 INFORMATION.

2006 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2005 return . . .				
1st quarter payment	04-17-2006		- -	
2nd quarter payment	06-15-2006		- -	
3rd quarter payment	09-15-2006		- -	
4th quarter payment	01-15-2007		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2005) tax amount

Are you a Farmer / Fisherman? Yes

Prior year adjusted gross income

Was the income received uneven? (seasonal employment) Yes

APPLICATION OF 2006 OVERPAYMENT

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

Other (please explain): _____

2007 ESTIMATED TAX INFORMATION

Do you expect your 2007 taxable income to be generally the same as 2006? Yes No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status _____

Personal exemptions _____ TP over 65 Yes TP blind Yes

SP over 65 Yes SP blind Yes

Dependent exemptions _____

Qualified Child tax credit _____

1 Ordinary income	
2 Qualified dividends and/or long-term capital gain income (5% or 15%)	
3 Self-employment income	
4 Adjustments	
6 Itemized deductions	
9 Taxable income	
10 Tax	
11 Alternative minimum tax	
12 Nonrefundable credits	
14 Other taxes	
15 Refundable credits	
19 Withholding	
20 Total 2006 estimated tax payments paid to date	

If you owe a tax for 2007, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

ES

2006 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2006 INFORMATION.

State _____

2006 STATE ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2005 return . . .				
1st quarter payment	04-17-2006		- -	
2nd quarter payment	06-15-2006		- -	
3rd quarter payment	09-15-2006		- -	
4th quarter payment	01-15-2007		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2006) tax amount

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Are you a Farmer / Fisherman?

<input type="checkbox"/>	Yes
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Prior year adjusted gross income

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Was the income received uneven? (seasonal employment)

<input type="checkbox"/>	Yes
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APPLICATION OF 2006 OVERPAYMENT

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

Other (please explain): _____

2007 ESTIMATED TAX INFORMATION

Do you expect your 2007 taxable income to be generally the same as 2006? Yes No

If "No," enter any differences:

1 Taxable income	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
2 Tax	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
7 Withholding	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	

If you owe a tax for 2007, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS: