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2005 TAX ORGANIZER

**T
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This tax organizer has been prepared for your use in gathering the information needed for your 2005 tax return.

To save you time, selected information from your 2004 tax return has been entered within this organizer. Please line through any information which does not apply to your 2005 tax return.

In some cases, 2004 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

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2005 TAX ORGANIZER

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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.

Taxpayer Signature	Date
Spouse Signature	Date

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

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Personal Information:

	Yes	No
Did your marital status change during 2005?	<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 2005?	<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 14 with unearned income more than \$800?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during 2005?	<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 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new business, purchase a new rental property or farm or acquire any new interest in any partnership or S corporation during 2005?	<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 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange or purchase any real estate in 2005? 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 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan in 2005?	<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"/>

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:

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, please include Form 1099-SA.		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, please include Form 1099-SA.		
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"/>

Miscellaneous: (continued)

Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	Yes	No
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (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 under an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">If Yes, how many months were you covered?</div> <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">Months</div> </div>		
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 \$1,400 during the year for domestic services performed in or around 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 2005?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$11,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2005?	<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 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 "clean fuel" vehicle or electric vehicle in 2005?	<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"/>
Did you engage in any bartering transactions?	<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 2005 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"/>

Severance/Retirement:

Did you retire or change jobs in 2005?

Yes

No

Did you receive retirement or severance compensation?

--

--

If Yes, enter the date received (Mo/Da/Yr).

Date

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?

--

--

Sale of Your Home:

Did you sell your home in 2005?

--

--

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?

--

--

Did you ever rent out this property?

--

--

Did you ever use any portion of the home for business purposes?

--

--

Have you or your spouse sold a principal residence within the last two years?

--

--

At the time of the sale, the residence was owned by the:

--

 Taxpayer

--

 Spouse

--

 Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2005?

--

--

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2005?

--

--

If Yes, enter the following:

Name of Designated Beneficiary	State Sponsoring Plan	Account Number	2005 Amount Contributed

Personal Information, Dependent(s) and Wages

3

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____
Occupation _____ Date of Birth (Mo/Da/Yr) _____ Daytime/Work Telephone Number _____
Evening/Home Telephone Number _____ Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____
Occupation _____ Date of Birth (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____
City _____ State _____ ZIP code _____
Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

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

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,200?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who
is claimed as a dependent on someone else's tax return
Please list the years for which a release of claim to exemption is given for a dependent child not living with you

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local

Refund Options

4A

Refund Anticipation Loan:

Refunds take from 10 - 21 days for normal electronic processing. You may receive your refund sooner by electing a Refund Anticipation Loan. There is an additional charge for this service.

If you are to receive a refund, do you want to receive a Refund Anticipation Loan?

Yes

No

Federal

☐☐

State

☐☐

If you answered yes, please provide the following information:

The name of your nearest relative

Relative's phone number

Yes

No

Residential address is the same as the address on Form 1040/A/EZ?

☐☐

If different than main address:

Residential street

Residential city

Residential state

Residential ZIP code

Do you: ☐ Own ☐ Rent ☐ Other

Start date of current employer

5A

Please enclose copies of all Forms 1099-INT or other documents relating to interest received

Seller-Financed Mortgage Interest Information:

Name and Address of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2005 Interest Amount	2004 Interest Amount

500151 08-26-05

Dividend Income

5B

Dividend Information:

Please enclose copies of all Forms 1099-DIV or other documents relating to dividends received

[illegible]

Enter Any Additional Information:

Note: Please list all items sold during the year on Form 7.

Business Income and Cost of Goods Sold

6

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 2005:

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

	2005 Amount	2004 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2005 Amount	2004 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2005 Amount	2004 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	2005 Amount	2004 Amount
Ending inventory		

Other Income:

Description	2005 Amount	2004 Amount

6A

Principal Business or Profession: . . . _____

[illegible][illegible]

Acquisitions - Description			Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

10

Type of property . . . _____

How many days was this property used personally (including use by family members)?

2005	2004
%	

Other Income:

2005 Amount	2004 Amount

Description	2005 Amount	2004 Amount

Other Expenses:

[illegible][illegible]

Rental and Royalty
Property and Equipment & Depletion

10A

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2005 Amount	2004 Amount

**Partnership, S Corporation, Estate, Trust
and REMIC Income**

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Partnership Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Please enclose all Schedules Q

TSJ	Entity Name	Employer ID Number

Miscellaneous Income, Adjustments and Alimony

13

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 _____	
	2005 Amount	2004 Amount	2005 Amount	2004 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 2005				
Social security benefits received				
Social security benefits repaid in 2005				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2005				
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	2005 Amount	2004 Amount

Other Income:

TSJ	Nature and Source	2005 Amount	2004 Amount

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

TSJ	Nature and Source	2005 Amount	2004 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2005 Amount	2004 Amount

Itemized Deductions - Medical and Taxes

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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 before September 1
 Number of miles traveled for medical care after August 31
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

TSJ	2005 Amount	2004 Amount

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

2005 Amount	2004 Amount

Other Medical Expenses:

TSJ	Description	2005 Amount	2004 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	2005 Amount	2004 Amount

Other Taxes Paid:

TSJ	Description	2005 Amount	2004 Amount

If you purchased or sold your home in 2005, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2005:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

Did you refinance your home? (If Yes, please enclose the closing statement.)

If Yes, how many years is your new mortgage loan?

Did you purchase a new home or sell your former home during the year?

If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.

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

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2005 Amount	2004 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2005 Amount	2004 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2005 Amount	2004 Amount
		Yes	No		

Investment Interest Expense:

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

TSJ	Paid To	2005 Amount	2004 Amount

Itemized Deductions - Contributions

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Cash Contributions:

You are required to have written documentation from the donee organization to substantiate contributions of \$250 or more. A cancelled check is not considered adequate substantiation. Do not include cash contributions made for Tsunami relief that were deducted on your 2004 federal tax return. Indicate which gifts were made post-August 27 in the description column.

TSJ	Organization or Description of Contribution	2005 Amount	2004 Amount

TSJ	Description	2005 Miles	2004 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		
	Number of miles traveled performing volunteer work for Hurricane Katrina relief after Aug. 24		

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

TSJ	Description of Donated Property	2005 Amount	2004 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

Miscellaneous Itemized Deductions:

Union and professional dues
 Tax preparation fee
 Professional subscriptions
 Hobby expense (To extent of income)
 Safe deposit box
 Uniforms and protective clothing
 Work tools
 Gambling losses (To extent of winnings)
 Estate taxes

TSJ	2005 Amount	2004 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2005 Amount	2004 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use
 ☐ Business use
 ☐ Income producing
 ☐ Employee Use
 ☐ Personal use due to Hurricane Katrina

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement

17

Business Expenses: Enter all expenses at 100 percent

Parking fees and tolls	
Local transportation	
Travel expenses	
Meals and entertainment	
Other Business Expenses:	

2005 Amount	2004 Amount

Description	2005 Amount	2004 Amount

Amount received for other expenses

Amount received for meals and entertainment

2005 Amount	2004 Amount

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

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
	Yes		No

Was your vehicle available for personal use during off-duty hours?

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
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:

Other Vehicle Expenses:		
Description	2005 Amount	2004 Amount

Refund Application:

If you have an overpayment of 2005 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
 Applied to your 2006 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2005 1st Quarter Estimate (Due 04-15-2005)
 2005 2nd Quarter Estimate (Due 06-15-2005)
 2005 3rd Quarter Estimate (Due 09-15-2005)
 2005 4th Quarter Estimate (Due 01-17-2006)

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

2004 overpayment applied to 2005 estimate

State and City Estimated Tax Payments:

	TSJ _____ State/City _____										
	<table> <tr> <th>Date Paid (Mo/Da/Yr)</th><th>Amount Paid</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Date Paid (Mo/Da/Yr)	Amount Paid								
Date Paid (Mo/Da/Yr)	Amount Paid										
2005 1st Quarter Estimate											
2005 2nd Quarter Estimate											
2005 3rd Quarter Estimate											
2005 4th Quarter Estimate											

	TSJ _____ State/City _____										
	<table> <tr> <th>Date Paid (Mo/Da/Yr)</th><th>Amount Paid</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Date Paid (Mo/Da/Yr)	Amount Paid								
Date Paid (Mo/Da/Yr)	Amount Paid										

2004 overpayment applied to 2005 estimate

Balance of prior year(s)' tax paid in 2005 plus
 amount paid with 2004 extensions

Estimated tax payments for 2004 paid in 2005

Tax Planning Information for Tax Year 2006:

Do you expect any of the following to occur in 2006?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
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.
