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2006 TAX ORGANIZER

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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

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2006 TAX ORGANIZER

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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.

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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.

Topic Index

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.

Questions (Page 1 of 3)

	Yes	No
Personal Information:		
Did your marital status change during 2006?		
If married, do you and your spouse want to file separate returns?		
Did your address change during 2006?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Dependents:		
Were there any changes in dependents from the prior year?		
Did you pay for child care while you worked or looked for work?		
Do you have any children under age 18 with unearned income more than $850?		
Did you adopt a child or begin adoption proceedings during 2006?		
Purchases, Sales and Debt:		
Did you have a discharge of indebtedness due to Hurricane Katrina?		
Did you have any debts canceled, forgiven or refinanced during 2006?		
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?		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2006?		
Did you sell, exchange or purchase any real estate in 2006? If so, please attach closing statements.		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		
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?		
Did you pay any student loan interest in 2006?		
Did you take out a home equity loan in 2006?		
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?		
Did you engage in any put or call transactions? If Yes, please provide details.		
Itemized Deductions:		
Did you contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization?		
Did you incur any casualty or theft losses during the year?		
Did you make any large purchases, such as motor vehicles and boats?		

Miscellaneous:

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

Miscellaneous: (continued)

	Yes	No
Did you engage in any bartering transactions?		
Did you have any work outside of the U.S. or pay any foreign taxes?		

Gifts:

	Yes	No
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of $12,000 to any individual during the year?		
Did you or your spouse make any gifts to a trust for any amount during the year?		
Do you or your spouse have a life insurance trust?		
Did you assist in the purchase of any asset (auto, home) for any individual during the year?		
Did you forgive any indebtedness to any individual, trust or entity during the year?		

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

	Yes	No
Did you retire or change jobs in 2006?		
Did you receive retirement or severance compensation?		

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

Date

	Yes	No
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:

	Yes	No
Did you sell your home in 2006?		
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:

	Yes	No
With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2006?		
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2006?		

If Yes, enter the following:

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

Personal Information, Dependent(s) and Wages

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 ______

	Yes	No
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?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
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 $3,300?

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

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 . . . . ________

Interest Income

Interest Information:

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

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	2005 Interest Amount
	Total				

Seller-Financed Mortgage Interest Information:

Name and Address of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2006 Interest Amount	2005 Interest Amount

Enter Any Additional Information:

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

Dividend Income

Dividend Information:

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

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a	2005 Gross Dividends Amount
	Total					

Enter Any Additional Information:

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

Forms B-1, B-3, and IRS-1099DIV

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:

	Yes	No
Did you dispose of this business?		
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

Business Expenses and Property & Equipment

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Expenses:

	2006 Amount	2005 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2006 Amount	2005 Amount

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

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities which became worthless		
Sale of any property for which you will receive payments in future years		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld

Installment Sales: **NOTE: Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2006 Principal Received	2005 Principal Received

Rental and Royalty Income and Expenses

Location of Property: ____________________

TSJ . . . . ____

Type of property . . . ____________________

	2006	2005
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

	2006 Amount	2005 Amount
Rents received		
Royalties received		

Other Income:

Description	2006 Amount	2005 Amount

Expenses:

	2006 Amount	2005 Amount
Advertising		
Auto and travel		
Bad debts		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		

Other Expenses:

Description	2006 Amount	2005 Amount

Rental and Royalty
Property and Equipment & Depletion

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	
	2006 Amount	2005 Amount

Partnership, S Corporation, Estate, Trust and REMIC Income

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

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

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2006 Amount	2005 Amount
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			

	2006 Amount	2005 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

Other Medical Expenses:

TSJ	Description	2006 Amount	2005 Amount

Taxes Paid: Please include copies of your tax bills

	TSJ	2006 Amount	2005 Amount
Real estate taxes			
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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 14A

Mortgage Questions for 2006:

	Yes	No
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.		

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

Itemized Deductions - Contributions

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

Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

	TSJ	2006 Amount	2005 Amount
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			

Other Itemized Deductions:

Examples:

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

TSJ	Description	2006 Amount	2005 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 . . . . ☐

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

Federal, State and City Tax Payments

Refund Application:

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

Refunded	☐ Yes	☐ No
Applied to your 2007 estimated tax liability	☐ Yes	☐ No

Federal Estimated Tax Payments:

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

2005 overpayment applied to 2006 estimate . . . . ☐

State and City Estimated Tax Payments:

	TSJ ____ State/City ____		TSJ ____ State/City ____	
	Date Paid (Mo/Da/Yr)	Amount Paid	Date Paid (Mo/Da/Yr)	Amount Paid
2006 1st Quarter Estimate				
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?

	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

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