

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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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.) | | |

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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 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? 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? 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 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 (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? If Yes, how many months were you covered? | <table border="1"> <tr> <td align="center">Months</td> </tr> <tr> <td align="center"><input type="text"/></td> </tr> </table> | Months | <input type="text"/> | <input type="checkbox"/> |
| Months | | | | |
| <input type="text"/> | | | | |
| 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 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? 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 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 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 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 transactions? | Yes | No |
| Did you have any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

| | | |
|--|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

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:

| | | |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2006? | Yes | No |
| Did you receive retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <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: 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 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 |
|--------------------------------|-----------------------|----------------|-------------------------|
| | | | |
| | | | |
| | | | |

Miscellaneous: (continued)

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 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).

| |
|-------------|
| 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? | <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 |
|--------------------------------|-----------------------|----------------|-------------------------|
| | | | |
| | | | |
| | | | |

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 |
| Foreign Country | ZIP code |

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

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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS via telephone lines. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

Please note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

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

Would you like your return prepared and filed electronically when you have a balance due?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, enter the amount here.

If you file more than one state, do you want to file all of them electronically?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____

Direct Deposit and Withdrawal

4B

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information:

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings HSBC/Checking HSBC/Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account? Yes No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr) _____

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings HSBC/Checking HSBC/Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account? Yes No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr) _____

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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ | <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"/> |

| | 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

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

| | 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

Amount received for other expenses

Amount received for meals and entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

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

Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

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

Do you (or your spouse) have another vehicle available for personal purposes?

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

Yes No
 Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

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

Other Vehicle Expenses:

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

Business Use of Home

Name of Business: _____

Principal Business or Profession: _____

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

Sale of Your Home and Moving Expenses

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 | Miles |
| Number of miles from old home to old workplace | |
| Number of automobile miles in move | |

Transportation Expenses:

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

IRA, Pension, Annuity and Retirement Plan Information

Individual Retirement Account (IRA):

TS _____
 Name of payer _____

IRA Questions for 2006:

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. _____

| Yes | No |
|-----|----|
| | |
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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

| <p>Have you established a self-employed retirement or SIMPLE plan with deductible contributions? Do you wish to contribute the maximum amount allowed?</p> <p>Contributions to:</p> <p>Simplified employee pension plan Defined benefit plan Defined contribution plan SIMPLE plan</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Taxpayer</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Spouse</th> </tr> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">2006 Amount</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">2006 Amount</th> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | Taxpayer | | Spouse | | Yes | No | Yes | No | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | 2006 Amount | | 2006 Amount | | | | | | | | | | | | | | | | | |
|---|--|---|---|--------|--|-----|----|-----|----|---|---|---|---|-------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Taxpayer | | Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2006 Amount | | 2006 Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 |
|-------------|-----------------------------|------|
| | | |
| | | |
| | | |
| | | |
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Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|-----------------------------|------|-------------------------|---------------|
| | | | | |
| | | | | |
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Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2006 Amount | 2005 Amount |
| | | |
| | | |
| | | |
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| | | |
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| | | |

Rental and Royalty Vehicle Information

Location of Property: _____

Vehicle Questions for 2006:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| If you are an employer who provides vehicles for use by employees: | | |
| | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

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

| | Vehicle 1 | Vehicle 2 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|--|--|--|--|--|--|--|------------|------------|--|--|-------------|-------------|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you (or your spouse) have another vehicle available for your personal use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| Was your vehicle available for use during off-duty hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mileage: | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Miles</th> <th style="width: 50%;">2005 Miles</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table> | 2006 Miles | 2005 Miles | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Miles</th> <th style="width: 50%;">2005 Miles</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table> | 2006 Miles | 2005 Miles | | | | | | | | | | | | | | |
| 2006 Miles | 2005 Miles | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2006 Miles | 2005 Miles | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Actual Expenses: | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Amount</th> <th style="width: 50%;">2005 Amount</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table> | 2006 Amount | 2005 Amount | | | | | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Amount</th> <th style="width: 50%;">2005 Amount</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table> | 2006 Amount | 2005 Amount | | | | | | | | | | |
| 2006 Amount | 2005 Amount | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2006 Amount | 2005 Amount | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gasoline, oil, repairs, insurance, etc . . . | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interest | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taxes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fair market value of leased vehicle .. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicles rentals/leases | | | | | | | | | | | | | | | | | | | | | | | | | | |

Location of Property: _____

Questions About Listed Property for 2006:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?

Is the evidence to support the business use written?

| | |
|-----|----|
| Yes | No |
| | |
| | |

Vehicle:

Description of vehicle

Date placed in service ... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? ..

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

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

| Vehicle 1 | | | | | | | |
|--|------------|------------|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Miles</th> <th style="width: 50%;">2005 Miles</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td rowspan="3" style="width: 50px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table> | 2006 Miles | 2005 Miles | | | | | |
| 2006 Miles | 2005 Miles | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| Vehicle 2 | | | | | | | |
|--|------------|------------|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">2006 Miles</th> <th style="width: 50%;">2005 Miles</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td rowspan="3" style="width: 50px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </tbody> </table> | 2006 Miles | 2005 Miles | | | | | |
| 2006 Miles | 2005 Miles | | | | | | |
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| | | | | | | | |

Mileage:

Total miles

Total miles applicable to business ..

Total commuting miles for the year ..

Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2006 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

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 |
| | | | | |
| | | | | |
| | | | | |
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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 |
| | | |

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:

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

| 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

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

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? | <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 |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|-----|---|-------------|-------------|
| | | | |
| | | | |
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| 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 Deduction - Business Use of Home

16A

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

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

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

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 |
| | |
| | |

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 |
| | | | | |
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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 |
|------------------------|-----------|------------------------|-------|-------------------------|
| | | | | |
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General Information:

TSJ

Employer identification number

| | | |
|--|--------------------------|--------------------------|
| Did you pay any one household employee cash wages of \$1,500 or more in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withhold any federal income tax from wages paid to any household employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006? | <input type="checkbox"/> | <input type="checkbox"/> |

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

| 2006 Amount | 2005 Amount |
|-------------|-------------|
| | |
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Federal Unemployment (FUTA) Tax:

| | | |
|--|--------------------------|--------------------------|
| Did you pay unemployment contributions to more than one state? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all of the wages subject to FUTA tax subject to the state's unemployment tax? | <input type="checkbox"/> | <input type="checkbox"/> |

| 2006 Amount | 2005 Amount |
|---|-------------|
| Total cash wages subject to FUTA tax | |
| New York wages subject to FUTA tax (if different) | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 16, 2007

| Name of State | State Reporting Number | Taxable Wages | Contribution Paid to Unemployment Fund | X | 2005 Amount |
|---------------|------------------------|---------------|--|---|-------------|
| | | | | | |
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| | | | | | |
| | | | | | |

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 _____ | |
| | Date Paid (Mo/Da/Yr) | Amount Paid |
| 2006 2nd Quarter Estimate | | |
| 2006 3rd Quarter Estimate | | |
| 2006 4th Quarter Estimate | | |

| | | |
|--|----------------------|-------------|
| | TSJ _____ | |
| | State/City _____ | |
| | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |

| | | |
|--|----------------------|----------------------|
| 2005 overpayment applied to 2006 estimate | <input type="text"/> | <input type="text"/> |
| Balance of prior year(s)' tax paid in 2006 plus amount paid with 2005 extensions | <input type="text"/> | <input type="text"/> |
| Estimated tax payments for 2005 paid in 2006 | <input type="text"/> | <input type="text"/> |

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 | <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.

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