

# 2005 TAX ORGANIZER

Taxpayer Information	Spouse Information
Last name .....	Last name .....
First name .....	First name .....
Middle Initial .....                      Suffix .....	Middle Initial .....                      Suffix .....
Social security number .....	Social security number .....
Date of birth .....	Date of birth .....
Occupation .....	Occupation .....
Work phone .....                      Ext ..	Work phone .....                      Ext ..
Cell phone .....	Cell phone .....
E-mail address .....	E-mail address .....
Address .....	Apartment number .....
City .....	State .....                      ZIP Code .....
Home phone .....                      Fax number .....	

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees					
Student First Name	MI	Suffix	Student Last Name	Social Security Number	Qualified Expenses

For each student: 1) First/second year of post-secondary education? 2) At least 1/2 time? 3) Earning degree or other credential? 4) No drug offense? Attach details of the qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2005 qualified student loan interest .....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	Last Year Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2005 .....	_____	_____
Roth IRA contributions made for 2005 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2005 Deductions**

<b>Medical and Dental Expenses</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
Prescription medications .....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes 01/01/05 thru 08/31/05 .....	_____	_____
Miles driven for medical purposes 09/01/05 thru 12/31/05 .....	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____

<b>Taxes</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____

<b>Interest Expenses</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2005 Amount</b>	
_____	_____	
_____	_____	

<b>Cash/Check/Credit Card Charitable Contributions</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
<b>Charitable Organization 01/01/05 thru 08/27/05</b>		
_____	_____	_____
_____	_____	_____
<b>Charitable Organization 08/28/05 thru 12/31/05</b>	<b>2005 Amount</b>	
_____	_____	
_____	_____	

**Noncash Charitable Contributions**  
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

<b>Miscellaneous Deductions</b>	<b>2005 Amount</b>	<b>Last Year Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses .....	_____	_____
Spouse educator expenses .....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list):		
_____	_____	_____
_____	_____	_____

		Yes	No
1	Did you purchase a motor vehicle or boat during 2005? ..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
2	Did your marital status change during 2005? ..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Were you or your spouse permanently and totally disabled in 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have children under age 14 with investment income greater than \$1,600? .....	<input type="checkbox"/>	<input type="checkbox"/>
6	Did you provide over half the support for any other person during 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you incur adoption expenses during 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
8	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
9	Did you receive any disability payments in 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you buy, sell or refinance a principal residence or other real property in 2005? ..... If <b>yes</b> , attach closing or escrow statements.	<input type="checkbox"/>	<input type="checkbox"/>
12	Did you incur any casualty or theft losses during 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you pay any individual for domestic services in 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you buy or sell any stocks or bonds in 2005? .....	<input type="checkbox"/>	<input type="checkbox"/>
16	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you incur any moving expenses? If <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
18	Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>yes</b> , please attach information.		
19	Do you expect your income and deductions in 2006 to be the same as 2005? ..... If <b>no</b> , attach explanation of changes expected.	<input type="checkbox"/>	<input type="checkbox"/>
20	If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ Taxpayer Spouse		
21	Enter your state of residence .....		

**Electronic Filing and Direct Deposit of Refund**

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide a voided check (not a deposit slip). What type of account is this? .....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

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