

## Personal Data

<b>Name:</b>		<b>SSN:</b>	
Your Name		SSN	
Spouse's Name		SSN	
Address			
Address			
City	State	ZIP	
County	School District		
Evening phone	Daytime phone		
Cell phone	Email address		
Occupation	Spouse's Occupation		

Do you want \$3 to go to the Presidential Election Campaign Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your Date of Birth	Legally blind? <input type="checkbox"/>
Does your spouse want \$3 to go to the Presidential Election Campaign Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Date of Birth	Legally blind? <input type="checkbox"/>

Date and time of last year's appointment \_\_\_\_\_

### Your Dependents

Dependent # 1		Dependent # 2		Dependent # 3	
First name		First name		First name	
Last name		Last name		Last name	
Social security number		Social security number		Social security number	
Relationship		Relationship		Relationship	
No. of months lived with you		No. of months lived with you		No. of months lived with you	
Age/DOB		Age/DOB		Age/DOB	
1 Qualifying child care expenses incurred and paid in 2005		1 Qualifying child care expenses incurred and paid in 2005		1 Qualifying child care expenses incurred and paid in 2005	
2 Portion of qualifying expenses provided by your employer		2 Portion of qualifying expenses provided by your employer		2 Portion of qualifying expenses provided by your employer	
3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid		3 Hope Credit qualified expenses paid	
4 Lifetime Learning Credit qualified expenses paid		4 Lifetime Learning Credit qualified expenses paid		4 Lifetime Learning Credit qualified expenses paid	

Did a dependent child under age 14 have income over \$800? \_\_\_\_\_

Income Taxes Paid	Federal		State		Local	
2005 Estimates:	Amount paid	Date paid	Amount paid	Date paid	Amount paid	Date paid
April 15, 2005						
June 15, 2005						
Sept. 15, 2005						
Jan. 16, 2006						
2004 overpayment applied						
2004 Balance due						
2004 Refund						

## Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

	Taxpayer		Spouse	
	2005	2004	2005	2004
Taxable scholarships received . . . . .				
Interest income. (If over \$1,500 report only on Interest and Dividend sheet.) . . .				
Tax-exempt interest. (If over \$1,500 report only on Interest and Dividend sheet.) .				
Dividend income. (If over \$1,500 report only on Interest and Dividend sheet.) . .				
Taxable refunds of state and local taxes . . . . .				
Please list: _____				
Alimony received . . . . .				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No . .				
Unemployment compensation received . . . . .				
Total Social Security received . . . . .				
Other income (please list): _____				
_____				
_____				

## Adjustments

	2005	2004	2005	2004
1 Educator expenses . . . . .				
2 Moving expenses . . . . .				
3 Self-employed SEP, SIMPLE and qualified plans . . . . .				
4 Self-employment health insurance premium payments . . . . .				
5 Penalty on early withdrawal of savings . . . . .				
6 Alimony paid SSN: _____ Amount . . . . .				
Alimony paid SSN: _____ Amount . . . . .				
7 IRA contributions for 2005 . . . . .				
8 Student loan interest . . . . .				
9 Tuition and fees deduction . . . . .				

## Schedule A - Itemized Deductions

Name:

SSN:

		2005	2004			2005	2004
<b>MEDICAL and DENTAL</b>				<b>GIFTS TO CHARITY</b>			
Health insurance premiums				Gifts by cash or check			
Long term care premiums				Qualified contributions included on 15a			
Medical miles: Before 9-01-2005				Other than by cash or check			
After 8-31-2005				Charitable miles			
<b>OTHER MEDICAL &amp; DENTAL EXPENSES</b>				Katrina miles: Aug 25 - Aug 31			
				Katrina miles: After 8-31-2005			
				Carryover from prior year			
				<b>OTHER:</b>			
				<b>JOB EXPENSES</b>			
<b>TAXES</b>							
State and local income taxes							
General sales tax							
Real estate taxes							
Personal property taxes							
<b>OTHER TAXES:</b>							
<b>INTEREST</b>							
Home mort. int. & points on Form 1098							
Home mort. int. not on Form 1098				Tax preparation fees			
Name:				<b>OTHER MISC. DEDUCTIONS</b>			
Address:							
SSN/EIN:							
Points not reported on Form 1098							
Investment interest							
				<b>2% MISCELLANEOUS DEDUCTIONS</b>			



**PROFIT OR LOSS FROM BUSINESS**  
Schedule C General Information

Name:

SSN:

Principal business or profession

Business code

Business name

Employer I.D. number

Accounting method      Cash -       Accrual -       Other -

Inventory method      Cost -       Lower of Cost or Market -       Other -

Change of inventory method       Yes       No

Did you "materially participate" in the operation of this business?      Yes       No

Did you acquire or start this business in 2005?      Yes       No

<b>Income</b>	<b>2005</b>	<b>2004</b>
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Gross receipts or sales		
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Returns and allowances		
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Other income		
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<b>Cost of Goods Sold</b>	<b>2005</b>	<b>2004</b>
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Inventory at beginning of the year		
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Purchases (less cost of items withdrawn for personal use.)		
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Cost of labor		
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Materials and supplies		
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Other costs		
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Inventory at end of year		
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<b>Information on your vehicle</b>		
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Date placed in service		
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Business miles		
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Commuting miles		
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Other miles		
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Self employed health insurance		
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# Supplemental Income and Loss

## Part I - Income or Loss From Rental Real Estate and Royalties

Name:

SSN:

Type and location of rental real estate property:

Was property used for personal purposes more than the greater of 14 days or 10% of total days rented at FMV? Yes  No

If yes, was this your main home? Yes  No

Did you actively participate in the operation of this rental during 2005? Yes  No

Did you dispose of this property during 2005? Yes  No

Does the property qualify as "Real Estate Professional" property? Yes  No

	2005	2004
<b>Income:</b>		
Rents received . . . . .		
Royalties received . . . . .		
<b>Expenses:</b>		
Advertising . . . . .		
Auto and travel . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks, etc. . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other:		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		
_____ . . . . .		





# Farm Income

Name:

SSN:

## General Information

Principal product . . . . . \_\_\_\_\_

Principal agricultural activity code . \_\_\_\_\_

Employer ID number . . . . . \_\_\_\_\_

Accounting method . . . . .  Cash  Accrual

Did you materially participate in the operation of this business during 2005?  Yes  No

Is all of your investment at risk? . . . . .  Yes  No

Was farm 100% disposed of in 2005? . . . . . (X)

## Farm Income - Cash Method

Sales of livestock and other items you bought for resale . . . . .

Cost or other basis of livestock or other items reported above . . . . .

Sales of livestock, produce, grains, or other products you raised . . . . .

Total cooperative distributions . . . . .

    Taxable amount . . . . .

Agricultural program payments . . . . .

    Taxable amount . . . . .

Commodity Credit Corporation (CCC) loans reported under election . . . . .

CCC loans forfeited or repaid with CCC certificates . . . . .

    Taxable amount . . . . .

Total crop insurance proceeds received . . . . .

    Taxable amount . . . . .

Do you elect to defer to next year?  Yes  No

Amount deferred from last year . . . . .

Custom hire (machine work) income . . . . .

Federal and state gasoline or fuel tax credit or refund . . . . .

Other income: \_\_\_\_\_

2005

2004

	2005	2004
Sales of livestock and other items you bought for resale		
Cost or other basis of livestock or other items reported above		
Sales of livestock, produce, grains, or other products you raised		
Total cooperative distributions		
Taxable amount		
Agricultural program payments		
Taxable amount		
Commodity Credit Corporation (CCC) loans reported under election		
CCC loans forfeited or repaid with CCC certificates		
Taxable amount		
Total crop insurance proceeds received		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Custom hire (machine work) income		
Federal and state gasoline or fuel tax credit or refund		
Other income: _____		

## Inventory - Accrual Method

Inventory of livestock, produce, grain and other products at beginning of 2005 . . . . .

Inventory of livestock, etc. at end of 2005 . . . . .

Inventory of livestock, produce, grain and other products at beginning of 2005		
Inventory of livestock, etc. at end of 2005		



## Employee Business Expense

TSJ      Occupation override

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Part I Employee Business Expense and Reimbursements

Parking fees, tolls, and local transportation, including train, bus, etc. . . . .

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment . . . . .

Other business expenses . . . . .

Meals and entertainment expenses . . . . .

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 . . . . .

Were these expenses from reservists, performing artists, or fee-based government officials? . . . . .

If yes, what amount? . . . . .

	2005	2004

Yes     No

### Business Vehicle Expenses

**Vehicle Description**

Enter the date vehicle was placed in service . . . . .

Total miles vehicle was driven during 2005 . . . . .

Business miles included above . . . . .

Average daily roundtrip commuting distance . . . . .

Commuting miles included in total miles above . . . . .

Taxes . . . . .

Gasoline, oil, repairs, vehicle insurance, etc. . . . .

Vehicle rentals . . . . .

Inclusion amount . . . . .

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .

Enter cost or other basis . . . . .

Enter section 179 deduction . . . . .

Enter depreciation method and percentage . . . . .

	Vehicle 1		Vehicle 2	
	2005	2004	2005	2004

Yes    No

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

If an employer provided vehicle, is personal use during off duty hours permitted? . . . . .

Do you have evidence to support your deduction? . . . . .

If "Yes", is the evidence written? . . . . .

## CHILD & DEPENDENT CARE

**Name:**

**SSN:**

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2005

Amount Paid in 2004