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2005 TAX ORGANIZER

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

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

In some cases, 2004 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2005 TAX ORGANIZER

**T
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:

- | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|
| Did your marital status change during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| If married, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

- | | | |
|---|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 14 with unearned income more than \$800? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt:

- | | | |
|--|--------------------------|--------------------------|
| Did you have a discharge of indebtedness due to Hurricane Katrina? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled, forgiven or refinanced during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start a new business, purchase a new rental property or farm or acquire any new interest in any partnership or S corporation during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange or purchase any real estate in 2005? If so, please attach closing statements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deductions:

- | | | |
|---|--------------------------|--------------------------|
| Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any casualty or theft losses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any large purchases, such as motor vehicles and boats? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous:

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

Miscellaneous: (continued)

	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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?	<input type="checkbox"/>	<input type="checkbox"/>		
	<table border="1" style="display: inline-table;"><tr><td style="text-align: center;">Months</td></tr><tr><td style="text-align: center;"> </td></tr></table>	Months		
Months				
If Yes, how many months were you covered?				
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you pay in excess of \$1,000 in any quarter, or \$1,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive unreported tip income of \$20 or more in any month of 2005?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you make gifts of more than \$11,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you have any foreign income or pay any foreign taxes during 2005?	<input type="checkbox"/>	<input type="checkbox"/>		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you purchase a new "clean fuel" vehicle or electric vehicle in 2005?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you lose your job during 2005 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>		
Were you displaced or did you suffer casualty losses as a result of Hurricane Katrina?	<input type="checkbox"/>	<input type="checkbox"/>		
If someone was displaced by Hurricane Katrina, did they live with you?	<input type="checkbox"/>	<input type="checkbox"/>		

Miscellaneous: (continued)

Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	Yes	No	
	<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?	Months		
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay in excess of \$1,000 in any quarter, or \$1,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive unreported tip income of \$20 or more in any month of 2005?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you purchase a new "clean fuel" vehicle or electric vehicle in 2005?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you lose your job during 2005 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you displaced or did you suffer casualty losses as a result to 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"/>	

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$11,000 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"/>	

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 2005? **Yes** **No**

Did you receive retirement or severance compensation?

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

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?

Sale of Your Home:

Did you sell your home in 2005?

If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out this property?

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

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

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

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

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

If Yes, enter the following:

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

Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Daytime/Work Telephone Number _____

Evening/Home Telephone Number _____ Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Taxpayer Spouse

Dependent Information:

Did dependent have income over \$3,200?

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

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

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

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

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.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<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.	<input style="width: 100px;" type="text"/>	
If you qualify, would you like to file your state return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
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 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 Savings Checking

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?

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)

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**

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

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

If Yes, enter the amount here.

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

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 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 Savings Checking

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) _____

Interest Income

5A

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	2004 Interest Amount
Total					

Seller-Financed Mortgage Interest Information:

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

Enter Any Additional Information:

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

Interest Income, Foreign and Intangible Information

5A

Please enclose all Forms 1099-INT or other documents relating to interest received
(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Social Security No. of Home Buyer	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	2004 Interest Amount
A					
B					
C					
D					
E					

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Intangible Information:

Maturity Date (Mo / Da / Year)	Number of Units	Per \$100 Value	Interest Rate	Face Value	CUSIP	Florida - X if Held in Trust
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2005, whether or not you had any beneficial interest in it?

Dividend Income, Foreign and Intangible Information

5B

Please enclose all Forms 1099-DIV or other documents relating to dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2004 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Intangible Information:

Select Share Type	
C	Common
P	Preferred
F	Mutual Fund
L	Limited Partnership

	Share Type	Number of Shares	Value Per Share	CUSIP	Florida - X if Held in Trust
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2005, whether or not you had any beneficial interest in it?

Foreign Bank and Financial Accounts

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Enter all countries in which you have foreign bank accounts _____

Joint Ownership Information:

If you jointly own these accounts with anyone **other than your spouse**, complete the following items.
 Indicate the number of joint owners _____
 ID number of joint owner _____
 Last name or organization name of joint owner _____
 First name of joint owner _____
 Middle initial of joint owner _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Select Account Value	
1	Under \$10,000
2	\$10,000 to \$99,999
3	\$100,000 to \$1,000,000
4	Over \$1,000,000

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					
C					
D					
E					
F					

If you have no financial interest in the account, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number
A			
B			
C			
D			
E			
F			

Street Address	City	State	ZIP/Postal Code	Country
A				
B				
C				
D				
E				
F				

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 2005:

Did you dispose of this business? Yes No
 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? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

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

Income:

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

Cost of Goods Sold:

	2005 Amount	2004 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2005 Amount	2004 Amount
Ending inventory _____		

Other Income:

Description	2005 Amount	2004 Amount

Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2005:

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

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? Yes No

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? Yes No

Vehicle:

Description of vehicle _____
 Date placed in service _____ (Mo/Da/Yr)
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____
 Total business miles _____
 Total business miles after August 31 _____
 Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc _____
 Interest _____
 Taxes _____
 Fair market value of leased vehicle _____
 Vehicles rentals/leases _____

Vehicle 1		Vehicle 2	
Description of vehicle		Description of vehicle	
Date placed in service		Date placed in service	
Do you (or your spouse) have another vehicle available for your personal use?		Do you (or your spouse) have another vehicle available for your personal use?	
Was your vehicle available for use during off-duty hours?		Was your vehicle available for use during off-duty hours?	
2005 Miles	2004 Miles	2005 Miles	2004 Miles
2005 Amount	2004 Amount	2005 Amount	2004 Amount

Business Expenses

6C

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 _____ %

	2005 Amount	2004 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2005 Amount	2004 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

	2005 Amount	2004 Amount

If you are a statutory employee, 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 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? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2005 Amount	2004 Amount

Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2005:

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

	Yes	No
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
Is the evidence to support the business use written?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

	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 used 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 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	
2005 Miles	2004 Miles

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	
2005 Miles	2004 Miles

Mileage:

Total miles

Total miles applicable to business

Total business miles after August 31

Total commuting miles for the year

Business Use of Home

6E

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

	2005	2004

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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 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 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
 Number of miles from old home to old workplace
 Number of automobile miles in move before September 1
 Number of automobile miles in move after August 31

Miles

Transportation Expenses:

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

Amount

Individual Retirement Account (IRA):

TS
 Name of payer

IRA Questions for 2005:

	Yes	No
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 2005 from a traditional IRA, Roth IRA or Coverdell Education Savings Account?		
Did you convert a traditional IRA to a Roth IRA in 2005?		
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.		

IRA Values, Rollovers, and Distributions: **Please enclose copies of all Forms 1099-R**

Total value of all traditional IRAs on December 31, 2005	
Outstanding rollovers on December 31, 2005	
IRA distributions received during 2005	
Amount of distribution due to Hurricane Katrina disaster	
Total distributions converted to Roth IRAs	

Contributions: **Please enclose copies of all Forms 5498**

IRA:

Contributions in 2005 for the 2005 tax return	
Contributions in 2006 for the 2005 tax return	
Amount for 2005 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2005 tax year	
--	--

Pensions and Annuities: **Please enclose all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2005 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		Due to Hurricane Katrina?	2004 Gross Distributions
						Rollover?	IRA?		

Self-Employed Retirement Plan: **Please enclose copies of all Forms 1099-R**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you wish to contribute the maximum amount allowed?				
Contributions to:				
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				
	2005 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	
	2005 Amount	2004 Amount

Rental and Royalty Vehicle Information

Location of Property: _____

Vehicle Questions for 2005:

Do you have evidence to support your deduction?

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

 If Yes, is the evidence written?

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

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

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

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

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

Do you treat all use of vehicles by employees as personal use?

Yes	No
<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?

Yes	No
<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?

Yes	No
<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	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <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	
2005 Miles	2004 Miles
2005 Amount	2004 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <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	
2005 Miles	2004 Miles
2005 Amount	2004 Amount

Rental and Royalty Business Expenses

Location of Property: _____

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 _____ %

	2005 Amount	2004 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2005 Amount	2004 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

2005 Amount	2004 Amount

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? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2005 Amount	2004 Amount

Location of Property: _____

Questions About Listed Property for 2005:

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	
<p>Do you (or your spouse) have another vehicle available for personal use? ..</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Was your vehicle available for personal use during off-duty hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
2005 Miles	2004 Miles

Vehicle 2	
<p>Do you (or your spouse) have another vehicle available for personal use? ..</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Was your vehicle available for personal use during off-duty hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
2005 Miles	2004 Miles

Mileage:

Total miles

Total miles applicable to business ..

Total business miles after August 31 ..

Total commuting miles for the year ..

Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:

2005

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

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 . . . _____ %

	2005 Amount	2004 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2005 Amount	2004 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

	2005 Amount	2004 Amount

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? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2005 Amount	2004 Amount

Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2005

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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

Farm Income

Proprietor's Name:

Principal Crop or Activity:

TSJ
 Employer identification number
 Method of accounting

Farm Questions for 2005:

Did you dispose of this farm?

Yes	No
-----	----

 If Yes, what was the disposition date? (Mo/Da/Yr)

2005 Amount	2004 Amount

Health insurance premiums paid for yourself and your dependents

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2005		2004	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised
 Total cooperative distributions (Forms 1099-PATR)
 Total agricultural program payments
 Total Commodity Credit Corporation (CCC) loans
 Total crop insurance proceeds and certain disaster payments received in 2005
 Custom hire (machine work) income
 Federal gasoline tax or fuel tax credit or refund
 State gasoline tax or fuel tax credit or refund

2005 Amount	2004 Amount

Other Income:

Description	2005 Amount	2004 Amount

Farm Vehicle Information

12B

Proprietor's Name: _____

Principal Crop or Activity: _____

Vehicle Questions for 2005:

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

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? Yes No

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? Yes No

Vehicle:

Description of vehicle _____
 Date placed in service (Mo/Da/Yr) _____
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____
 Total business miles _____
 Total business miles after August 31 _____
 Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc. _____
 Interest _____
 Taxes _____
 Fair market value of leased vehicle _____
 Vehicles rentals/leases _____

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2005 Miles	2004 Miles
2005 Amount	2004 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2005 Miles	2004 Miles
2005 Amount	2004 Amount

Farm Business Expenses

Proprietor's Name:

Principal Crop or Activity: ..

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 %

	2005 Amount	2004 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2005 Amount	2004 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2005 Amount	2004 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

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? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2005 Amount	2004 Amount

Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Questions About Listed Property for 2005:

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

	Yes	No
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
Is the evidence to support the business use written?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

	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 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	
2005 Miles	2004 Miles

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	
2005 Miles	2004 Miles

Mileage:

Total miles

Total miles applicable to business

Total business miles after August 31

Total commuting miles for the year

Farm Business Use of Home

12E

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2005

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2005				
Social security benefits received				
Social security benefits repaid in 2005				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2005				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

TS	2005 Amount	2004 Amount

Other Income:

TSJ	Nature and Source	2005 Amount	2004 Amount

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

TSJ	Nature and Source	2005 Amount	2004 Amount

Alimony Paid or Received:

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

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid (Do not include medicare premiums paid)

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care before September 1

Number of miles traveled for medical care after August 31

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2005 Amount	2004 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

2005 Amount	2004 Amount

Other Medical Expenses:

TSJ	Description	2005 Amount	2004 Amount

Taxes Paid: Please include copies of your tax bills

Real estate taxes

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2005 Amount	2004 Amount

Other Taxes Paid:

TSJ	Description	2005 Amount	2004 Amount

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

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2005:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? Did you refinance your home? (If Yes, please enclose the closing statement.) If Yes, how many years is your new mortgage loan? _____ Did you purchase a new home or sell your former home during the year? If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="text-align: center; font-size: small;">Yes</td><td style="text-align: center; font-size: small;">No</td></tr> <tr><td style="text-align: center; height: 20px;"> </td><td style="text-align: center; height: 20px;"> </td></tr> <tr><td style="text-align: center; height: 20px;"> </td><td style="text-align: center; height: 20px;"> </td></tr> <tr><td style="text-align: center; height: 20px;"> </td><td style="text-align: center; height: 20px;"> </td></tr> </table>	Yes	No						
Yes	No								

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2005 Amount	2004 Amount
	Name	Address			

Deductible Points:

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

Investment Interest Expense:

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

TSJ	Paid To	2005 Amount	2004 Amount

Cash Contributions:

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

TSJ	Organization or Description of Contribution	2005 Amount	2004 Amount

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

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

TSJ	Description of Donated Property	2005 Amount	2004 Amount

Noncash Contributions Totaling More Than \$500:

TSJ

Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value?

Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

Purchase Gift Inheritance Exchange

Miscellaneous Itemized Deductions:

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

TSJ	2005 Amount	2004 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2005 Amount	2004 Amount

Casualty or Theft Loss:

TSJ _____

Property description _____

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

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

Date acquired (Mo/Da/Yr) _____

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

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement

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

2005	2004

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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 _____ %

	2005 Amount	2004 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2005 Amount	2004 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2005 Amount	2004 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

	2005	2004
Total miles		
Total business miles		
Total business miles after August 31		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2005 Amount	2004 Amount

Employee Business Expenses- Business Use of Home

17A

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

2005	2004

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	
	2005 Amount	2004 Amount	2005 Amount	2004 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	
	2005 Amount	2004 Amount	2005 Amount	2004 Amount

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 2004 but paid in 2005

Employer-provided dependent care benefits that were forfeited in 2005

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)

	2005 Amount	2004 Amount
Expenses incurred and paid in 2005		
Expenses incurred and not paid in 2005		

Provider 2:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

Telephone number (California only)

	2005 Amount	2004 Amount
Expenses incurred and paid in 2005		
Expenses incurred and not paid in 2005		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2005 Expenses Incurred	2004 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	2005 Qualified Expenses

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,400 or more in 2005? Yes No

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005?

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)

2005 Amount	2004 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

Total cash wages subject to FUTA tax

New York wages subject to FUTA tax (if different)

2005 Amount	2004 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 17, 2006

Name of State	State Reporting Number	Taxable Wages	Contribution Paid to Unemployment Fund	X	2004 Amount

Refund Application:

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

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2006 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

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

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

2004 overpayment applied to 2005 estimate

State and City Estimated Tax Payments:

2005 1st Quarter Estimate	TSJ _____	
	State/City _____	
	Date Paid (Mo/Da/Yr)	Amount Paid

2005 1st Quarter Estimate	TSJ _____	
	State/City _____	
	Date Paid (Mo/Da/Yr)	Amount Paid

2004 overpayment applied to 2005 estimate

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

Estimated tax payments for 2004 paid in 2005

Tax Planning Information for Tax Year 2006:

Do you expect any of the following to occur in 2006?	<input type="checkbox"/>	<input type="checkbox"/>
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.

Foreign Employment Information

(Page 1 of 2)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year (after 1981) that Form 2555 was
 filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____

Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
 Purchased house, Rented house or apartment, Rented room,
 Quarters furnished by employer _____

If any family members lived abroad with you during any part
 of the tax year, enter their names. Include the dates when
 the family members lived with you _____

Was a statement made to foreign country authorities declaring you were not a resident of their country? _____	Yes	No
Were you required to pay income tax in that country? _____	<input style="width: 20px; height: 15px;" type="checkbox"/>	<input style="width: 20px; height: 15px;" type="checkbox"/>
Does the foreign country have an income tax? _____	<input style="width: 20px; height: 15px;" type="checkbox"/>	<input style="width: 20px; height: 15px;" type="checkbox"/>

State any contractual terms or other conditions relating to the
 length of employment abroad _____

What type of visa was used to enter the foreign country? _____

Explain any limitations of the visa as to length of stay or
 employment in a foreign country _____

If a home was maintained in U.S. while residing abroad, show
 address, whether rented, names and relationships of occupants _____

Foreign Housing Expenses Worksheet

30B

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, please indicate dates of payment to the left of the amount boxes and enter type of currency.

	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Type of currency _____			
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses

--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:
(If you resided in a camp, you are considered to be on the business premises of your employer.)

Yes	No

To you

--	--

To your family members

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

* Weekends, holidays, vacation, sick, etc.
 ** Include weekends and holidays if you worked on these days.

During 2005, in which state(s)/city(ies) did you work? Please list the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2004 ____ 2003 ____

Foreign Wages and Other Income

(Page 1 of 2)

Foreign Questions for 2005:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
- Will any tax due be paid with the extension?
- If you were working outside the U.S., did you terminate your foreign employment in 2005?
- Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, please provide all information pertaining to the boycott activities.

Yes	No

Foreign Source Wages and Salaries:

Please enclose all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name and address _____

	2005 Amount	2004 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		
Days in foreign country before foreign assignment		
Days in foreign country after foreign assignment		
Days in U.S. while on foreign assignment		

Allowances and Reimbursements:

	2005 Amount	2004 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option		
Tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Other Allowances and Reimbursements:		

Description	2005 Amount	2004 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Foreign Wages and Other Income Worksheet

31B

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2005 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, please indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: **You must provide the originals of Form W-2**

	Taxpayer	Spouse
Employer:		
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2005		
Bonus - other years		
Indicate year(s) _____		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2005		
- 2004 and prior years		
Moving		

Other Allowances - Description	Taxpayer	Spouse

	Taxpayer	Spouse
Non-cash Remuneration:		
Home (lodging)		
Meals		
Car		

For additional employers, please provide details on a continuation sheet.

2004

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	1	2	3	4	5	6	7	
4	5	6	7	8	9	10	8	9	10	11	12	13	14	7	8	9	10	11	12	13	4	5	6	7	8	9	10
11	12	13	14	15	16	17	15	16	17	18	19	20	21	14	15	16	17	18	19	20	11	12	13	14	15	16	17
18	19	20	21	22	23	24	22	23	24	25	26	27	28	21	22	23	24	25	26	27	18	19	20	21	22	23	24
25	26	27	28	29	30	31	29							28	29	30	31				25	26	27	28	29	30	

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5			1	2	3	1	2	3	4	5	6	7		
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	29	30	31				
30	31																										

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2		1	2	3	4	5	6				1	2	3	4
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
							31																				

2005

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5			1	2	3	4	5						1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23
23	24	25	26	27	28	29	27	28						27	28	29	30	31	24	25	26	27	28	29	30		
30	31																			24	25	26	27	28	29	30	

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			
														31													

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1	2		1	2	3	4	5					1	2	3	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
							30	31																			

2006

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4			1	2	3	4							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29	
																				30							

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3						1				1	2	3	4	5
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30	31			
														30	31												

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6	7			1	2	3	4						1	2
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																				31							

NOTE: Only complete Forms 34 and/or 35 if in 2005:

- You made gifts of cash or marketable securities to an individual that exceeded \$11,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

NOTE: Complete this form only if you have made gifts in trust that exceed \$11,000 during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$12,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.

District of Columbia Information

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2005, enter the dates you did live in the District of Columbia _____

Enter the state names other than the District of Columbia for which you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2005 tax return to:

Public Trust for Drug Prevention and Children-At-Risk _____

Property Tax Credit Information:

TS _____

What type of property is the property tax credit for? Private home Apartment Rooming house

Were you physically or mentally impaired on January 1, 2005? Yes No

Is your disability expected to last 12 months or more? Yes No

Are you age 62 or older? Yes No

Physician's name _____

Physician's address _____

Physician's apartment number _____

Physician's city, state and ZIP code _____

Physician's telephone number _____

Landlord's name _____

Landlord's address _____

Landlord's apartment number _____

Landlord's city, state and ZIP code _____

Landlord's telephone number _____

Unincorporated Business Franchise Tax Information:

	TSJ _____	TSJ _____
Number of business locations:		
Within D.C. _____	_____	_____
Outside D.C. _____	_____	_____
D.C. business tax number _____	_____	_____
Federal employer I.D. number _____	_____	_____
Business name _____	_____	_____
Street address _____	_____	_____
City _____	_____	_____
State _____	_____	_____
ZIP code _____	_____	_____

General Information:

County of residence on December 31, 2005 _____
 Incorporated city, town or taxing area on December 31, 2005 _____

	Taxpayer	Spouse
	Yes	No
Do you qualify as totally disabled?		
Are you or your spouse a member of the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Maryland for all of 2005: Enter the dates you did live in Maryland		
Enter the other state of residence		
Enter the state names other than Maryland for which you had income		
Pennsylvania residents: What is the name of your township?		
If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Voluntary Contributions:

Enter the amount you wish to contribute on your 2005 tax return to:

Chesapeake Bay and Endangered Species Fund	
Maryland Cancer Fund	
Fair Campaign Financing Fund	

Long-Term Care Insurance Information:

Name of Insured	Age	Social Security Number	Relationship to Taxpayer	Amount of Premium Paid

Quality Teacher Incentive Credit:

	Taxpayer	Spouse
If you are a Maryland teacher and qualify for this credit: Enter the amount of tuition paid		
Enter the amount of tuition reimbursement		

Enter Any Additional Maryland Information:

General Information:

City or county of residence on January 1, 2006:

Taxpayer _____
 Spouse _____

Spouse's telephone number (including area code):

Daytime _____
 Home _____

Voluntary Contributions and Consumer Use Tax:

Enter the amount you wish to contribute on your 2005 tax return to:

	Taxpayer	Spouse
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Virginia Nongame Wildlife Program		
Virginia Democratic Party political contribution		
Virginia Republican Party political contribution		
U.S. Olympic Committee		
Virginia Housing Program		
Elderly and Disabled Transportation Fund		
Community Policing Fund		
Virginia Arts Foundation		
Historic Resources Fund		
Chesapeake Bay Restoration Fund		
Virginia State Forest Fund		
Virginia Uninsured Medical Catastrophe Fund		
Virginia Foundation for the Humanities and Public Policy		
Governor's Office on Commonwealth Preparedness		
Children of America Finding Hope Inc.		
Home Energy Assistance Fund		
VA War Memorial Foundation and National D-Day Memorial Foundation		
Virginia Commission for the Arts		
Virginia Federation of Humane Societies		
Tuition Assistance Grant Fund		
Spay and Neuter Fund		

