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2004	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2004 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.		
	Year spouse died, if qualifying widow(er) (2002 or 2003).		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.			
Address	In care of.		
	Street address		
	Apartment number.		
	City		
	State		
Foreign Address	ZIP code		
	Region		
	Postal code.		
	Country		

Please add, change or delete information for 2004.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.	
	Work phone.	
	Work extension.	
	Daytime phone (table)	
	Mobile phone	
	Pager number.	
	Fax number.	
	E-mail address.	
Spouse Contact Information	Home phone.	
	Work phone.	
	Work extension.	
	Daytime phone (table)	
	Mobile phone	
	Pager number.	
	Fax number.	
	E-mail address.	

Daytime Phone

1 = Work
2 = Home

Please add, change or delete information for 2004.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

- 1 = Child at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

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2004

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US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2004?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2005 with interest and dividend income in excess of \$800, or total investment income in excess of \$1,600?
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS sent you Form 8836, Qualifying Children Residency Statement?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2005?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

2004

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any motor vehicles or boats in 2004? If so, please provide documentation containing the sales tax paid.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2003 taxes to your 2004 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2004 taxes, do you want the excess applied to your 2005 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2005 taxable income and withholdings to be different from 2004?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allow another person to discuss your return with the IRS?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2004

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you establish a health savings account (HSA) this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?

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US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any motor vehicles or boats in 2004? If so, please provide documentation containing the sales tax paid. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allow another person to discuss your return with the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |

Please enter all pertinent 2004 information.

DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account	
Name of bank	
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) ..	
Depositor account number (up to 17 characters)	
Type of account: 1=savings, 2=checking	

2004 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
Overpayment applied from 2003						
1st quarter payment (due 4/15/04)						
2nd quarter payment (due 6/15/04)						
3rd quarter payment (due 9/15/04)						
4th quarter payment (due 1/18/05)						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/05) ..						

APPLICATION OF 2004 OVERPAYMENT (7.1)

If you have an overpayment of 2004 taxes, do you want the excess refunded? or applied to 2005 estimate? ...

Other (please explain): _____

2005 ESTIMATED TAX INFORMATION

Do you expect your 2005 taxable income to be different from 2004? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2005 withholding to be different from 2004? Yes No

If "yes" explain any differences: _____

2004	1040	US	Wages & Pensions	10, 13
-------------	-------------	-----------	-----------------------------	---------------

Please enter all pertinent 2004 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2003 Wages
					Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Payer	1=Trad.IRA/SEP/SIMPLE 2=Roth IRA, 3=charity gift, 4= W-2G 1=spouse		1=rollover (Box 7) Gross Distribution (Box 1)		Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/04	2003 Distribution
							Federal (Box 4)	State (Box 10)		

2004	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2004 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2003 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2003 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2004

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US

Miscellaneous Income

14.1

Please enter all pertinent 2004 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				

14.1

Please enter all pertinent 2004 amounts and attach all 1099-G forms.
Last year's amounts are provided for your reference.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2004 Amount

2003 Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

**Please enter all pertinent 2004 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

		2004 Amount	2003 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/03.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/03.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/03.....			

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		

INCOME

	2004 Amount	2003 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2004 Amount	2003 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (70%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2004 Amount	2003 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

**If you sold your home or moved in 2004, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=business use in year of sale	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	

INCOME

	2004 Amount	2003 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2004 Amount	2003 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....
 Employer ID number.....

Agricultural activity code	<input type="text"/>	
Accounting method: 1=cash, 2=accrual	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=farm rental (Form 4835).....	<input type="text"/>	
1=crop insurance proceeds election	<input type="text"/>	
1=did not "materially participate" (Schedule F only).....	<input type="text"/>	
1=did not actively participate (Form 4835 only).....	<input type="text"/>	
1=real estate professional (Form 4835 only).....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only).....	<input type="text"/>	

FARM INCOME

	2004 Amount	2003 Amount
Cash method:		
Sales of livestock, etc. bought for resale.....	<input type="text"/>	<input type="text"/>
Cost or basis of livestock, etc. bought for resale.....	<input type="text"/>	<input type="text"/>
Sales of livestock, etc. you raised	<input type="text"/>	<input type="text"/>
Accrual method:		
Sales of livestock, produce, grains, etc.	<input type="text"/>	<input type="text"/>
Inventory of livestock, etc. at beginning of year.....	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased	<input type="text"/>	<input type="text"/>
Inventory of livestock, etc. at end of year.....	<input type="text"/>	<input type="text"/>
Other farm income:		
Total cooperative distributions.....	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions.....	<input type="text"/>	<input type="text"/>
Total agricultural program payments.....	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments.....	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election.....	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid.....	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid.....	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2004.....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2004.....	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income	<input type="text"/>	<input type="text"/>
Other income:		
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
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.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>

2004	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2004 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2004	1040	US	Estate or Trust and REMIC Information	20.3,20.4
-------------	-------------	-----------	--	------------------

Please add, change or delete 2004 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
--	------------------

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2004 Amount	2003 Amount
Description of vehicle		
1=no evidence to support your deduction.		
1=no written evidence to support your deduction.		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2004 payments from 1/1/05 to 4/15/05				

ROTH IRA CONTRIBUTIONS

	2004 Amount	2003 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Self-employed elective deferrals				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1)				
Deduction for clean fuel vehicles				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer		Spouse	
		2003 amt:		2003 amt:
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				

Please enter all pertinent 2004 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2004 estimates are automatic.)

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include State and local income taxes (1/04 payment, 2003 extension, 2003 return, prior years), Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form fields for payee information: Payee's name, SSN or FEIN, street address, city/state/ZIP, and Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for investment interest.

Passive interest

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 50% limitation.

30% limitation (see above):

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 20% capital gain property.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Blank lines for entering 2004 amounts for other unreimbursed employee expenses.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2004 amounts for investment expenses.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for investment expenses.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2004 Amount, TS, 2003 Amount for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Blank lines for entering 2004 amounts for miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Table with 3 columns: 2004 Amount, TS, 2003 Amount for gambling losses and estate tax.

Blank lines for entering 2004 amounts for other miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other miscellaneous deductions.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Blank lines for entering 2004 amounts for other unreimbursed employee expenses.

Table grid for 2004 Amount, TS, and 2003 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2004 amounts for investment expense.

Table grid for 2004 Amount, TS, and 2003 Amount for investment expense.

Tax return preparation fee

Safe deposit box rental

Table grid for 2004 Amount, TS, and 2003 Amount for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Blank lines for entering 2004 amounts for miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for miscellaneous deductions.

Federal only:

Blank lines for entering 2004 amounts for federal only miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for federal only miscellaneous deductions.

State only:

Blank lines for entering 2004 amounts for state only miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for state only miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Blank lines for entering 2004 amounts for other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for other miscellaneous deductions.

Federal only:

Blank lines for entering 2004 amounts for federal only other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for federal only other miscellaneous deductions.

State only:

Blank lines for entering 2004 amounts for state only other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for state only other miscellaneous deductions.

If your total noncash contributions are in excess of \$500 in 2004, please complete the information below for each donee.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

1 How Property was Acquired

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

2 Method Used to Determine FMV

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

Please enter 2004 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2004 Amount	2003 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,784).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2004 Amount	2003 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (70% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
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_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2004 Amount	2003 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
Number of months your job required a vehicle (if not 12 months).....		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage.....		
Average daily round-trip commute.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil		
Repairs.....		
Tires		
Insurance.....		
Miscellaneous		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage.....		
Average daily round-trip commute.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil		
Repairs.....		
Tires		
Insurance.....		
Miscellaneous		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2004 information.

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input type="text"/>	
Ending date for bona fide residence (m/d/y)	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable).....	<input type="text"/>	
Period family lived abroad.....	<input type="text"/>	
1=submitted statement to country of bona fide residence.....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input type="text"/>	
Contractual terms relating to length of employment abroad.....	<input type="text"/>	
Type of visa you entered foreign country under	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)...	<input type="text"/>	
Address of home in U.S. maintained while living abroad (if applicable)	<input type="text"/>	
1=U.S. home rented (if applicable)	<input type="text"/>	
Names of occupants in U.S. home (if applicable)	<input type="text"/>	
Relationship of occupants in U.S. home (if applicable).....	<input type="text"/>	
Principal country of employment	<input type="text"/>	

FOREIGN HOUSING EXPENSES

	2004 Amount	2003 Amount
Qualified housing expenses.....	<input type="text"/>	<input type="text"/>

2004

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US

Foreign Income Exclusion (Form 2555)

No.

31.2

Please enter all pertinent 2004 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2004 Amount	2003 Amount
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
---	--	--

Other Foreign Earned Income

2004 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

31.2

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2004 . . .				
Employer-provided benefits forfeited in 2004				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled		
1=spouse, 2=joint			

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled		
1=spouse, 2=joint			

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled		
1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2004		2003 amt:
	1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2004		2003 amt:
	1=spouse, 2=joint		

Please enter all pertinent information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2004 Amount

2003 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
		2003 and 2004 for adoption finalized in 2004.....		
		2004 for adoption finalized before 2004.....		
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
		2003 and 2004 for adoption finalized in 2004.....		
		2004 for adoption finalized before 2004.....		
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
		2003 and 2004 for adoption finalized in 2004.....		
		2004 for adoption finalized before 2004.....		
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2004 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

		2004 Amount	2003 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,400 or more in 2004; withheld federal income tax during 2004 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2004 Amount	2003 Amount
1=paid any one employee cash wages of \$1,400 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:	2004 Amount	2003 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/05		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

Please enter all pertinent 2004 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

	2004 Amount	2003 Amount
Banks, credit unions, etc. (Box 1): _____		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Adjustments:		
Nominee distribution.....		
Accrued interest.....		
Tax-exempt interest (1099-INT in error).....		
OID adjustment.....		
ABP adjustment.....		
Foreign:		
1=interest in or authority over foreign account.....		
Name of foreign country.....		
1=grantor/transferor or received distribution from foreign trust.....		
Post 8/7/86 private activity bond interest (included above) (6251).....		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____		
Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a): _____		
Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

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Tax Return Appointment

Telephone number:
 Fax number:
 E-mail address:

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2004 tax return. Please enter all pertinent 2004 information.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial . . .		
Last name		
Title/suffix		
Social security number . .		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number . .		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number . .		
Relationship		
Months lived at home		

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Tax Organizer

Please enter all pertinent 2004 information. If you have attached a government form for an item, check the box and do not enter a 2004 amount.

WAGES, SALARIES AND TIPS

Employer name:

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

2004 Amount	2003 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

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

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

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

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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

Attach Forms 1099-R & W-2G	_____

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-G - Unemployment compensation and state tax refunds
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)
<input type="checkbox"/>	Form SSA-1099 - Social security benefits

Attach Forms 1099

MISCELLANEOUS INCOME

Taxpayer: Alimony received _____

Spouse: Alimony received _____

Other: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....

2004 Amount	2003 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	

ALIMONY PAID

Taxpayer: Recipient name & SSN: _____

 Spouse: Recipient name & SSN: _____

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums.....
 Insurance reimbursement.....
 Number of medical miles.....
 Other: _____

TAXES PAID

Real estate taxes - principal residence.....
 Personal property taxes (including automobile fees).....

HOME MORTGAGE INTEREST AND POINTS PAID

Institution Name:

 Points not reported on Form 1098: _____

Attach Forms 1098	

CASH CONTRIBUTIONS

 Number of charitable miles.....

NONCASH CONTRIBUTIONS

MISCELLANEOUS DEDUCTIONS

Union and professional dues.....
 Tax return preparation fee.....
 Safe deposit box rental.....
 Gambling losses to extent of winnings.....
 Other: _____

2004	1040	US	Client Information	1
-------------	-------------	-----------	---------------------------	----------

Jennifer A. Jones, CPA, Ltd.
 10615 Judicial Drive Suite 701
 Fairfax, VA 22030
 Telephone number: (703) 352-1587
 Fax number: (703) 352-1927
 E-mail address: jenny@jajonescpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2004 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse. Year spouse died, if qualifying widow(er) (2002 or 2003).....		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....		
Spouse	First name and initial Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....		
Address	In care of..... Street address..... Apartment number..... City..... State..... ZIP code.....		
Foreign Address	Region..... Postal code..... Country.....		

Please add, change or delete information for 2004.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		<p>Daytime Phone</p> <p>1 = Work 2 = Home</p>
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
State Information	County name		
	Locality code number		

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US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2004?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2005 with interest and dividend income in excess of \$800, or total investment income in excess of \$1,600?
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS sent you Form 8836, Qualifying Children Residency Statement?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2005?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any motor vehicles or boats in 2004? If so, please provide documentation containing the sales tax paid.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2003 taxes to your 2004 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2004 taxes, do you want the excess applied to your 2005 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2005 taxable income and withholdings to be different from 2004?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allow another person to discuss your return with the IRS?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you establish a health savings account (HSA) this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2004, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any motor vehicles or boats in 2004? If so, please provide documentation containing the sales tax paid. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allow another person to discuss your return with the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |

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1040

US/VA

Direct Deposit & Estimates (Form 1040 ES)

3, 6, 7.1

Please enter all pertinent 2004 information.

DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account
 Name of bank
 Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) ..
 Depositor account number (up to 17 characters).....
 Type of account: 1=savings, 2=checking.....
 1=state direct deposit.....

2004 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
Overpayment applied from 2003.....						
1st quarter payment (due 4/15/04).....						
2nd quarter payment (due 6/15/04).....						
3rd quarter payment (due 9/15/04).....						
4th quarter payment (due 1/18/05).....						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/05).....						

APPLICATION OF 2004 OVERPAYMENT (7.1)

If you have an overpayment of 2004 taxes, do you want the excess refunded? or applied to 2005 estimate?
 Other (please explain): _____

2005 ESTIMATED TAX INFORMATION

Do you expect your 2005 taxable income to be different from 2004? Yes No
 If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2005 withholding to be different from 2004? Yes No
 If "yes" explain any differences: _____

Hash Total

3, 6, 7.1

2004	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2004 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2003 Wages
					Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Payer	1=Trad.IRA/SEP/SIMPLE 2=Roth IRA, 3=charity gift, 4= W-2G 1=spouse		1=rollover (Box 7) Gross Distribution (Box 1)		Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/04	2003 Distribution
							Federal (Box 4)	State (Box 10)		

2004	1040	US	Interest & Dividend Income	11, 12
-------------	-------------	-----------	---------------------------------------	---------------

Please enter all pertinent 2004 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2003 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2003 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2004

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2004 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				

14.1

2004

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please enter all pertinent 2004 amounts and attach all 1099-G forms.
Last year's amounts are provided for your reference.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2004 Amount

2003 Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

14.2

2004	1040	US	Education Distributions (ESA's and QTP's)	14.3
-------------	-------------	-----------	--	-------------

**Please enter all pertinent 2004 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

		2004 Amount	2003 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/03.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/03.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/03.....			

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		

INCOME

	2004 Amount	2003 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2004 Amount	2003 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (70%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2004 Amount	2003 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

**If you sold your home or moved in 2004, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=business use in year of sale	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	

INCOME

	2004 Amount	2003 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2004 Amount	2003 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

2004	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2004 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2004	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2004 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2004 Amount	2003 Amount
Description of vehicle		
1=no evidence to support your deduction.		
1=no written evidence to support your deduction.		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2004 payments from 1/1/05 to 4/15/05				

ROTH IRA CONTRIBUTIONS

	2004 Amount	2003 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Self-employed elective deferrals				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1)				
Deduction for clean fuel vehicles				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				
			2003 amt:	2003 amt:

Please enter all pertinent 2004 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2004 estimates are automatic.)

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include State and local income taxes (1/04 payment, 2003 extension, 2003 return, prior years), Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form fields for payee information: Payee's name, SSN or FEIN, street address, city/state/ZIP, and Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for investment interest.

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for passive interest and certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Blank lines for entering 2004 amounts for other unreimbursed employee expenses.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2004 amounts for investment expenses.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for investment expenses.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2004 Amount, TS, 2003 Amount for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Blank lines for entering 2004 amounts for miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Table with 3 columns: 2004 Amount, TS, 2003 Amount for gambling losses and estate tax.

Blank lines for entering 2004 amounts for other miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other miscellaneous deductions.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Blank lines for entering 2004 amounts for other unreimbursed employee expenses.

Table grid for 2004 Amount, TS, and 2003 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2004 amounts for investment expense.

Table grid for 2004 Amount, TS, and 2003 Amount for investment expense.

Tax return preparation fee

Safe deposit box rental

Table grid for 2004 Amount, TS, and 2003 Amount for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Blank lines for entering 2004 amounts for miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for miscellaneous deductions.

Federal only:

Blank lines for entering 2004 amounts for federal only miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for federal only miscellaneous deductions.

State only:

Blank lines for entering 2004 amounts for state only miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for state only miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Blank lines for entering 2004 amounts for other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for other miscellaneous deductions.

Federal only:

Blank lines for entering 2004 amounts for federal only other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for federal only other miscellaneous deductions.

State only:

Blank lines for entering 2004 amounts for state only other miscellaneous deductions.

Table grid for 2004 Amount, TS, and 2003 Amount for state only other miscellaneous deductions.

If your total noncash contributions are in excess of \$500 in 2004, please complete the information below for each donee.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

No. <input type="text"/>	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value	
Method used to determine FMV (Table 2 or describe)		

1 How Property was Acquired

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

2 Method Used to Determine FMV

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

Please enter 2004 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2004 Amount	2003 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,784).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2004 Amount	2003 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (70% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2004 Amount	2003 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
Number of months your job required a vehicle (if not 12 months).....		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage.....		
Average daily round-trip commute.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil		
Repairs.....		
Tires		
Insurance.....		
Miscellaneous		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage.....		
Average daily round-trip commute.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil		
Repairs.....		
Tires		
Insurance.....		
Miscellaneous		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2004 information.

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input type="text"/>	
Ending date for bona fide residence (m/d/y)	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable).....	<input type="text"/>	
Period family lived abroad.....	<input type="text"/>	
1=submitted statement to country of bona fide residence.....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input type="text"/>	
Contractual terms relating to length of employment abroad.....	<input type="text"/>	
Type of visa you entered foreign country under	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)...	<input type="text"/>	
Address of home in U.S. maintained while living abroad (if applicable)	<input type="text"/>	
1=U.S. home rented (if applicable)	<input type="text"/>	
Names of occupants in U.S. home (if applicable)	<input type="text"/>	
Relationship of occupants in U.S. home (if applicable).....	<input type="text"/>	
Principal country of employment	<input type="text"/>	

FOREIGN HOUSING EXPENSES

	2004 Amount	2003 Amount
Qualified housing expenses.....	<input type="text"/>	<input type="text"/>

2004

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.2

Please enter all pertinent 2004 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2004 Amount	2003 Amount
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
---	--	--

Other Foreign Earned Income

2004 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

31.2

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2004 . . .				
Employer-provided benefits forfeited in 2004				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2004		2003 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2004		2003 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2004		2003 amt:
	1=spouse, 2=joint		

Please enter all pertinent information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2004 Amount

2003 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2004 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

		2004 Amount	2003 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,400 or more in 2004; withheld federal income tax during 2004 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2004 Amount	2003 Amount
1=paid any one employee cash wages of \$1,400 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:	2004 Amount	2003 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/05		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

Please enter all pertinent 2004 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

	2004 Amount	2003 Amount
Banks, credit unions, etc. (Box 1): _____		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Adjustments:		
Nominee distribution.....		
Accrued interest.....		
Tax-exempt interest (1099-INT in error).....		
OID adjustment.....		
ABP adjustment.....		
Foreign:		
1=interest in or authority over foreign account.....		
Name of foreign country.....		
1=grantor/transferor or received distribution from foreign trust.....		
Post 8/7/86 private activity bond interest (included above) (6251).....		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____		
Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a): _____		
Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

