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2005	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 2005 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) (2003 or 2004)		<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.....		
Foreign Address	Region.....		
	Postal code.....		
	Country.....		

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Client Information (continued)

1 p2

Please add, change or delete information for 2005.

CLIENT INFORMATION

Taxpayer Contact Information

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

Empty input fields for taxpayer contact information.

Spouse Contact Information

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

Empty input fields for spouse contact information.

Daytime Phone

1 = Work
2 = Home

1 p2

2005	1040	US	Dependents	2
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Please add, change or delete information for 2005.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>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</p>
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	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
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.....			
	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.....			

2005	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2005 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		
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.....		

2005 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004.....				
1st quarter payment (due 4/15/05).....				
2nd quarter payment (due 6/15/05).....				
3rd quarter payment (due 9/15/05).....				
4th quarter payment (due 1/17/06).....				

Additional Estimated Tax Payments

Paid with extension (not later than 4/17/06)

--	--	--	--	--

State

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004.....				
1st quarter payment (due 4/15/05).....				
2nd quarter payment (due 6/15/05).....				
3rd quarter payment (due 9/15/05).....				
4th quarter payment (due 1/17/06).....				

Additional Estimated Tax Payments

Paid with extension (not later than 4/17/06)

--	--	--	--	--

			Hash Total	3, 6
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2005	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2005 information.

APPLICATION OF 2005 OVERPAYMENT (7.1)

If you have an overpayment of 2005 taxes, do you want the excess refunded? or applied to 2006 estimate? ...

Other (please explain): _____

2006 ESTIMATED TAX INFORMATION

Do you expect your 2006 taxable income to be different from 2005? Yes No

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

Do you expect your 2006 withholding to be different from 2005? Yes No

If "yes" explain any differences: _____

	Hash Total		7.1
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2005	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2005 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)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2004 Wages
		1=spouse			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=rollover (Box 7)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/05	2004 Distribution
		1=spouse		Gross Distribution (Box 1)		Federal (Box 4)	State (Box 10)		

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Miscellaneous Income

14.1

Please enter all pertinent 2005 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2005 Amount		2004 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				
Local income tax withheld				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2005 information as appropriate.
Be sure to attach all 1099-G forms.

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

2005 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2005 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2004 (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)		
	2005 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2004 (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

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2005 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)

2005 Amount

2004 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:		
2005 contributions to this ESA			
Value of this account at 12/31/05 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/04			

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:		
2005 contributions to this ESA			
Value of this account at 12/31/05 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/04			

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:		
2005 contributions to this ESA			
Value of this account at 12/31/05 (plus outstanding rollovers) . . .			
Basis in this ESA as of 12/31/04			

14.3

2005

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Business Income (Schedule C)

No.

16

Please enter all pertinent 2005 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

	2005 Amount	2004 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.....		

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US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2005 Amount	2004 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.

16 p2

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Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2005 Amount	2004 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)		

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Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2005, 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 (1/1/05 - 8/31/05)
Miles driven to new home (9/1/05 - 12/31/05)

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

17, 27

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Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....
 Location of property.....

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

	2005 Amount	2004 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"/>

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

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Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2005 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

	2005 Amount	2004 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:

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Farm Income (Schedule F/Form 4835)

No.

19

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....	<input type="text"/>
Employer ID number.....	<input type="text"/>

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

	2005 Amount	2004 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 2005.....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2005.....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds deferred from 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"/>

2005	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2005 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

20.1,20.2

2005	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2005 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

2005

1040

US

Vehicle Expenses

No.

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Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2005 Amount	2004 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 (1/1/05 - 8/31/05).....		
Business mileage (9/1/05 - 12/31/05).....		
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).....		

2005

1040

US

Adjustments to Income

24

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$4,000/\$4,500 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2005 payments from 1/1/06 to 4/17/06.....				

ROTH IRA CONTRIBUTIONS

	2005 Amount	2004 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$4,000/\$4,500 if 50 or older).....		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2005 Amount		2004 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)				
Individual 401k: SE elective deferrals (1=max.)....				
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

	2005 Amount		2004 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

Recipient's first name...		
Recipient's last name...		
Recipient's SSN.....		
Amount paid.....	2004 amt:	2004 amt:

24

**Please enter all pertinent 2005 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.

	2005 Amount	TS	2004 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars)			
Long-term care premiums			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/05 - 8/31/05)			
Medical miles driven (9/1/05 - 12/31/05)			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2005 estimates are automatic.)

State income taxes - 1/05 payment on 2004 state estimate			
State income taxes - paid with 2004 state extension			
State income taxes - paid with 2004 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/05 payment on 2004 city/local estimate			
City/local income taxes - paid with 2004 city/local extension			
City/local income taxes - paid with 2004 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes			
Use taxes paid on 2005 purchases			
Use taxes paid with 2004 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

Real estate taxes - principal residence			
Real estate taxes - property held for investment			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

2005

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

2005 Amount

TS

2004 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____	
Payee's SSN or FEIN ..	_____	
Payee's street address ..	_____	
Payee's city, state, ZIP ..	_____	
Amount paid	_____	_____

Points not reported on Form 1098:

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

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.

CASH CONTRIBUTIONS

Churches, schools, hospitals, and other charitable organizations (50% or 100% limitation):

Contributions by cash or check:

Contributions above made from 8/28/05 - 12/31/05

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles (8/25/05 - 8/31/05)

Katrina relief miles (9/1/05 - 12/31/05)

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles (8/25/05 - 8/31/05)

Katrina relief miles (9/1/05 - 12/31/05)

25 p2

2005

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

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

50% limitation (see above):

2005 Amount

TS

2004 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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

Investment expense:

Tax return preparation fee

Safe deposit box rental

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

25 p3

2005

1040

US

Itemized Deductions (continued)

25 p4

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2005 Amount	TS	2004 Amount
Gambling losses to extent of winnings			
Estate tax, section 691(c)			
Other miscellaneous deductions:			

25 p4

2005

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2005, please complete the information below for each donee. If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

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.

26

2005

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2005 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2005 Amount	2004 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 8,760)		
% (.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:		

2005

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2005 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

	2005 Amount	2004 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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2005 Amount	2004 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.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage.....		
Business mileage (1/1/05 - 8/31/05).....		
Business mileage (9/1/05 - 12/31/05).....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
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 (1/1/05 - 8/31/05).....		
Business mileage (9/1/05 - 12/31/05).....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
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).....		

2005

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2005 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040.....	<input type="text"/>	<input type="text"/>
Employer's name.....	<input type="text"/>	<input type="text"/>
Employer's U.S. address.....	<input type="text"/>	<input type="text"/>
Employer's foreign address.....	<input type="text"/>	<input type="text"/>
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	<input type="text"/>	<input type="text"/>
Employer type, if other.....	<input type="text"/>	<input type="text"/>
Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	<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"/>
Country of citizenship.....	<input type="text"/>	
City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRAVEL INFORMATION

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

31.1

2005	1040	US	Foreign Income Exclusion (2555)	No. <input style="width:30px;" type="text"/>	31.1 p2
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Please enter all pertinent 2005 information.

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)		
Ending date for bona fide residence (m/d/y)		
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer		

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad

1=submitted statement to country of bona fide residence		
1=required to pay income tax to country of bona fide residence		
Contractual terms relating to length of employment abroad		
Type of visa you entered foreign country under		
Explanation why visa limited stay or employment in country (if applicable)		

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment

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FOREIGN HOUSING EXPENSES

	2005 Amount	2004 Amount
Qualified housing expenses		

2005	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:30px;" type="text"/>	31.2
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**Please enter all pertinent 2005 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

	2005 Amount	2004 Amount
Name or number		
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

2005 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		

2005

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2005 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)

	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2005				
Employer-provided benefits forfeited in 2005				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2005	2004 amt:
	1=disabled 1=spouse, 2=joint	

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2005	2004 amt:
	1=disabled 1=spouse, 2=joint	

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2005	2004 amt:
	1=disabled 1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2005	2004 amt:
	1=spouse, 2=joint	

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2005	2004 amt:
	1=spouse, 2=joint	

33.1,33.2

2005

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2005 Amount

2004 Amount

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1988 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2005			
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005		
		1997-2001 for adoption of foreign child finalized in 2005		
2004 and 2005 for adoption finalized in 2005				
2005 for adoption finalized before 2005				
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1988 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2005			
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005		
		1997-2001 for adoption of foreign child finalized in 2005		
2004 and 2005 for adoption finalized in 2005				
2005 for adoption finalized before 2005				
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1988 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2005			
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005		
		1997-2001 for adoption of foreign child finalized in 2005		
2004 and 2005 for adoption finalized in 2005				
2005 for adoption finalized before 2005				
1=spouse, 2=joint				

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2005

1040

US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2005 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

		2005 Amount	2004 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 2005 (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 2005 (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 2005 (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 2005 (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 2005 (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 2005 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 2005; withheld federal income tax during 2005 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees, please complete the following:

Employer identification number.....	
1=spouse, 2=joint	

	2005 Amount	2004 Amount
Social security, Medicare and income taxes:		
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:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/17/06.....		
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 2005 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name.....	<input style="width:95%;" type="text"/>
Last name.....	<input style="width:95%;" type="text"/>
Social security number.....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y).....	<input style="width:95%;" type="text"/>
1=nontaxable to federal.....	<input style="width:95%;" type="text"/>
1=nontaxable to state.....	<input style="width:95%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2005 Amount	2004 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

