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2006	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 2006 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) . . . . .		<p align="center"><b>Filing Status</b></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) (2004 or 2005). . . . .		
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 2006.

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 2006.

**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 living w/taxpayer
- 2 = Child not living w/taxpayer
- 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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Please enter all pertinent 2006 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 .....		

**BANK INFORMATION**

Name of Bank	Routing Number	Account Number	Type of Account (Table)	Percent to Deposit (xx.xx)

**2006 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2006 Voucher Amount
Overpayment applied from 2005 .....				
1st quarter payment (due 4/17/06) .....				
2nd quarter payment (due 6/15/06) .....				
3rd quarter payment (due 9/15/06) .....				
4th quarter payment (due 1/16/07) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/16/07) .....				
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**State**

	Amount Paid	Date Paid	TS	2006 Voucher Amount
Overpayment applied from 2005 .....				
1st quarter payment (due 4/17/06) .....				
2nd quarter payment (due 6/15/06) .....				
3rd quarter payment (due 9/15/06) .....				
4th quarter payment (due 1/16/07) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/16/07) .....				
--	--	--	--	--

Type of Account			
1 = Savings	3 = Taxpayer's IRA	5 = Health Savings Account (HSA)	7 = Coverdell Savings Account (ESA)
2 = Checking	4 = Spouse's IRA	6 = Archer MSA	8 = Other

Please enter all pertinent 2006 information.

**APPLICATION OF 2006 OVERPAYMENT (7.1)**

If you have an overpayment of 2006 taxes, do you want the excess refunded?  or applied to 2007 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2007 ESTIMATED TAX INFORMATION**

Do you expect your 2007 taxable income to be different from 2006? ..... Yes  No

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

Do you expect your 2007 withholding to be different from 2006? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>2006</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2006 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					2005 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/06	2005 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings	Tax Withheld		2005 Winnings
				Federal Withholding	State Withholding	

**10, 13.1, 13.2**



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Miscellaneous Income

14.1

Please enter all pertinent 2006 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2006 Amount		2005 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.....				
Jury duty pay				
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

Please add, change or delete 2006 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2006 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2006 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 2005 (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 style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2006 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 2005 (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 .....			

<b>2006</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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**Please enter all pertinent 2006 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)**

		2006 Amount	2005 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:		
2006 contributions to this ESA.....			
Value of this account at 12/31/06 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/05.....			

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:		
2006 contributions to this ESA.....			
Value of this account at 12/31/06 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/05.....			

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:		
2006 contributions to this ESA.....			
Value of this account at 12/31/06 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/05.....			

Please enter all pertinent 2006 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 .....		
1=minister's Schedule C .....		

**INCOME**

	2006 Amount	2005 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 2006 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2006 Amount	2005 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 (75%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

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



Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2006 Amount	2005 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

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If you sold your home or moved in 2006, 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)

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Please enter all pertinent 2006 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**

	2006 Amount	2005 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 2006 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**

	2006 Amount	2005 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:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		





<b>2006</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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Please add, change or delete 2006 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

	<b>20.1,20.2</b>
--	------------------

<b>2006</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2006 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

	<b>20.3,20.4</b>
--	------------------





Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2006 Amount	2005 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 2006 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2006 Amount		2005 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older) . . . . .				
Contributions made to date . . . . .				
1=covered by plan, 2=not covered . . . . .				
2006 payments from 1/1/07 to 4/16/07 . . . . .				

**ROTH IRA CONTRIBUTIONS**

	2006 Amount	2005 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older) . . . . .		
Contributions made to date . . . . .		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2006 Amount		2005 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**

	2006 Amount		2005 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) * . . . . .				
Jury duty pay given to employer . . . . .				
Expenses from rental of personal property . . . . .				
Other adjustments to income:				
_____				
_____				
_____				

Alimony paid:	2006 Amount		2005 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name . . . . .				
Recipient's last name . . . . .				
Recipient's SSN . . . . .				
Amount paid . . . . .				
		<b>2005 amt:</b>		<b>2005 amt:</b>

\* Pending legislation will determine the deductibility of these items.

Please enter all pertinent 2006 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.

	2006 Amount	TS	2005 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 .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2006 estimates are automatic.)

State income taxes - 1/06 payment on 2005 state estimate .....			
State income taxes - paid with 2005 state extension .....			
State income taxes - paid with 2005 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/06 payment on 2005 city/local estimate .....			
City/local income taxes - paid with 2005 city/local extension .....			
City/local income taxes - paid with 2005 city/local return .....			

**SALES AND USE TAXES PAID \***

State and local sales taxes .....			
Use taxes paid on 2006 purchases .....			
Use taxes paid with 2005 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:			
_____			
_____			
_____			

\* Pending legislation will determine the deductibility of these items.

Please enter all pertinent 2006 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:

2006 Amount

TS

2005 Amount

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 3 rows for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 2 rows for points.

Investment interest (interest on margin accounts):

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 2 rows for investment interest.

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 2 rows for passive interest and 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.

CASH CONTRIBUTIONS

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

Contributions by cash or check:

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 6 rows for cash contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 3 rows for volunteer expenses and miles.

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

Contributions by cash or check:

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 6 rows for cash contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

Table with 3 columns: 2006 Amount, TS, 2005 Amount. Includes 3 rows for volunteer expenses and miles.

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. For noncash contributions made after 8/17/06, no deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2006 Amount	TS	2005 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. ....

--	--	--

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




If your total noncash contributions are in excess of \$500 in 2006, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items made after 08/17/06 that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" 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 style="width: 40px;" 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 style="width: 40px;" 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 2006 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2006 Amount	2005 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:		
_____		
_____		
_____		
_____		

Please enter all pertinent 2006 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**

	2006 Amount	2005 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 (75% 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"/>

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

**VEHICLE INFORMATION**

	2006 Amount	2005 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 .....		
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 .....		
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).....		

Please enter all pertinent 2006 information.

GENERAL INFORMATION

1=spouse.

Foreign address of taxpayer, if different from Form 1040:

Street address.

City

Region

Postal code

Country

Employer:

Name

U.S. street address

U.S. city

U.S. state

U.S. ZIP code

Foreign street address

Foreign city

Foreign region

Foreign postal code

Foreign country

Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.

Employer type, if other

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"/>

Country of citizenship

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"/>

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"/>



Please enter all pertinent 2006 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**

	2006 Amount	2005 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**


**2006 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 .....		

2006

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2006 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)**

	2006 Amount		2005 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2006 . . .				
Employer-provided benefits forfeited in 2006 . . . . .				

**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 2006 . . . . .	2005 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 2006 . . . . .	2005 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 2006 . . . . .	2005 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 2006 . . . . .	2005 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 2006 . . . . .	2005 amt:
	1=spouse, 2=joint . . . . .	

33.1,33.2

Please enter all pertinent 2006 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2006 Amount

2005 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1989 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2006.....			
	Qualified Adoption Expenses Paid in	2005 for adoption not finalized by end of 2006.....		
		1997-2001 for adoption of foreign child finalized in 2006.....		
2005 and 2006 for adoption finalized in 2006.....				
2006 for adoption finalized before 2006.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1989 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2006.....			
	Qualified Adoption Expenses Paid in	2005 for adoption not finalized by end of 2006.....		
		1997-2001 for adoption of foreign child finalized in 2006.....		
2005 and 2006 for adoption finalized in 2006.....				
2006 for adoption finalized before 2006.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1989 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2006.....			
	Qualified Adoption Expenses Paid in	2005 for adoption not finalized by end of 2006.....		
		1997-2001 for adoption of foreign child finalized in 2006.....		
2005 and 2006 for adoption finalized in 2006.....				
2006 for adoption finalized before 2006.....				
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2006 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**

		2006 Amount	2005 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 2006 (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 2006 (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 2006 (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 2006 (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 2006 (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 2006 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,500 or more in 2006; withheld federal income tax during 2006 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employees, please complete the following:

Employer identification number ..... 

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 1=spouse, 2=joint ..... 

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	2006 Amount	2005 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,500 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 2005 or 2006.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/16/07.....		
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 2006 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)**

	2006 Amount	2005 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		

