

## Personal Data

<b>Name:</b> NEW		<b>SSN:</b> 100-00-0000	
Your Name		SSN	
NEW		100-00-0000	
Spouse's Name		SSN	
Address			
Address			
City		State	ZIP
County		School District	
Evening phone		Daytime phone	
Cell phone		Email address	
Occupation		Spouse's Occupation	
Do you want \$3 to go to the Presidential Election Campaign Fund?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Your Date of Birth
Does your spouse want \$3 to go to the Presidential Election Campaign Fund?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Date of Birth
			Legally blind? <input type="checkbox"/>
			Legally blind? <input type="checkbox"/>

Your Dependents																							
Dependent # 1				Dependent # 2				Dependent # 3															
First name						First name						First name											
Last name						Last name						Last name											
Social security number						Social security number						Social security number											
Relationship						Relationship						Relationship											
No. of months lived with you						No. of months lived with you						No. of months lived with you											
Age/DOB						Age/DOB						Age/DOB											
1 Qualifying child care expenses incurred and paid in 2004								1 Qualifying child care expenses incurred and paid in 2004								1 Qualifying child care expenses incurred and paid in 2004							
2 Portion of qualifying expenses provided by your employer								2 Portion of qualifying expenses provided by your employer								2 Portion of qualifying expenses provided by your employer							
3 Hope Credit qualified expenses paid								3 Hope Credit qualified expenses paid								3 Hope Credit qualified expenses paid							
4 Lifetime Learning Credit qualified expenses paid								4 Lifetime Learning Credit qualified expenses paid								4 Lifetime Learning Credit qualified expenses paid							

Did a dependent child under age 14 have income over \$750? \_\_\_\_\_

Income Taxes Paid		Federal		State		Local	
2004 Estimates:	Amount paid	Date paid	Amount paid	Date paid	Amount paid	Date paid	
April 15, 2004							
June 15, 2004							
Sept. 15, 2004							
Jan. 15, 2005							
2003 overpayment applied							
2003 Balance due							
2003 Refund							





## Miscellaneous Information

Name: **NEW**

SSN: 100-00-0000

Yes	No	
		Did any births, adoptions, marriages, divorces, or deaths occur in your family during the year?
		Can you or your spouse be claimed as a dependent by someone else?
		Have you received all W-2's from all employers? How many? _____ Please attach.
		Have you received any disability income during the year? \$ _____
		Did you have a change in residence or job location during the year?
		Did you use your vehicle on the job other than for commuting to work?
		Did you have an employer provided vehicle which you drove home or used personally? If so, enter the lease value \$ _____
		Did you work out of town at any time during the year?
		Did you start a new business or purchase any new rental property during 2004?
		Did you purchase, sell, or refinance your principle home or your second home or make a home equity loan during the year? If yes, please bring escrow papers and other pertinent information.
		Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on attached sheet. Also, please bring escrow papers for purchases of real estate.
		Did you dispose of any business assets (including real estate)? If yes, list on attached sheet.
		Did you receive any notices from the IRS or the state? If yes, please attach notice.
		Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust?
		Did you receive any type of prize or award during 2004?
		Did you engage in any bartering transactions in 2004?
		Did you surrender any U.S. Savings Bonds during 2004?
		Does anyone owe you money which has become uncollectible?
		Did you incur a loss due to damaged or stolen property?
		Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		Did you make any gifts over \$10,000 to any one person in 2004?
		Did you purchase any gasoline, diesel, or special fuels for non-highway business uses?
		Did you receive any income not shown in this organizer? If so, please list.
		If you owned rental property, how much time did you spend working on your rentals? _____
		Did you have any household employees? (Ex: babysitter, housekeeper, nanny, etc.)
		Do you or your spouse have any IRA accounts?
		Did you recharacterize any IRAs this year?
		Did you have child care expenses?

Comments: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

## Schedule A - Itemized Deductions

<b>Name:</b> NEW		<b>SSN:</b> 100-00-0000			
	2004	2003		2004	2003
<b>MEDICAL &amp; DENTAL</b>					
Health insurance premiums			<b>GIFTS TO CHARITY</b>		
Long term care premiums			Contributions by cash or check		
Medical miles			Other than by cash or check		
Other medical and dental expenses			Carryover from prior year		
<b>MED INS</b>			Other:		
<b>MEDICARE INS</b>			<b>VOLUNTEER SUPPLIES</b>		
<b>DOCTORS/DENTIST/HOSP</b>			<b>VOLUNTEER MILEAGE</b>		
<b>TAXES</b>			<b>CHURCH</b>		
State and local income taxes			<b>OTHER CASH/CHECK</b>		
General sales tax			<b>OTHER THAN CASH</b>		
Real estate taxes			<b>JOB EXPENSES</b>		
Personal property					
<b>Other taxes:</b>			<b>UNION DUES</b>		
			<b>UNIFORMS COST/CLEAN</b>		
			<b>CPU EQUIP-WORK RELAT</b>		
<b>CABIN/LAND RE TAXES</b>			<b>CELL/PAGER-WK RELATE</b>		
Home mort. int. & points on Form 1098			<b>SMALL TOOLS</b>		
Home mort. int. not on Form 1098			<b>EDUCATIONAL EXP-WORK</b>		
Name:			<b>JOB SEEKING</b>		
Address:			<b>SAFETY EQUIPMENT</b>		
SSN/EIN:			<b>ONLINE SERVICE-WORK</b>		
	2004	2003	<b>PUBLICATIONS</b>		
Points not reported on Form 1098					
Investment interest			Tax preparation fees		
			<b>OTHER MISC. DEDUCTIONS</b>		
			<b>SAFE DEPOSIT</b>		
			<b>IRA FEES</b>		
			<b>K-12</b>		