

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 style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.		
	Year spouse died, if qualifying widow(er) (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.		<p>Daytime Phone</p> <p>1 = Work 2 = Home</p>
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
	E-mail address.		

Please add, change or delete information for 2006.

DEPENDENTS

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>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</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			

2006

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2006, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2006?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2005?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 18 on January 1, 2007 with interest and dividend income in excess of \$850, or total investment income in excess of \$1,700?
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS sent you Form 8836, Qualifying Children Residency Statement?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2006?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

2006

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2006, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2005 taxes to your 2006 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2006 taxes, do you want the excess applied to your 2007 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2007 taxable income and withholdings to be different from 2006?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2006

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2006, please check the appropriate box and provide additional information if necessary.

YES

NO

MISCELLANEOUS (continued)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2006? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid vehicle in 2006? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have long-distance telephone service after February 28, 2003 and before August 1, 2006? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of taxes, do you want your refund directly deposited to more than one financial account (checking, savings, and retirement)? |

TAX RELIEF FOR HURRICANE VICTIMS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were you in an area impacted by Hurricane Katrina, Rita, or Wilma? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take a distribution from an eligible retirement plan due to economic loss from Hurricane Katrina, Rita, or Wilma? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide at least 60 consecutive days of housing in your principal residence, free of charge, for a Hurricane Katrina displaced individual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any non-business debt that was discharged due to the Hurricane Katrina? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments due to Hurricane Katrina, Rita, or Wilma? (These payments may or may not be taxable.) |

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)				
--	--	--	--	--

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

2006

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

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: _____

Hash Total

7.1

2006	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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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

2006

1040

US

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 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.

GENERAL INFORMATION

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

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

INCOME

	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:

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				
		2005 amt:		2005 amt:

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:			

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 lines for home mortgage interest reported on Form 1098.

Home mortgage interest not reported on Form 1098:

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

Points not reported on Form 1098:

Table with 3 columns: 2006 Amount, TS, 2005 Amount for points not reported on Form 1098.

Investment interest (interest on margin accounts):

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

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: 2006 Amount, TS, 2005 Amount for passive interest and certain home mortgage interest.

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

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 for cash contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

Table with 3 columns: 2006 Amount, TS, 2005 Amount 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 for cash contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Katrina relief miles

Table with 3 columns: 2006 Amount, TS, 2005 Amount 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):

Three horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 3 rows.

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

Three horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 3 rows.

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

Three horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 1 row.

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

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.

Tax return preparation fee.....

Safe deposit box rental.....

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

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

Five horizontal lines for entering 2006 amounts.

Table with 3 columns: 2006 Amount, TS, 2005 Amount. 5 rows.

