

TAX ORGANIZER

TO:

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Enclosed is your Tax Organizer for 2005. Completing your Organizer helps us prepare your return more efficiently. It will also assist us in getting a complete picture of your tax situation so that we can look for ways to plan to keep your future taxes down.

If your last year's tax figures were available when we prepared your organizer, that information is included on your Organizer in the Prior Year Amount column. This may help you remember the types of income and deductions you reported last year.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each \$100 of deductible expense you find in your 2005 records may save you up to \$35 in federal and state income taxes.

Enter all relevant information in the designated areas on each page. Feel free to add any notes or questions that might help us find ways to save you money. If you need to include additional information, or ask additional questions, use the back of a page or attach additional pages.

Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.

When you arrive for your appointment, please bring your completed Organizer and any of the following that apply to you:

- Last year's tax return (if not in our possession)
- Original Form[s] W-2
- Schedule[s] K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form[s] 1099 or statements reporting dividend, interest, retirement or other income
- Form[s] 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale or purchase of real property.

Please call if we can be of any further assistance to you.

Your Tax Appointment is:

Day: _____
Date: _____
Time: _____

General Questions

Please check if "Yes" and provide documentation, if possible.

- 1. Has your marital status changed?
- 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 3. Are you being claimed as a dependent by another person?
- 4. Are there any changes in the dependent information from the prior year?
- 5. Did you have any children under the age of 14 who received more than \$1,600 in investment income?
- 6. Do you have dependents who are neither U.S. citizens nor U.S. residents?
- 7. Did you provide over half of the support for another person (or persons) during the year?
- 8. Did you purchase or sell a principal residence?
- 9. Did you receive payments from a pension or profit sharing plan?
- 10. Did you receive any distributions from an IRA or other qualified plan?
- 11. Did you receive any disability income?
- 12. Did you receive any foreign income or pay any foreign taxes?
- 13. Did you receive interest from a bank account or other financial account based in a foreign country?
- 14. Were you the grantor of or transferor to a foreign trust?
- 15. Were either you or your spouse enlisted in the military or National Guard?
- 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
- 17. Did you incur any non-business bad debts?
- 18. Did you receive proceeds from an installment sale?
- 19. Did you make a loan at an interest rate below market rate?
- 20. Did you make gifts of over \$11,000 to an individual?
- 21. Were there any changes to a prior year's income, deductions, or credits that would require filing an amended return?
- 22. Did your employer pay premiums on life insurance in excess of \$50,000?
- 23. Were any payments made on student loans?
- 24. Did you pay any educational tuition or fees for you or a dependent? Enter Amount _____
- 25. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2005?
- 26. Did you refinance a mortgage or take out a home equity loan?
- 27. Were any contributions made to a traditional or Roth IRA for 2005?
- 28. Did you make any contributions to HSA (Health Savings Account) in 2005? Enter Amount _____
- 29. Did you incur any qualified educator expenses in 2005? Enter Amount _____

Business and Investment Questions

- 1. Did you receive stock from a stock bonus plan with your employer?
- 2. Did you buy or sell any bonds?
- 3. Did you surrender any U.S. savings bonds?
- 4. Did you suffer a casualty, theft or condemnation?
- 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
- 6. Did you own any investments for which you were not personally "at-risk"?
- 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 8. Did you sell any property or equipment on installments?
- 9. Did you incur any business-related educational expenses?
- 10. Did you incur any travel and entertainment expenses?
- 11. Did you purchase any special fuels for non-highway use?
- 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Social Security No.
Taxpayer				
Spouse				

	Occupation	Date of Birth	Check if			
			Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	

School District _____

Filing Status 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	Name (first, initial, and last name)	Date of Birth	Social Sec. No.	Relationship	Months in home
1					
2					
3					
4					
5					
6					

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Interest Income

	Source	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Dividend Income

	Source	Ordinary Amount	Qualified Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Total IRA distributions			
6	Total pensions and annuities			
7	Rents and royalties, trusts, S corporations, partnerships - Schedule E			
8	Farm income or (loss) - Schedule F			
9	Unemployment compensation			
10	Total social security benefits			
11	Tips			
12	Child care taxable benefits			
13	Prizes and awards			
14	Scholarships and fellowships			
15	All other income not provided for in this organizer			

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses			
3	Your IRA deduction			
4	Spouse's IRA deduction			
5	Student loan interest			
6	Tuition and fees deduction			
7	Health savings account deduction			
8	Moving expenses			
9	Self-employed SEP, SIMPLE, and qualified plans			
10	Penalty on early withdrawal of savings			
11	Alimony paid			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Real estate taxes		
3	Personal property taxes		
4	Other taxes		
5	Home mortgage interest and points reported on Form 1098		
6	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
7	Home mortgage points not reported on Form 1098		
8	Investment interest paid		
9	Gifts to charity by cash or check		
10	Gifts to charity other than by cash or check		
11	Mileage driven to charitable activities		
12	Casualty and theft losses - Form 4684		
13	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Safety and protective clothing		
	Uniform costs		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
14	Other expenses		
	Investment expenses		
	Tax preparation fees		
	Safe deposit box rental		
	Other		
15	Other miscellaneous deductions		

Child or Dependent Care Expenses

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				

Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

Income or Loss from S Corporations

Name	Income	Loss	Other Expenses	Passive (Yes / No)
1				
2				
3				
4				
5				
6				

Income or Loss from Partnerships

Name	Income	Loss	Other Expenses	Passive (Yes / No)
1				
2				
3				
4				
5				
6				
7				
8				

Income or Loss from Trusts

Name	Income	Loss	Other Expenses	Passive (Yes / No)
1				
2				
3				
4				
5				
6				

Self Employed Business Income and Expenses

1	Name of business (A)				
	Address of business (A)				
2	Name of business (B)				
	Address of business (B)				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales				
4	Returns and allowances				
5	Inventory at beginning of year				
6	Cost of merchandise purchased				
7	Cost of labor				
8	Materials and supplies				
9	Other costs				
10	Inventory at end of year				
11	Advertising				
12	Car and truck expenses				
13	Commissions and fees				
14	Depletion				
15	Depreciation				
16	Employee benefit programs				
17	Insurance (not health)				
18	Mortgage interest				
19	Other interest				
20	Legal and professional services				
21	Office expense				
22	Pension and profit-sharing plans				
23	Rent or lease: machinery/equipment				
24	Rent or lease: other business property				
25	Repairs and maintenance				
26	Supplies				
27	Taxes and licenses				
28	Travel				
29	Meals and entertainment				
30	Utilities				
31	Wages				
32	Other:				
33					
34					
35					
36					
37					
38					
39	New equipment purchases	Date			
	Description	Purchased	Cost	Did you trade-in any equipment? Y/N	Was this financed? If yes, enter amount

Self Employed Business Income and Expenses

1	Name of business (C)				
	Address of business (C)				
2	Name of business (D)				
	Address of business (D)				
		Business C		Business D	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales				
4	Returns and allowances				
5	Inventory at beginning of year				
6	Cost of merchandise purchased				
7	Cost of labor				
8	Materials and supplies				
9	Other costs				
10	Inventory at end of year				
11	Advertising				
12	Car and truck expenses				
13	Commissions and fees				
14	Depletion				
15	Depreciation				
16	Employee benefit programs				
17	Insurance (not health)				
18	Mortgage interest				
19	Other interest				
20	Legal and professional services				
21	Office expense				
22	Pension and profit-sharing plans				
23	Rent or lease: machinery/equipment				
24	Rent or lease: other business property				
25	Repairs and maintenance				
26	Supplies				
27	Taxes and licenses				
28	Travel				
29	Meals and entertainment				
30	Utilities				
31	Wages				
32	Other:				
33					
34					
35					
36					
37					
38					
39	New equipment purchases	Date			
	Description	Purchased	Cost	Did you trade-in any equipment? Y/N	Was this financed? If yes, enter amount

Profit or Loss from Farming

	Farm Activity A		Farm Activity B	
	Prior Year	Current Year	Prior Year	Current Year
1 Sales of livestock, produce, and grains				
2 Sales of livestock, produce, grains, and other products you raised				
3 Total cooperative distributions				
4 Agricultural program payments				
5 Commodity Credit Corporation (CCC) loans reported				
6 Taxable amount of CCC loans				
7 Crop insurance proceeds				
8 Custom hire (machine work) income				
9 Other income				
10				
11				
12				
13 Car and truck expenses				
14 Chemicals				
15 Conservation expenses				
16 Custom hire (machine work) income				
17 Depreciation				
18 Employee benefit programs				
19 Feed purchased				
20 Fertilizers and lime				
21 Freight and trucking				
22 Gasoline, fuel, and oil				
23 Insurance (other than health)				
24 Mortgage interest				
25 Other interest				
26 Labor hired (less employment credits)				
27 Pension and profit-sharing plans				
28 Machinery rental or lease				
29 Other rental or lease (land, animals, etc.)				
30 Repairs and maintenance				
31 Seeds and plants purchased				
32 Storage and warehousing				
33 Supplies purchased				
34 Taxes				
35 Utilities				
36 Veterinary, breeding, and medicine				
37 Other expenses Deductible Meals and Entertainment				
38				
39				
40				
41				
42				
43 New equipment purchases	Date	Cost	Did you trade-in any	Was this financed?
Description	Purchased		equipment? Y/N	If yes, enter amount

Income or Loss from Farm Rentals

		Farm Rental A		Farm Rental B	
		Prior Year	Current Year	Prior Year	Current Year
1	Income from production of livestock, produce, grains, and other crops				
2	Total cooperative distributions				
3	Agriculture Program Payments				
4	Commodity Credit Corporation (CCC) loans reported				
5	Taxable amount of CCC loans				
6	Crop insurance proceeds and other payments				
7	Other Income Income from 1099 MISC				
8					
9					
10					
11	Car and Truck Expenses				
12	Chemicals				
13	Conservation expenses				
14	Custom hire (machine work)				
15	Depreciation				
16	Employee benefit programs				
17	Feed purchased				
18	Fertilizers and lime				
19	Freight and trucking				
20	Gasoline, fuel, and oil				
21	Insurance (other than health)				
22	Mortgage interest (paid to banks, etc.)				
23	Other interest				
24	Labor hired (less employment credits)				
25	Pension and profit-sharing plans				
26	Rental or lease - Machinery				
27	Rental or lease - Land				
28	Repairs and maintenance				
29	Seeds and plants purchased				
30	Storage and warehousing				
31	Supplies purchased				
32	Taxes				
33	Utilities				
34	Veterinary, breeding, and medicine				
35	Other Expenses				
36					
37					
38					
39					
40					
41					
42	New equipment purchases	Date		Did you trade-in any	Was this financed?
	Description	Purchased	Cost	equipment? Y/N	If yes, enter amount

Income or Loss from Rentals and Royalties Properties 1 - 3

1	Address of Property 1
2	Address of Property 2
3	Address of Property 3

		Property 1		Property 2		Property 3	
		Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?						
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18							
19							
20							
21							
22							
23							
24	New equipment purchases	Date Purchased	Cost	Did you trade-in any equipment?	Amount Financed	Finance Term (Months)	Interest Rate
	Description						