

Wage Income

Employers Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

Retirement Benefits Received (Enclose all 1099 Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage	Early Withdrawal Penalty	Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2004: \$ _____
For seller financed mortgage: Buyer's name, social security number and addresses: _____

Dividend Income (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Capital Gain Dist.	Non-Taxable

Do you have funds in a foreign account? yes no
Did you have any stock sales in 2004? If yes, submit all 1099B forms. yes no
Installment Sale Payments Received: Interest \$ _____ Principal \$ _____
Buyer's name: _____ SS # _____ Address: _____
Other Benefits/Income Received (Enclose all 1099, SSA-1099, K- 1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Other
Taxpayer					
Spouse					

Capital Assets Sold and Broker Statements where Applicable.

Description of Property	Date Acquired		Date Sold		Sale Price		Depreciation Taken (if applicable)		Cost or Basis	

*To qualify for long term capital gain rates, assets sold must have been held 12 months or more.

Rental Income (Attach 1099 Forms)

Property Description													
Gross Income													
Expenses													
Advertising													
Auto & Travel													
Cleaning & Maintenance													
Commissions													
Insurance													
Professional Fees													
Mortgage Interest													
Other Interest													
Repairs													
Supplies													
Taxes													
Utilities													
Wages/Schedule													
% Occupancy by Taxpayer													

Depreciable Asset Additions

For Schedule C, E, F, 2106	Description	Date Purchased	Cost		Trade-In (if any)	

Improvements to Personal Residence

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	

NOTE: If you refinanced your home this year, please bring a copy of your closing statement.

Business Income (Attach 1099-MISC Forms)

Business Name _____
Federal ID No. _____
Principal Business Activity _____
Principal Product _____
Method Used to Value Inventory _____
Accounting Method: Cash Accrual

Gross Income **Amount**

Gross Income.....
Less Returns/ Allowances.....

Cost of Sales

Beginning Inventory.....
Purchases.....
Cost of Labor.....
Materials and Supplies.....
Freight In.....
Other.....
Ending Inventory.....

Deductions

Advertising.....
Auto-Truck Expense.....
Bad Debts.....
Collection Expense.....
Commissions.....
Professional Dues & Subscriptions.....
Employee Benefit Program.....
Freight & Expense.....
Utilities.....
Insurance.....
Interest-Mortgage.....
Interest-Other.....
Janitorial & Cleaning.....
Laundry.....
Legal & Accounting Fees.....
Office Expense.....
Postage.....
Rent.....
Repairs.....
Salaries.....
Supplies.....
Telephone.....
Travel.....
Total Meals & Entertainment.....

Farm Income (Attach 1099 Forms)

Farm Name _____
Principal Activity _____
Accounting Method: Cash Accrual

Income

Sales of Items Brought for Resale.....
Cost of Items Brought for Resale.....

**Sales of Livestock & Produce Raised
Except for Breeding Stock**

Feeders & Calves.....
Pigs & Sheep.....
Poultry & Eggs.....
Dairy Products.....
Corn, Peas, ect.....
Wheat, Oats, Hay & Straw.....
Fruit.....
Patronage Dividends.....
Agricultural Program Payments.....
Commodity Credit Loans Neglected.....
CCC Loans: Forfeited.....
 Repaid with Certificates.....
Crop Insurance Proceeds.....
Federal Gasoline Tax Credit.....
Other.....

Deductions

Breeding Fees.....
Chemicals.....
Conservation Expenses.....
Custom Hire (Machine Work).....
Employee Benefits Programs.....
Feed Purchased.....
Fertilizers & Lime.....
Freight & Trucking.....
Gasoline, Fuel Oil.....
Insurance.....
Interest-Mortgage.....
Interest-Other.....
Labor Hired.....
Pension & Profit Sharing Plans.....
Rent of Farm, Pasture.....
Repairs, Maintenance.....
Seeds, Plants Purchased.....
Storage, Warehousing.....
Supplies Purchased.....
Taxes.....
Utilities.....
Veterinary Fees, Medicine.....

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2004? Provide all copies of K-1.

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.
Nature of Business Activity Performed in Home: _____
Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only: Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Retirement Contributions for 2004? Do you want to make any nondeductible IRA contributions? Yes No

	Self	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personalized Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles; Taxi, Bus, ect.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....

Home Equity Interest.....

Deductible Home Mortgage Interest Paid to Individuals:*

Name Address:*

Social Security No.:*

*Failure to provide is subject to a \$50 penalty.

Deductible Points (Include Amortization Points from Prior Years).....

Investment Interest (list).....

Household Employee Information

Household Employer EIN: _____

Did you pay any one household employee \$1,400 or more in 2004? _ Yes _ No

Did you withhold Federal income tax during 2004 at the request of any household employee? _ Yes _ No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2004 to household employees? _ Yes _ No

Was the employee under age 18? _ Yes _ No Student? _ Yes _ No

Do you have a Form I-9 on file for your household employee? _ Yes _ No

Household Employee Name: _____ Social Security Number: _____

Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your new workplace

Enter No. of miles from your old home to your old workplace

Date to Move _____ Arrival at New Location _____

Amount	Amount
Cost to Ship and Pack Household Goods.....	Reimbursements (on W-2) _ Yes _ No
Cost to Travel to New Home.....	Other: _____
Cost of Lodging During Moving.....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	

Charitable Contributions

Cash Contributions*.....	

Other Than Cash Contributions.....	

_____ Miles for Charity	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings).....	
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Employee Business Expense

Travel Expense	Amount
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

Road Tolls.....	
Taxi, Subway.....	
Telephone, Telegraph.....	
Tips.....	
Other.....	
.....	
.....	
.....	

Automobile Expense	Car 1	Car 2
Total Miles Driven		
Personal Mileage		
Business Mileage Driven		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for Personal use?	Y/N	Y/N
Is an employer-provided vehicle Available for personal use?	Y/N	Y/N

	Car 1	Car 2
Actual Automobile Expense		
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Child Care Deductions (Number of Dependents Qualifying: _____)

Providers Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No Amount: \$ _____

Sale of Personal Residence (Attach copy of closing settlement statement)

Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, ect.)	
Fixing Up Expenses (painting, repairs, etc.,) to Prepare for Sale	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate you tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. yes no _____

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.

Please Sign

Date