

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**DON FITCH CPA**  
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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 2005 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) ..... 1=married filing separate and lived with spouse. .... Year spouse died, if qualifying widow(er) (2003 or 2004).....		<p><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>
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..... ZIP code.....		
Foreign Address	Region..... Postal code..... Country.....		



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Client Information (continued)

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Please add, change or delete information for 2005.

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

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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2005.**

**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 .....		
	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 .....		
	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 at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2005, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>PERSONAL INFORMATION</b>
<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 2005?
<b>DEPENDENTS</b>		
<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 14 on January 1, 2006 with interest and dividend income in excess of \$800, or total investment income in excess of \$1,600?
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS sent you Form 8836, Qualifying Children Residency Statement?
<b>INCOME</b>		
<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?
<b>PURCHASES, SALES AND DEBT</b>		
<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 2005?
<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?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2005, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<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"/>	<b>EDUCATION</b>
<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"/>	<b>ITEMIZED DEDUCTIONS</b>
<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"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2004 taxes to your 2005 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2005 taxes, do you want the excess applied to your 2006 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2006 taxable income and withholdings to be different from 2005?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<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?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2005, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <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 \$11,000, or any gifts to a trust?  |

**HURRICANE KATRINA EMERGENCY TAX RELIEF ACT OF 2005**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were you located in the Hurricane Katrina disaster area?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a qualified Hurricane Katrina distribution from an eligible retirement plan?   |
| <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 nonbusiness debt that was discharged due to the Hurricane Katrina disaster?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any nonbusiness casualty or theft losses attributable to Hurricane Katrina?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your Schedule C business donate food inventories to Hurricane Katrina charities?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments due to Hurricane Katrina? These payments may or may not be taxable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle to provide donated services to a charity for Hurricane Katrina related relief?  |

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2005 information.

**DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....	18		
1=electronic payment of balance due .....	34		
1=electronic payment of estimated tax .....	36		
Name of bank .....	19		
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) .....	20		
Depositor account number (up to 17 characters) .....	21		
Type of account: 1=savings, 2=checking .....	22		

**2005 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004 .....	1			
1st quarter payment (due 4/15/05) .....	2	3		13
2nd quarter payment (due 6/15/05) .....	4	5		14
3rd quarter payment (due 9/15/05) .....	6	7		15
4th quarter payment (due 1/17/06) .....	8	9		16

Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		

Paid with extension (not later than 4/17/06) ..	10	11		
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**State**

	Amount Paid	Date Paid	TS	2005 Voucher Amount
Overpayment applied from 2004 .....	101			
1st quarter payment (due 4/15/05) .....	102	103		113
2nd quarter payment (due 6/15/05) .....	104	105		114
3rd quarter payment (due 9/15/05) .....	106	107		115
4th quarter payment (due 1/17/06) .....	108	139		116

Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		

Paid with extension (not later than 4/17/06) ..	110	111		
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	<b>Hash Total</b>	<b>3, 6</b>
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2005	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2005 information.

**APPLICATION OF 2005 OVERPAYMENT (7.1)**

If you have an overpayment of 2005 taxes, do you want the excess refunded?  or applied to 2006 estimate?

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

**2006 ESTIMATED TAX INFORMATION**

Do you expect your 2006 taxable income to be different from 2005? ..... Yes  No

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

Do you expect your 2006 withholding to be different from 2005? ..... Yes  No

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

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	Hash Total		7.1
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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Wages &amp; Pensions</b>	<b>10, 13</b>
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Please enter all pertinent 2005 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					2004 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

**PENSIONS, IRA DISTRIBUTIONS, W-2G (13)**

No.	Name of Payer	1=Trad.IRA/SEP/SIMPLE 2=Roth IRA 3=charity gift, 4=W-2G			1=rollover (Box 7)	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/05	2004 Distribution
		1=spouse						Federal (Box 4)	State (Box 10)		
	800	1	2	13	3	4	6	9	34		

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2005 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2004 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
	800 (801, 813, 802, 803)	1	2	3	4	19	5	18	

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**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2004 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
	800	1	2	30	3	502	18	503	16	

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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**Please enter all pertinent 2005 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....	2	52		
Medicare premiums paid (SSA-1099).....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5)....	3	53		
1=lump-sum election for SS benefits.....	12	62		
Alimony received.....	5	55		
Taxable scholarships and fellowships.....	8	58		
Household employee income not on W-2.....	9	59		
Excess minister's allowance.....	24	74		
Alaska permanent fund dividends.....	21	71		
Income from rental of personal property.....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld.....	14	64		
State income tax withheld.....	15	65		
Local income tax withheld.....	16	66		

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2005 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2005 1099-G Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2005 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2004 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld.....	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2005 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2004 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld.....	11		

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14.2

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2005 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)**

2005 Amount

2004 Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2005 contributions to this ESA.....	142	
Value of this account at 12/31/05 (plus outstanding rollovers)....	144		
Basis in this ESA as of 12/31/04.....	165		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2005 contributions to this ESA.....	142	
Value of this account at 12/31/05 (plus outstanding rollovers)....	144		
Basis in this ESA as of 12/31/04.....	165		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2005 contributions to this ESA.....	142	
Value of this account at 12/31/05 (plus outstanding rollovers)....	144		
Basis in this ESA as of 12/31/04.....	165		

14.3

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Business Income (Schedule C)

No.

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Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession .....	800	
Principal business code .....	801	
Business name, if different from Form 1040 .....	802	
Business address, if different from Form 1040 .....	803	
City, state, ZIP code, if different from Form 1040 .....	804	
Employer identification number .....	805	
Other accounting method .....	806	

Accounting method: 1=cash, 2=accrual .....	7	
Inventory method: 1=cost, 2=lower c/m, 3=other .....	6	
1=change of inventory method .....	8	
1=spouse, 2=joint .....	10	
1=first Schedule C filed for this business .....	44	
1=W-2 earnings as statutory employee .....	13	
1=not subject to self-employment tax .....	39	
1=did not "materially participate" .....	22	
1=investment .....	37	

INCOME

	2005 Amount	2004 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....	51	
Returns and allowances .....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year .....	14	
Purchases .....	15	
Cost of items for personal use .....	16	
Cost of labor .....	17	
Materials and supplies .....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year .....	20	

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2005 Amount	2004 Amount
Accounting .....	201	
Advertising .....	56	
Answering service .....	202	
Bad debts from sales or service .....	57	
Bank charges .....	203	
Car and truck expenses (not entered elsewhere) .....	59	
Commissions .....	60	
Contract labor .....	87	
Delivery and freight .....	204	
Dues and subscriptions .....	205	
Employee benefit programs .....	64	
Insurance (other than health) .....	66	
Mortgage interest (paid to banks, etc.) .....	12	
Other interest (not entered elsewhere) .....	67	
Janitorial .....	206	
Laundry and cleaning .....	207	
Legal and professional .....	69	
Miscellaneous .....	208	
Office expense .....	70	
Outside services .....	209	
Parking and tolls .....	210	
Pension and profit sharing plans - contributions .....	71	
Pension and profit sharing plans - admin. and education costs .....	53	
Postage .....	211	
Printing .....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....	58	
Rent - other .....	72	
Repairs .....	73	
Security .....	213	
Supplies .....	74	
Taxes - real estate .....	45	
Taxes - payroll .....	41	
Taxes - sales tax included in gross receipts .....	43	
Taxes - other (not entered elsewhere) .....	75	
Telephone .....	214	
Tools .....	215	
Travel .....	76	
Total meals and entertainment in full (50%) .....	81	
Department of Transportation meals in full (70%) .....	86	
Uniforms .....	216	
Utilities .....	77	
Wages .....	78	

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Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

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

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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
-------------	-------------	-----------	--	-----------

If you sold any stocks, bonds, or other investment property in 2005, please list the pertinent information for each sale below. Be sure to attach all 1099-B forms and brokerage statements.

No.	Description of Property (Box 5)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
	800	25	26	27	29	28	168

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US

Installment Sales (Form 6252)

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Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2005 Amount		2004 Amount	
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Sale of Home &amp; Moving Expenses</b>	<b>17, 27</b>
-------------	-------------	-----------	---	---------------

**If you sold your home or moved in 2005, 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) .....	800	
Date acquired (m/d/y) .....	25	
Date sold (m/d/y) (Box 1) .....	26	
Sales price (Box 2) .....	27	
1=sale of home .....	46	
1=owned and used property as main home for at least 2 of 5 years before sale .....	145	
1=business use in year of sale .....	167	

**Adjusted Basis**

Original cost .....		
Improvements:		
_____		
_____		
_____		
Adjusted basis .....	29	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____		
_____		
_____		
Total expenses of sale .....	28	

**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) ..	152	
1=sale due to change in health, employment or unforeseen circumstances .....	161	
Days used as main home - taxpayer .....	148	
Days used as main home - spouse .....	149	
Days property owned - taxpayer .....	150	
Days property owned - spouse .....	151	

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

1=spouse, 2=joint .....	1	
1=armed forces move due to permanent change of station .....	14	
Miles from old home to new work place .....	2	
Miles from old home to old work place .....	3	
Expenses for transportation and storage of household goods and personal effects .....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile) .....	5	
Parking fees and tolls .....	15	
Gas and oil .....	16	
Miles driven to new home (1/1/05 - 8/31/05) .....	17	
Miles driven to new home (9/1/05 - 12/31/05) .....	20	

(\* owned and used property as main home for at least 2 of 5 years before sale)

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	<b>18</b>
-------------	-------------	-----------	---	--	-----------

**Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

Kind of property .....	800	
Location of property .....	801	

Percentage of ownership if not 100% (.xxxx) .....	500	
Percentage of tenant occupancy if not 100% (.xxxx) .....	503	
1=spouse, 2=joint .....	33	
1=nonpassive activity, 2=passive royalty .....	39	
1=did not actively participate .....	38	
1=real estate professional .....	32	
1=rental other than real estate .....	71	
1=investment .....	48	

**INCOME**

	2005 Amount	2004 Amount
Rents received (Form 1099-MISC, box 1) .....	2	
Royalties received (Form 1099-MISC, box 2) .....	3	

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....	4	
Association dues .....	16	
Auto and travel (not entered elsewhere) .....	5	
Cleaning and maintenance .....	6	
Commissions .....	7	
Gardening .....	18	
Insurance .....	8	
Legal and professional fees .....	10	
Licenses and permits .....	23	
Management fees .....	19	
Miscellaneous .....	24	
Mortgage interest (paid to banks, etc.) .....	9	
Other interest (not entered elsewhere) .....	29	
Painting and decorating .....	20	
Pest control .....	21	
Plumbing and electrical .....	17	
Repairs .....	11	
Supplies .....	12	
Taxes - real estate .....	13	
Taxes - other (not entered elsewhere) .....	25	
Telephone .....	22	
Utilities .....	14	
Wages and salaries .....	15	

Other:

	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	

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

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2005 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**

	2005 Amount	2004 Amount
Production type (preparer use only) .....	42	
Cost depletion .....	43	
Percentage depletion rate or amount .....	502	
State cost depletion, if different (-1 if none) .....	76	
State % depletion rate or amount, if different (-1 if none) .....	506	

**VACATION HOME**

Number of days rented at fair market value .....	34	
Number of days personal use .....	35	
Number of days owned (if optional method elected) .....	53	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....	204	
Association dues .....	216	
Auto and travel (not entered elsewhere) .....	205	
Cleaning and maintenance .....	206	
Commissions .....	207	
Gardening .....	218	
Insurance .....	208	
Legal and professional fees .....	210	
Licenses and permits .....	223	
Management fees .....	219	
Miscellaneous .....	224	
Mortgage interest (paid to banks, etc.) .....	209	
Other interest (not entered elsewhere) .....	229	
Painting and decorating .....	220	
Pest control .....	221	
Plumbing and electrical .....	217	
Repairs .....	211	
Supplies .....	212	
Taxes - real estate .....	213	
Taxes - other (not entered elsewhere) .....	225	
Telephone .....	222	
Utilities .....	214	
Wages and salaries .....	215	

Other:

_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
-------------	-------------	-----------	--	------------------

Please add, change or delete 2005 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
	800	801	802	161

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

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

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
-------------	-------------	-----------	--	------------------

Please add, change or delete 2005 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
	800	801	802

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number
	800	801

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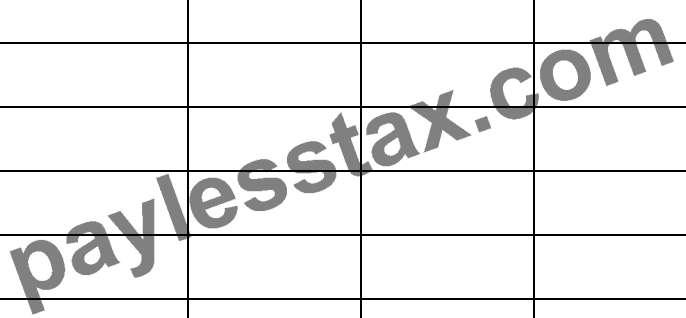
US

**Asset Disposition List**

**22**

If you disposed of any business assets in 2005, please enter date sold, sales price, and expenses of sale.  
For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
	800	2	16	61	3	62



**22**



**If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2005, please enter all pertinent information below.**

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
			18	19	1				
	800								

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**Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

	2005 Amount	2004 Amount
Description of vehicle .....	800	
1=no evidence to support your deduction. ....	30	
1=no written evidence to support your deduction. ....	31	
1=vehicle is available for off-duty personal use .....	39	
1=no other vehicle is available for personal use. ....	40	
1=vehicle used primarily by more than 5% owner .....	41	
Number of months your job required a vehicle (if not 12 months) .....	333	

**AUTOMOBILE MILEAGE**

Total mileage .....	36	
Business mileage (1/1/05 - 8/31/05) .....	37	
Business mileage (9/1/05 - 12/31/05) .....	373	
Commuting mileage .....	38	
Average daily round-trip commute .....	334	

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....	335	
Gasoline, lube, oil .....	338	
Repairs .....	339	
Tires .....	340	
Insurance .....	341	
Miscellaneous .....	342	
Auto license (other than personal property taxes) .....	343	
Personal property taxes (based on car's value) .....	344	
Interest (car loan) (for Schedule C, E & F) .....	345	
Vehicle rent or lease payments .....	350	
Inclusion amount (enter as positive) .....	351	
Value of employer-provided vehicle on Form W-2 (2106) .....	346	

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Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$4,000/\$4,500 if 50 or older) . . . . .	1	51		
Contributions made to date . . . . .	3	53		
1=covered by plan, 2=not covered . . . . .	5	55		
2005 payments from 1/1/06 to 4/17/06 . . . . .	8	58		

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$4,000/\$4,500 if 50 or older) . . . . .	27	77		
Contributions made to date . . . . .	30	80		

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

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	11	61		
Defined benefit contributions you expect to make . . . . .	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	12	62		
Plan contribution rate if not .25 (.xxxx) . . . . .	501	551		
Individual 401k: SE elective deferrals (1=max.) . . . . .	44	94		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum) . . . . .	22	72		
Employer matching rate if not .03 (.xxxx) . . . . .	502	552		
1=nonelective contributions (2%) . . . . .	24	74		
Contributions made to date . . . . .	14	64		

**ADJUSTMENTS TO INCOME**

Self-employed health insurance:

Total premiums (excluding long-term care) . . . . .	16	66		
Long-term care premiums . . . . .	26	76		
Student loan interest paid (1098-E, box 1) . . . . .	23	73		
Educator expenses (kindergarten thru grade 12) . . . . .	28	78		
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) . . . . .	42	92		
Deduction for clean fuel vehicles . . . . .	43	93		
Expenses from rental of personal property . . . . .	37	87		

Other adjustments to income:

	19	69		
	19	69		
	19	69		

Alimony paid:

	Taxpayer	Spouse
Recipient's first name . . . . .	39.____	89.____
Recipient's last name . . . . .	40.____	90.____
Recipient's SSN . . . . .	41.____	91.____
Amount paid . . . . .	18.____	68.____
	<b>2004 amt:</b>	<b>2004 amt:</b>

**Please enter all pertinent 2005 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.

	2005 Amount	TS	2004 Amount
Prescription medicines and drugs .....	4		
Doctors, dentists and nurses .....	5		
Hospitals and nursing homes .....	6		
Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars) .....	7		
Long-term care premiums .....	17		
Insurance reimbursement (enter as a positive number) .....	8		
Lodging and transportation:			
Out-of-pocket expenses .....	9		
Medical miles driven (1/1/05 - 8/31/05) .....	52		
Medical miles driven (9/1/05 - 12/31/05) .....	58		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

**TAXES PAID** (State and local withholding and 2005 estimates are automatic.)

State income taxes - 1/05 payment on 2004 state estimate .....	11		
State income taxes - paid with 2004 state extension .....	12		
State income taxes - paid with 2004 state return .....	13		
State income taxes - paid for prior years and/or to other state .....	14		
City/local income taxes - 1/05 payment on 2004 city/local estimate .....	211		
City/local income taxes - paid with 2004 city/local extension .....	212		
City/local income taxes - paid with 2004 city/local return .....	213		

**SALES AND USE TAXES PAID**

State and local sales taxes .....	91		
Use taxes paid on 2005 purchases .....	92		
Use taxes paid with 2004 state return .....	96		
Taxes paid on vehicles, boats, and aircraft .....	93		

**OTHER TAXES PAID**

Real estate taxes - principal residence .....	15		
Real estate taxes - property held for investment .....	16		
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes .....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

2005

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US

Itemized Deductions (continued)

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Please enter all pertinent 2005 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:

	2005 Amount	TS	2004 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	85.____		
Payee's SSN or FEIN. . . . .	86.____		
Payee's street address . . . . .	87.____		
Payee's city, state, ZIP . . . . .	88.____		
Amount paid . . . . .	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest . . . . .

_____	27		
-------	----	--	--

Certain home mortgage interest included above (6251) . . . . .

_____	30		
-------	----	--	--

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% or 100% limitation):

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Contributions above made from 8/28/05 - 12/31/05 . . . . .

_____	38		
-------	----	--	--

Volunteer expenses (out-of-pocket) . . . . .

_____	31		
-------	----	--	--

Number of charitable miles . . . . .

_____	53		
-------	----	--	--

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket) . . . . .

_____	40		
-------	----	--	--

Number of charitable miles . . . . .

_____	54		
-------	----	--	--

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2005

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

2005 Amount

TS

2004 Amount

Four horizontal lines for entering 50% limitation amounts.

Table with 4 rows and 3 columns (2005 Amount, TS, 2004 Amount) for 50% limitation.

30% limitation (see above):

Four horizontal lines for entering 30% limitation amounts.

Table with 4 rows and 3 columns (2005 Amount, TS, 2004 Amount) for 30% limitation.

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

Four horizontal lines for entering 30% capital gain property amounts.

Table with 4 rows and 3 columns (2005 Amount, TS, 2004 Amount) for 30% capital gain property.

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

Four horizontal lines for entering 20% capital gain property amounts.

Table with 4 rows and 3 columns (2005 Amount, TS, 2004 Amount) for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 1 row and 3 columns (2005 Amount, TS, 2004 Amount) for union dues.

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

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 5 rows and 3 columns (2005 Amount, TS, 2004 Amount) for other unreimbursed employee expenses.

Investment expense:

Five horizontal lines for entering investment expenses.

Table with 5 rows and 3 columns (2005 Amount, TS, 2004 Amount) for investment expenses.

Tax return preparation fee.....

Table with 1 row and 3 columns (2005 Amount, TS, 2004 Amount) for tax return preparation fee.

Safe deposit box rental.....

Table with 1 row and 3 columns (2005 Amount, TS, 2004 Amount) for safe deposit box rental.

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

Five horizontal lines for entering miscellaneous deductions.

Table with 5 rows and 3 columns (2005 Amount, TS, 2004 Amount) for miscellaneous deductions.

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2005

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US

Itemized Deductions (continued)

25 p4

Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

**OTHER MISCELLANEOUS DEDUCTIONS**

	2005 Amount	TS	2004 Amount
Gambling losses to extent of winnings .....	48		
Estate tax, section 691(c) .....	49		
Other miscellaneous deductions:			
_____	50		
_____	50		
_____	50		
_____	50		
_____	50		
_____	50		

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If your total noncash contributions are in excess of \$500 in 2005, please complete the information below for each donee. If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

**DONATED PROPERTY INFORMATION**

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

**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.



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Business Use of Home (Form 8829)

No.

29

Please enter 2005 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

Table with 3 columns: Description, 2005 Amount, 2004 Amount. Rows include Form, Number of form, Business use area, Total area of home, Total hours facility used, Total hours available, % of gross income, % of expenses.

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.

Table with 3 columns: Description, 2005 Amount, 2004 Amount. Rows include Mortgage interest, Real estate taxes, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, and 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.

Table with 3 columns: Description, 2005 Amount, 2004 Amount. Rows include Mortgage interest, Real estate taxes, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, Excess casualty losses, Allowable casualty losses, and Other direct expenses.

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Employee/Vehicle Bus. Exp. (Form 2106)</b>	No. <input style="width:40px;" type="text"/>	<b>30</b>
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Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....	800	
Form.....	13	
Number of form (1=first Schedule C, 2=second, etc.).....	14	
1=spouse.....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	

**EMPLOYEE BUSINESS EXPENSES**

	2005 Amount	2004 Amount
Meal and entertainment expenses.....	44	
Reimbursements for meals and entertainment not on W-2, box 1.....	45	
1=Department of Transportation (70% meal allowance).....	50	
Local transportation (bus, taxi, train, etc.).....	7	
Travel expenses while away from home overnight.....	9	
Reimbursements not included on Form W-2, box 1.....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

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	<b>30</b>
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**Please enter all pertinent 2005 amounts. Last year's amounts are provided for your reference.**

**VEHICLE INFORMATION**

	2005 Amount	2004 Amount
1=vehicle used primarily by more than 5% owner .....	11	
1=vehicle is available for off-duty personal use .....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

**VEHICLE 1**

Description of vehicle .....	801	
Date placed in service (m/d/y) .....	15	
Total mileage .....	16	
Business mileage (1/1/05 - 8/31/05) .....	17	
Business mileage (9/1/05 - 12/31/05) .....	113	
Commuting mileage.....	19	
Average daily round-trip commute.....	18	
Number of months of vehicle business use (if not 12).....	80	
Parking fees and tolls (business portion only).....	70	
Actual expenses:		
Gasoline, lube, oil .....	51	
Repairs.....	52	
Tires .....	53	
Insurance.....	54	
Miscellaneous .....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

**VEHICLE 2**

Description of vehicle .....	802	
Date placed in service (m/d/y) .....	29	
Total mileage .....	30	
Business mileage (1/1/05 - 8/31/05) .....	31	
Business mileage (9/1/05 - 12/31/05) .....	114	
Commuting mileage.....	33	
Average daily round-trip commute.....	32	
Number of months of vehicle business use (if not 12).....	112	
Parking fees and tolls (business portion only).....	71	
Actual expenses:		
Gasoline, lube, oil .....	61	
Repairs.....	62	
Tires .....	63	
Insurance.....	64	
Miscellaneous .....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <input style="width:30px;" type="text"/>	<b>31.1</b>
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Please enter all pertinent 2005 information.

**GENERAL INFORMATION**

1=spouse.....	1	
Foreign address of taxpayer, if different from Form 1040.....	800	
Employer's name.....	801	
Employer's U.S. address.....	802	
Employer's foreign address.....	803	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	11	
Employer type, if other.....	804	

Type of exclusion revoked if revoked in earlier year (if applicable):		Tax year revocation was effective
806.____		12.____
806.____		12.____
806.____		12.____

Country of citizenship.....	807	
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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)
808.____		13.____
808.____		13.____
808.____		13.____

Tax homes(s) during tax year:		Dates tax home(s) were established (m/d/y)
809.____		14.____
809.____		14.____
809.____		14.____

**TRAVEL INFORMATION**

Travel Type (table)	810.____	Name of country (if not United States)	19.____	Date arrived	20.____	Date left	21.____	Days in U.S. on business
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	
18.____	810.____		19.____		20.____		21.____	

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (2555)</b>	No. <input style="width:30px;" type="text"/>	<b>31.1</b> p2
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Please enter all pertinent 2005 information.

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....	24		
Ending date for bona fide residence (m/d/y) .....	25		
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	26		

Names of family living abroad with taxpayer (if applicable):		Period family lived abroad	
811.____		813.____	
811.____		813.____	
811.____		813.____	

1=submitted statement to country of bona fide residence. ....	27		
1=required to pay income tax to country of bona fide residence. ....	28		
Contractual terms relating to length of employment abroad. ....	814		
Type of visa you entered foreign country under .....	815		
Explanation why visa limited stay or employment in country (if applicable) .....	816		

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
817.____	29.____	818.____	819.____
817.____	29.____	818.____	819.____
817.____	29.____	818.____	819.____

Principal country of employment .....	820	
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**FOREIGN HOUSING EXPENSES**

	<b>2005 Amount</b>	<b>2004 Amount</b>
Qualified housing expenses. ....	41	

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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <input style="width:30px;" type="text"/>	<b>31.2</b>
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**Please enter all pertinent 2005 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**

	2005 Amount	2004 Amount
Name or number .....	157	
1=spouse .....	178	
1=retirement plan (Box 13) .....	2	
Name of employer (Box c) .....	818	
Wages, tips, other compensation (Box 1) .....	179	
Federal income tax withheld (Box 2) .....	180	
Social security tax withheld (Box 4) .....	182	
Medicare tax withheld (Box 6) .....	184	
State income tax withheld (Box 17) .....	185	
Local income tax withheld (Box 19) .....	186	

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....	135	
Meals .....	136	
Car .....	137	
Other properties or facilities:		
38.____	138.____	
38.____	138.____	
38.____	138.____	
38.____	138.____	

**Allowances and Reimbursements**

Cost of living and overseas differential .....	139	
Family .....	140	
Education .....	141	
Home leave .....	142	
Quarters .....	143	
Other purposes:		
44.____	144.____	
44.____	144.____	
44.____	144.____	
44.____	144.____	

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....	145	
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**Other Foreign Earned Income**

32.____	132.____	
32.____	132.____	
32.____	132.____	
32.____	132.____	

**2005 Days Worked Allocation Information**

Total number of days worked (if not 240) .....	131	
Total days worked before and after foreign assignment .....	155	
Foreign days worked before and after foreign assignment .....	156	

<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2005 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.

<b>DEPENDENT CARE EXPENSES (33.1)</b>	2005 Amount		2004 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2005 . . .	3	53		
Employer-provided benefits forfeited in 2005 . . . . .	6	56		

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2005 . . . . .	20	<b>2004 amt:</b>
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2005 . . . . .	20	<b>2004 amt:</b>
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2005 . . . . .	20	<b>2004 amt:</b>
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2005 . . . . .	14	<b>2004 amt:</b>
	1=spouse, 2=joint . . . . .	15	

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2005 . . . . .	14	<b>2004 amt:</b>
	1=spouse, 2=joint . . . . .	15	

2005

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US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2005 Amount

2004 Amount

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1988 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2005.....	22		
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005.....	23	
		1997-2001 for adoption of foreign child finalized in 2005.....	26	
		2004 and 2005 for adoption finalized in 2005.....	20	
		2005 for adoption finalized before 2005.....	24	
	1=spouse, 2=joint.....	21		

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1988 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2005.....	22		
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005.....	23	
		1997-2001 for adoption of foreign child finalized in 2005.....	26	
		2004 and 2005 for adoption finalized in 2005.....	20	
		2005 for adoption finalized before 2005.....	24	
	1=spouse, 2=joint.....	21		

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1988 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2005.....	22		
	Qualified Adoption Expenses Paid in	2004 for adoption not finalized by end of 2005.....	23	
		1997-2001 for adoption of foreign child finalized in 2005.....	26	
		2004 and 2005 for adoption finalized in 2005.....	20	
		2005 for adoption finalized before 2005.....	24	
	1=spouse, 2=joint.....	21		

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2005

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US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2005 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**

		2005 Amount		2004 Amount	
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
		1=hope credit, 2=lifetime learning credit .....	15		
		Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere) .....	16		
		Amount of prior year refund or assistance* .....	20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
		1=hope credit, 2=lifetime learning credit .....	15		
		Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere) .....	16		
		Amount of prior year refund or assistance* .....	20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
		1=hope credit, 2=lifetime learning credit .....	15		
		Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere) .....	16		
		Amount of prior year refund or assistance* .....	20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
		1=hope credit, 2=lifetime learning credit .....	15		
		Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere) .....	16		
		Amount of prior year refund or assistance* .....	20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
		1=hope credit, 2=lifetime learning credit .....	15		
		Qualified tuition and fees paid in 2005 (net of refund or assistance and not entered elsewhere) .....	16		
		Amount of prior year refund or assistance* .....	20		

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2005

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US

Household Employment Taxes (Schedule H)

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Please enter all pertinent 2005 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,400 or more in 2005; withheld federal income tax during 2005 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees, please complete the following:

Employer identification number .....	1	
1=spouse, 2=joint .....	2	

Social security, Medicare and income taxes:	2005 Amount	2004 Amount
1=paid any one employee cash wages of \$1,400 or more .....	4	
1=withheld federal income tax for household employee .....	5	
Total cash wages subject to social security taxes .....	6	
Total cash wages subject to Medicare taxes .....	7	
Federal income tax withheld .....	8	
Advance earned income credit payments .....	9	
Taxes withheld from state disability payments .....	33	

Federal unemployment tax:	2005 Amount	2004 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 .....	10	
Total cash wages subject to FUTA tax .....	11	
1=paid unemployment contributions to only one state .....	12	
1=paid all state unemployment contributions by 4/17/06 .....	13	
1=all wages taxable for FUTA were also taxable for state unemployment .....	14	
Name of state .....	15	
State reporting number .....	16	
Contributions paid to state unemployment fund .....	17	

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<b>2005</b>	<b>1040</b>	<b>US</b>	<b>Parent's Election to Report Child's Inc.</b>	No. <input style="width:30px;" type="text"/>	<b>44</b>
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**Please enter all pertinent 2005 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	800	
Last name .....	803	
Social security number .....	801	
Date of birth (m/d/y) .....	26	
1=nontaxable to federal .....	19	
1=nontaxable to state .....	18	

**INTEREST INCOME (Form 1099-INT)**

	2005 Amount	2004 Amount
Banks, credit unions, etc. (Box 1): _____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds .....	16	
In-state municipal bonds .....	4	
Adjustments:		
Nominee distribution .....	5	
Accrued interest .....	6	
Tax-exempt interest (1099-INT in error) .....	22	
OID adjustment .....	7	
ABP adjustment .....	8	
Foreign:		
1=interest in or authority over foreign account .....	9	
Name of foreign country .....	802	
1=grantor/transferee or received distribution from foreign trust .....	10	
Post 8/7/86 private activity bond interest (included above) (6251) .....	20	

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a): _____	11	
_____	11	
Qualified dividends (Box 1b) .....	29	
Total capital gain distributions (Box 2a): _____	13	
_____	13	
Unrecaptured section 1250 gain (Box 2b) .....	24	
Section 1202 gain (Box 2c) .....	2	
Collectibles (28%) gain (Box 2d) .....	23	
Nontaxable distributions (Box 3) .....	12	
Tax-exempt interest:		
Total municipal bonds .....	15	
In-state municipal bonds .....	21	
Nominee distributions:		
Ordinary dividends .....	14	
Qualified dividends .....	31	
Capital gain distributions .....	25	
Alaska permanent fund dividends included above	27	

