

TAX ORGANIZER

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HOUGH & CO., P.A., C.P.A.s
P.O. BOX 1806
VENICE, FL 34284-1806

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. I (We) understand and agree to the terms of the Engagement Letter attached hereto.

Taxpayer Signature

Date

Spouse Signature

Date

Home Email Address:

Business Email Address:

Home Phone:

Fax Number:

Taxpayer's Business Phone:

Spouse's Business Phone:



RE: Engagement Letter for Preparation of Individual Income Tax Return:

Dear Client:

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, we are setting forth pertinent information about the services we will perform for you.

We will prepare your ____ (**please complete**) federal and state (if necessary) individual income tax returns from information you furnish us and we may process them with an outside computer service. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. We will furnish you with questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum.

We must receive all information to prepare your return by March 25th to ensure that your return will be completed by April 15th. If we have not received all of your information by March 25th and your return is not completed by April 15th, you may be subject to late filing or late payment penalties.

The Florida Department of Revenue's Intangible Personal Property Tax has been discontinued, therefore you do not have to provide us with that information.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

For tax years beginning in 2000, the IRS has provided that an individual taxpayer and his or her spouse, if applicable, may authorize the IRS to discuss the taxpayer's tax return with the CPA who signed the taxpayer's return as the return preparer. The authorization is granted by checking the "yes" box in the signature area of the tax return. By checking the "yes" box, you are granting the IRS permission to contact our firm with questions that may arise during the processing of your return. You would also be granting our firm the permission to (1) provide the IRS with any information that may be missing from your return, (2) call the IRS to inquire on the processing of your return or on the status of your refund, and (3) respond to any IRS notices that you have provided to our firm relating to mathematical errors, offsets, and return preparation. Please note that our firm will not receive separate copies of IRS notices; therefore, you must provide our firm with copies of any notices you receive from the IRS. Once elected, the authorization cannot be revoked. The authorization is valid for one year after the due date for filing the tax return. I hereby *grant/do not grant* (**circle one**) limited authorization for your firm to contact the IRS on our/my behalf as discussed in the above letter. If you fail to indicate a response, it is our firm's policy to mark the box that does grant authorization.

RE: Engagement Letter for Preparation of Individual Income Tax Return:

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We are responsible for preparing only the returns listed above. Our fee does not include responding to inquiries or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

It is our firm's policy to retain copies of your tax returns for seven years, after which they will be destroyed.

Please see our Privacy Policy which is posted on our website; www.houghcpa.com, this policy may change from time to time.

We will ask both of you to approve a draft copy of your return before electronic transmission to the Internal Revenue Service.

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. We reserve the right to stop work on any account that is 30 days past due, in accordance with our firm's stated collection policy. A service charge of 1 1/2% per month is applied to all past due accounts. Further details on our fee policy is available upon request.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. **IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.**

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

If the foregoing fairly sets forth your understanding, please sign and date in the space indicated on the front page of this Tax Organizer.

LIFE EVENTS CHECK LIST

Change is a constant part of every life. In order to determine how Hough & Company may best serve you, please complete the form below and return it to us.

Common Life Events:

Check events that occurred in your life during the past year:

- | | | |
|---|--|---|
| <input type="checkbox"/> New child or grandchild | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> New job or promotion | <input type="checkbox"/> Change in estate plan | <input type="checkbox"/> New investments or insurance |
| <input type="checkbox"/> Receipt of an inheritance | <input type="checkbox"/> Sale or purchase of home | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Major investment gain/loss | <input type="checkbox"/> Start/purchase a business | <input type="checkbox"/> Gain/loss business partner |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Sold or acquired assets | <input type="checkbox"/> Other _____ |

Areas of Interest or Concern:

Check the topics that are of concern which you would like to discuss with us, or about which you would like to be contacted:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Education funding | <input type="checkbox"/> Investment review |
| <input type="checkbox"/> Estate planning | <input type="checkbox"/> Income tax planning | <input type="checkbox"/> Survivor benefit planning |
| <input type="checkbox"/> Major asset purchase/lease | <input type="checkbox"/> Eldercare planning | <input type="checkbox"/> Health/LTC planning |
| <input type="checkbox"/> Business/executive benefits | <input type="checkbox"/> Business continuation | <input type="checkbox"/> Charitable giving |
| <input type="checkbox"/> Pers. property/liability ins. | <input type="checkbox"/> Disability income | <input type="checkbox"/> Other _____ |

Additional Comments and Notes:

Contacting You:

Telephone: _____

Best time to call: _____

- Please contact me as soon as possible

HOUGH 
& COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Each of us has certain life objectives.
Hough & Company, P.A., C.P.A.s offers a broad range of financial and related services.
Help us to more fully serve your tax and financial needs by sharing the following information.

Personal Objectives						
Please indicate the relative importance of each of the following personal objectives to you and your spouse.						
	YOU			SPOUSE		
Objective	Very	Somewhat	Not	Very	Somewhat	Not
Saving regularly						
Making a major purchase (e.g., second home, car)						
Taking a dream vacation						
Minimizing personal income taxes						
Developing or revising your investment strategy						
Investing for a comfortable retirement income						
Providing for your children's education						
Providing for your grandchildren's education						
Making gifts to relatives						
Making gifts to charity						
Minimizing estate tax						
Determining how your estate assets will be distributed						
Avoiding probate costs						
Minimizing the burden of health care costs						
Providing for your family in the event of your or your spouse's death						
Providing for your family in the event of your or your spouse's disability						
Changing or modifying career						
Assistance in planning, coordinating and monitoring family financial and healthcare needs						
Other						
Financial Planning Goals						

From the above, please list the most important.						
	YOU			SPOUSE		
Goal	Very	Somewhat		Very	Somewhat	
a.						
b.						
c.						
d.						

Questions (Page 1 of 3)

Personal Information:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did your marital status change during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If married, do you and your spouse want to file separate returns?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did your address change during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Were there any changes in dependents from the prior year?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you pay for child care while you worked or looked for work?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you have any children under age 18 with unearned income more than \$850?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you adopt a child or begin adoption proceedings during 2006?

Purchases, Sales and Debt:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you have a discharge of indebtedness due to Hurricane Katrina?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you have any debts canceled, forgiven or refinanced during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you sell, exchange or purchase any real estate in 2006? If so, please attach closing statements.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you pay any student loan interest in 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you take out a home equity loan in 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you engage in any put or call transactions? If Yes, please provide details.

Itemized Deductions:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you incur any casualty or theft losses during the year?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Did you make any large purchases, such as motor vehicles and boats?

Questions (Page 2 of 3)

Miscellaneous:

	Yes	No
Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2006? If you received a distribution from an MSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2006? If you received a distribution from an HSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
	Months	
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay in excess of \$1,000 in any quarter, or \$1,500 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month of 2006?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new "hybrid", alternative technology vehicle or electric vehicle in 2006?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2006 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Were you displaced or did you suffer casualty losses as a result of Hurricane Katrina?	<input type="checkbox"/>	<input type="checkbox"/>
If someone was displaced by Hurricane Katrina, did they live with you?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous: (continued)

Did you engage in any bartering transactions?

Did you have any work outside of the U.S. or pay any foreign taxes?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$12,000 to any individual during the year?

Did you or your spouse make any gifts to a trust for any amount during the year?

Do you or your spouse have a life insurance trust?

Did you assist in the purchase of any asset (auto, home) for any individual during the year?

Did you forgive any indebtedness to any individual, trust or entity during the year?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

Did you retire or change jobs in 2006?

Did you receive retirement or severance compensation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?

<input type="checkbox"/>	<input type="checkbox"/>
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Sale of Your Home:

Did you sell your home in 2006?

If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2006?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the following:

Name of Designated Beneficiary	State Sponsoring Plan	Account Number	2006 Amount Contributed

Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Daytime/Work Telephone Number
Evening/Home Telephone Number	Primary Email Address	Secondary Email Address

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	

Present Mailing Address:

Street Address	Apartment Number
City	State
Foreign Country	ZIP code

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
		Taxpayer	Spouse
Yes	No	Yes	No

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,300?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local

Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS via telephone lines. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

Please note that not all returns qualify for electronic filing under IRS rules.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your return prepared and filed electronically when you have a balance due?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount here.	<input type="text"/>	
If you qualify, would you like to file your state return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
If you file more than one state, do you want to file all of them electronically?	<input type="checkbox"/>	<input type="checkbox"/>

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN

Spouse PIN

Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents relating to dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2005 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2006, whether or not you had any beneficial interest in it?

Foreign Bank and Financial Accounts

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Enter all countries in which you have foreign bank accounts _____

Joint Ownership Information:

If you jointly own these accounts with anyone **other than your spouse**, complete the following items.
 Indicate the number of joint owners _____
 ID number of joint owner _____
 Last name or organization name of joint owner _____
 First name of joint owner _____
 Middle initial of joint owner _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Select Account Value	
1	Under \$10,000
2	\$10,000 to \$99,999
3	\$100,000 to \$1,000,000
4	Over \$1,000,000

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					
C					
D					
E					
F					

If you have no financial interest in the account, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number
A			
B			
C			
D			
E			
F			

Street Address	City	State	ZIP/Postal Code	Country
A				
B				
C				
D				
E				
F				

Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace	Miles
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

Costs of transportation of household goods and personal effects	Amount
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

IRA, Pension, Annuity and Retirement Plan Information

Individual Retirement Account (IRA):

TS
 Name of payer

IRA Questions for 2006:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you receive distributions in 2006 from a traditional IRA, Roth IRA or Coverdell Education Savings Account?
- Did you convert a traditional IRA to a Roth IRA in 2006?
- Did you use your IRA as security for a loan this year?
- Did you have any transactions with your IRA during the year?
- If Yes, please explain.

Yes	No

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

- Total value of all traditional IRAs on December 31, 2006
- Outstanding rollovers on December 31, 2006
- IRA distributions received during 2006
- Amount of distribution due to Hurricanes Katrina, Rita, or Wilma disaster
- Total distributions converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

- IRA:
- Contributions in 2006 for the 2006 tax return
 - Contributions in 2007 for the 2006 tax return
 - Amount for 2006 you choose to be treated as nondeductible
- Roth IRA:
- Contributions made for the 2006 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2006 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		Due to Hurricane Disaster?	2005 Gross Distributions
						Rollover?	IRA?		

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

- Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
- Do you wish to contribute the maximum amount allowed?

Contributions to:

- Simplified employee pension
- Defined benefit plan
- Defined contribution plan
- SIMPLE plan

Taxpayer		Spouse	
Yes	No	Yes	No
[]	[]	[]	[]
2006 Amount		2006 Amount	

Miscellaneous Income, Adjustments and Alimony

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2006				
Social security benefits received				
Social security benefits repaid in 2006				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2006				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

TS	2006 Amount	2005 Amount

Other Income:

TSJ	Nature and Source	2006 Amount	2005 Amount

Other Adjustments to Income: (Please enclose all Forms 1098-E for Student Loan Interest Paid)

TSJ	Nature and Source	2006 Amount	2005 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2006 Amount	2005 Amount

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid (Do not include medicare premiums paid)
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

TSJ	2006 Amount	2005 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

2006 Amount	2005 Amount

Other Medical Expenses:

TSJ	Description	2006 Amount	2005 Amount

Taxes Paid: Please include copies of your tax bills

Real estate taxes
 Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2006 Amount	2005 Amount

Other Taxes Paid:

TSJ	Description	2006 Amount	2005 Amount

If you purchased or sold your home in 2006, did you include any taxes from your closing statement in the amounts above? Yes No

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2006:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

Did you refinance your home? (If Yes, please enclose the closing statement.) . . .

If Yes, how many years is your new mortgage loan? . . . _____

Did you purchase a new home or sell your former home during the year? . . .

If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2006 Amount	2005 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2006 Amount	2005 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2006 Amount	2005 Amount
		Yes	No		

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2006 Amount	2005 Amount

Itemized Deductions - Contributions

Cash Contributions:

You are required to have written documentation from the donee organization to substantiate contributions of \$250. A cancelled check is not considered adequate substantiation. Clothes and household items donated after August 17, 2006 must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the items value appraised. Attach a copy of the appraisal.

TSJ	Organization or Description of Contribution	2006 Amount	2005 Amount

TSJ	Conservation Real Property	2006 Amount
	100% limit	
	50% limit	

TSJ	Description	2006 Miles	2005 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		
	Number of miles traveled performing volunteer work for Hurricane Katrina		

Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2006 Amount	2005 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____

Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value?

- Appraisal
 Thrift shop value
 Catalog
 Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase
 Gift
 Inheritance
 Exchange

Itemized Deduction - Business Use of Home

16A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2006	2005

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2006 Amount	2005 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2006 Amount	2005 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2006 Amount	2005 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2006	2005
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2006 Amount	2005 Amount

Employee Business Expenses- Business Use of Home

17A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2006	2005

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2006 Amount	2005 Amount	2006 Amount	2005 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2005 but paid in 2006

Employer-provided dependent care benefits that were forfeited in 2006

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state and ZIP code

Social security number OR

 Employer identification number

Telephone number (California only)

	2006 Amount	2005 Amount
Expenses incurred and paid in 2006		
Expenses incurred and not paid in 2006		

Provider 2:

Name

Street address

City, state and ZIP code

Social security number OR

 Employer identification number

Telephone number (California only)

	2006 Amount	2005 Amount
Expenses incurred and paid in 2006		
Expenses incurred and not paid in 2006		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2006 Expenses Incurred	2005 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2006 Qualified Expenses

Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,500 or more in 2006? Yes No

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006?

Social Security, Medicare and Income Taxes:

	2006 Amount	2005 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Federal income tax withheld		
Advance earned income credit (EIC) payments		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

	2006 Amount	2005 Amount
Total cash wages subject to FUTA tax		
New York wages subject to FUTA tax (if different)		

Total cash wages subject to FUTA tax

New York wages subject to FUTA tax (if different)

Complete the following for all state unemployment contributions made:

X if payment to be made after April 16, 2007

Name of State	State Reporting Number	Taxable Wages	Contribution Paid to Unemployment Fund	X	2005 Amount

Federal, State and City Tax Payments

Refund Application:

If you have an overpayment of 2006 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2007 estimated tax liability Yes No

Federal Estimated Tax Payments:

2006 1st Quarter Estimate (Due 04-17-2006)
 2006 2nd Quarter Estimate (Due 06-15-2006)
 2006 3rd Quarter Estimate (Due 09-15-2006)
 2006 4th Quarter Estimate (Due 01-16-2007)

Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2005 overpayment applied to 2006 estimate

State and City Estimated Tax Payments:

2006 1st Quarter Estimate
 2006 2nd Quarter Estimate
 2006 3rd Quarter Estimate
 2006 4th Quarter Estimate

TSJ _____ State/City _____	
Date Paid (Mo/Da/Yr)	Amount Paid

TSJ _____ State/City _____	
Date Paid (Mo/Da/Yr)	Amount Paid

2005 overpayment applied to 2006 estimate

Balance of prior year(s)' tax paid in 2006 plus
 amount paid with 2005 extensions

Estimated tax payments for 2005 paid in 2006

Tax Planning Information for Tax Year 2007:

Do you expect any of the following to occur in 2007?

		Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.

Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2006:

- You made gifts of cash or marketable securities to an individual that exceeded \$12,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gifts Made in Trust

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NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$12,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.