

National Society of Accountants  
**Tax Organizer**  
 for Tax Year 2005

**Compliments of:**

**Name:**  
 Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:**  Single  Married Filing Joint  Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above)  Unmarried Head of Household

Dependants Name	Birthdate/ Age	Social Security Number*	Relationship	No. of Months lived in your home in 2005

**\*A personal exemption is disallowed for any dependant unless the Social Security number is provided on the tax return.**

Members of your family attending college may be eligible for a Hope Scholarship Credit or Lifetime Learning Credit.

# Students \_\_\_\_\_

**Taxpayer:**  65 or over  Blind/Disabled **Spouse:**  65 or over  Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2005.**

**YES NO**

- Did you receive any employer-provided educational assistance? \$ \_\_\_\_\_
- Did you incur any educational expenses on behalf of yourself, your spouse, or a dependant?
- Did you contribute to a Qualified State Tuition Plan?
- If you are an educator, did you have un-reimbursed work-related expenses? Amount: \$ \_\_\_\_\_
- Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
- If yes, were you or your spouse at least 70 ½ years of age on Dec. 31<sup>st</sup>?
- Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:  
 Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Were any funds withheld?  Yes  No Amount: \$ \_\_\_\_\_  
 Were the withdrawn funds used to pay medial expenses?  Yes  No
- If you are self-employed, did you pay health insurance premiums for yourself and your family?  
 Amount: \$ \_\_\_\_\_
- Did you pay alimony? If yes, paid to: \_\_\_\_\_  
 SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
- Did you have any adoption expenses? \$ \_\_\_\_\_
- Did you receive gifts in excess of \$10,000 from a foreign person?
- Did your college student receive educational benefits under a prepaid tuition program?
- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- Did you receive an advance child tax credit payment? If yes, how much? \$ \_\_\_\_\_
- Have you ever qualified for the Earned Income Tax Credit?
- Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on date of loss), insurance information regarding coverage, reimbursement and police report.

**Estimated Tax Payments**

	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Wage Income**

Employer's Name	T or S	Wages	Federal W/H	FICA	Medicare	State W/H	City W/H

**Retirement Benefits Received** (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

**Interest Income** (Enclose all 1099-INT Forms)

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

Total Municipal Bond Interest Earned in 2005: \$ \_\_\_\_\_  
 For seller financed mortgage: Buyer's name, Social Security number and addresses: \_\_\_\_\_  
 \_\_\_\_\_

**Dividend Income** (Enclose all 1099-DIV Forms)

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

Do you have funds in a foreign account?  Yes  No  
 Did you have any stock sales in 2005? If yes, submit all 1099B forms.  Yes  No  
 Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_  
 Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_



**Business Income** (Attach 1099-MISC Forms)

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

Gross Income	Amount
Gross Income.....	_____
Less Returns/Allowances.....	_____
<b>Cost of Sales</b>	
Beginning Inventory.....	_____
Purchases.....	_____
Cost of Labor.....	_____
Materials and Supplies.....	_____
Freight In.....	_____
Other.....	_____
Ending Inventory.....	_____

**Deductions**

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

**Farm Income** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

**Income**

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

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

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

**Deductions**

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

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2005? Provide all copies of K-1.

**Business Use of Home**

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

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Retirement Contributions for 2005** Do you want to make any nondeductible IRA contributions?  Yes  No

	Self	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

**Personal Itemized Deductions**

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles <i>Before 9/1/05</i>	
_____ Miles <i>After 8/31/05</i>	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

**Taxes**

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

**Charitable Contributions**

Cash Contributions*.....	
.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
_____ Miles for Charity .....	

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

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

**Miscellaneous Deductions Subject to 2% AGI**

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

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings).....	
.....	

**Household Employee Information**

Household Employer EIN: \_\_\_\_\_  
 Did you pay any one household employee \$1,400 or more in 2005?  Yes  No  
 Did you withhold Federal income tax during 2005 at the request of any household employee?  Yes  No  
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2005 to household employees?  Yes  No  
 Was the employee under age 18?  Yes  No Student?  Yes  No  
 Do you have a Form I-9 on file for your household employee?  Yes  No  
 Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_  
 Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_  
 Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

	Amount		Amount
Cost to Ship and Pack Household Goods...		Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost to Travel to New Home.....		Other: _____	
Cost of Lodging During Move.....			

**Employee Business Expense**

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

	<b>Amount</b>	
Road Tolls.....		
Taxi, Subway.....		
Telephone, Telegraph.....		
Tips.....		
Other.....		

<b>Automobile Expense</b>	<b>Car 1</b>		<b>Car 2</b>	
	Before 9/1/05	After 8/31/05	Before 9/1/05	After 8/31/05
<b>Total Miles Driven</b>				
Total Mileage				
Business Mileage				
Business Use %				
Average Daily Commuting				
Written Records Available	Y/N		Y/N	
Is another vehicle available for personal use?	Y/N		Y/N	
Is an employer-provided vehicle available for personal use?	Y/N		Y/N	

<b>Actual Automobile Expenses</b>	<b>Car 1</b>	<b>Car 2</b>
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

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

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

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

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

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

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

\_\_\_\_\_  
Please Sign

\_\_\_\_\_  
Date