

2004	1040	US	Client Information	1
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**Hillcrest Tax & Ledger Service**

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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 2004 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) .....		<p style="text-align: center;"><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>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2002 or 2003).....		
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 .....		
Foreign Address	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2004.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone. ....		Daytime Phone  1 = Work 2 = Home
	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. ....		

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Please add, change or delete information for 2004.

**DEPENDENTS**

			Dependent	Dependent	<b>Type of Dependent</b> 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
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	<b>Earned Income Credit</b> 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress
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 .....					

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2004, 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 2004?
		<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 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2005 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 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 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 2004, 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 purchase any motor vehicles or boats in 2004? If so, please provide documentation containing the sales tax paid.
<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 2003 taxes to your 2004 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2004 taxes, do you want the excess applied to your 2005 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2005 taxable income and withholdings to be different from 2004?
<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"/>	Do you want to allow another person to discuss your return with the IRS?
<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 2004, 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 establish a health savings account (HSA) this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice 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?

Please enter all pertinent 2004 information.

**DIRECT DEPOSIT OF REFUND (3)**

1=direct deposit of federal tax refund into bank account .....	
Name of bank .....	
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) ..	
Depositor account number (up to 17 characters) .....	
Type of account: 1=savings, 2=checking .....	

**2004 ESTIMATED TAX (6)**

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
Overpayment applied from 2003 .....						
1st quarter payment (due 4/15/04) .....						
2nd quarter payment (due 6/15/04) .....						
3rd quarter payment (due 9/15/04) .....						
4th quarter payment (due 1/18/05) .....						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/05) ..						

**APPLICATION OF 2004 OVERPAYMENT (7.1)**

If you have an overpayment of 2004 taxes, do you want the excess refunded?  or applied to 2005 estimate? ...

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

\_\_\_\_\_

\_\_\_\_\_

**2005 ESTIMATED TAX INFORMATION**

Do you expect your 2005 taxable income to be different from 2004? ..... Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Do you expect your 2005 withholding to be different from 2004? ..... Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

2004	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2004 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					2003 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**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)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/04	2003 Distribution
		1=spouse		Gross Distribution (Box 1)		Federal (Box 4)	State (Box 10)		



2004	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2004 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)	2003 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		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2003 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.)		

2004	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2004 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
Tier 1 RR retirement benefits (RRB-1099, box 5) .....				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				

2004	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please enter all pertinent 2004 amounts and attach all 1099-G forms.  
Last year's amounts are provided for your reference.

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

2004 Amount

2003 Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2004 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	Tax year for box 2 if not 2003 (Box 3)		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
	Agriculture payments (Box 7).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

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Business Income (Schedule C)

No.

16

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, state, ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....

Inventory method: 1=cost, 2=lower c/m, 3=other.....

1=change of inventory method.....

1=spouse, 2=joint.....

1=first Schedule C filed for this business.....

1=W-2 earnings as statutory employee.....

1=not subject to self-employment tax.....

1=did not "materially participate".....

1=investment.....


INCOME

	2004 Amount	2003 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Inventory at end of the year.....		

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2004 Amount	2003 Amount
Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals and entertainment in full (50%) .....		
Department of Transportation meals in full (70%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

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

2004	1040	US	Capital Gains & Losses (Schedule D)	17
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If you sold any stocks, bonds, or other investment property in 2004, 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)

If you sold your home or moved in 2004, 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) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=business use in year of sale .....	

**Adjusted Basis**

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

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

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

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

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

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home .....	

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

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property .....	<input type="text"/>
Location of property .....	<input type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input type="text"/>	
1=did not actively participate .....	<input type="text"/>	
1=real estate professional .....	<input type="text"/>	
1=rental other than real estate .....	<input type="text"/>	
1=investment .....	<input type="text"/>	

INCOME

	2004 Amount	2003 Amount
Rents received (Form 1099-MISC, box 1) .....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2) .....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

Advertising .....	<input type="text"/>	<input type="text"/>
Association dues .....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance .....	<input type="text"/>	<input type="text"/>
Commissions .....	<input type="text"/>	<input type="text"/>
Gardening .....	<input type="text"/>	<input type="text"/>
Insurance .....	<input type="text"/>	<input type="text"/>
Legal and professional fees .....	<input type="text"/>	<input type="text"/>
Licenses and permits .....	<input type="text"/>	<input type="text"/>
Management fees .....	<input type="text"/>	<input type="text"/>
Miscellaneous .....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.) .....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Painting and decorating .....	<input type="text"/>	<input type="text"/>
Pest control .....	<input type="text"/>	<input type="text"/>
Plumbing and electrical .....	<input type="text"/>	<input type="text"/>
Repairs .....	<input type="text"/>	<input type="text"/>
Supplies .....	<input type="text"/>	<input type="text"/>
Taxes - real estate .....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Telephone .....	<input type="text"/>	<input type="text"/>
Utilities .....	<input type="text"/>	<input type="text"/>
Wages and salaries .....	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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



Please enter all pertinent 2004 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

	2004 Amount	2003 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

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

INDIRECT EXPENSES

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

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

2004	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2004 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

**S CORPORATION INFORMATION (20.2)**

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

				20.1,20.2
--	--	--	--	-----------

Please enter all pertinent 2004 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) .....				
Contributions made to date .....				
1=covered by plan, 2=not covered .....				
2004 payments from 1/1/05 to 4/15/05 .....				

**ROTH IRA CONTRIBUTIONS**

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) .....				
Contributions made to date .....				

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

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make .....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Self-employed elective deferrals .....				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care) .....				
Long-term care premiums .....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) .....				
Deduction for clean fuel vehicles .....				
Expenses from rental of personal property .....				
<b>Other adjustments to income:</b>				
_____				
_____				
_____				

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Alimony paid:</b>				
Recipient's first name .....				
Recipient's last name .....				
Recipient's SSN .....				
Amount paid .....				
		2003 amt:		2003 amt:

Please enter all pertinent 2004 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.

	2004 Amount	TS	2003 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars) .....			
Long-term care premiums .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Number of medical miles .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2004 estimates are automatic.)

State and local income taxes - 1/04 payment on 2003 state estimate .....			
State and local income taxes - paid with 2003 state extension .....			
State and local income taxes - paid with 2003 state return .....			
State and local income taxes - paid for prior years and/or to other state .....			
Real estate taxes - principal residence .....			
Real estate taxes - property held for investment .....			
Personal property taxes (including automobile fees) .....			
Foreign income taxes .....			
Other taxes:			
_____			
_____			

**INTEREST PAID**

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

_____			
_____			
_____			

Home mortgage interest not reported on Form 1098:

Payee's name .....			
Payee's SSN or FEIN ..			
Payee's street address ..			
Payee's city, state, ZIP ..			
Amount paid .....			

Points not reported on Form 1098:

_____			
_____			

Investment interest (interest on margin accounts):

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

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.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

**CASH CONTRIBUTIONS**

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

	2004 Amount	TS	2003 Amount
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
Volunteer expenses (out-of-pocket).....			
Number of charitable miles .....			

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

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
Volunteer expenses (out-of-pocket).....			
Number of charitable miles .....			

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

50% limitation (see above):

_____			
_____			
_____			
_____			

30% limitation (see above):

_____			
_____			
_____			
_____			

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

_____			
_____			
_____			
_____			

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

_____			
_____			
_____			
_____			

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

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

Blank lines for entering 2004 amounts for other unreimbursed employee expenses.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2004 amounts for investment expense.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2004 Amount, TS, 2003 Amount for tax return preparation fee and safe deposit box rental.

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

Blank lines for entering 2004 amounts for miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Blank lines for entering 2004 amounts for other miscellaneous deductions.

Table with 3 columns: 2004 Amount, TS, 2003 Amount for other miscellaneous deductions.

Please enter all pertinent 2004 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2004 Amount

TS

2003 Amount

Union and professional dues

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

Blank lines for entering other unreimbursed employee expenses.

Table grid for other unreimbursed employee expenses with 2004 Amount, TS, and 2003 Amount columns.

Investment expense:

Blank lines for entering investment expenses.

Table grid for investment expenses with 2004 Amount, TS, and 2003 Amount columns.

Tax return preparation fee

Safe deposit box rental

Table grid for tax return preparation fee and safe deposit box rental with 2004 Amount, TS, and 2003 Amount columns.

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

Blank lines for entering miscellaneous deductions.

Table grid for miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

Federal only:

Blank lines for entering federal only miscellaneous deductions.

Table grid for federal only miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

State only:

Blank lines for entering state only miscellaneous deductions.

Table grid for state only miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Blank lines for entering other miscellaneous deductions.

Table grid for other miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

Federal only:

Blank lines for entering federal only other miscellaneous deductions.

Table grid for federal only other miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

State only:

Blank lines for entering state only other miscellaneous deductions.

Table grid for state only other miscellaneous deductions with 2004 Amount, TS, and 2003 Amount columns.

If your total noncash contributions are in excess of \$500 in 2004,  
please complete the information below for each donee.

**DONATED PROPERTY INFORMATION**

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

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

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

<b>1</b>	<p><b>How Property was Acquired</b></p> <p>1 = Purchase                  2 = Gift                  3 = Inheritance                  4 = Exchange</p>
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<b>2</b>	<p><b>Method Used to Determine FMV</b></p> <p>1 = Appraisal                  2 = Thrift shop value                  3 = Catalog                  4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>
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Please enter 2004 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2004 Amount	2003 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,784).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**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.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
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.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		
_____		

Please enter all pertinent 2004 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.

**DEPENDENT CARE EXPENSES (33.1)**

	2004 Amount		2003 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2004 . . . . .				
Employer-provided benefits forfeited in 2004 . . . . .				

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

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2004 . . . . .		2003 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2004 . . . . .		2003 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2004 . . . . .		2003 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

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

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2004 . . . . .		2003 amt:
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2004 . . . . .		2003 amt:
	1=spouse, 2=joint . . . . .		

