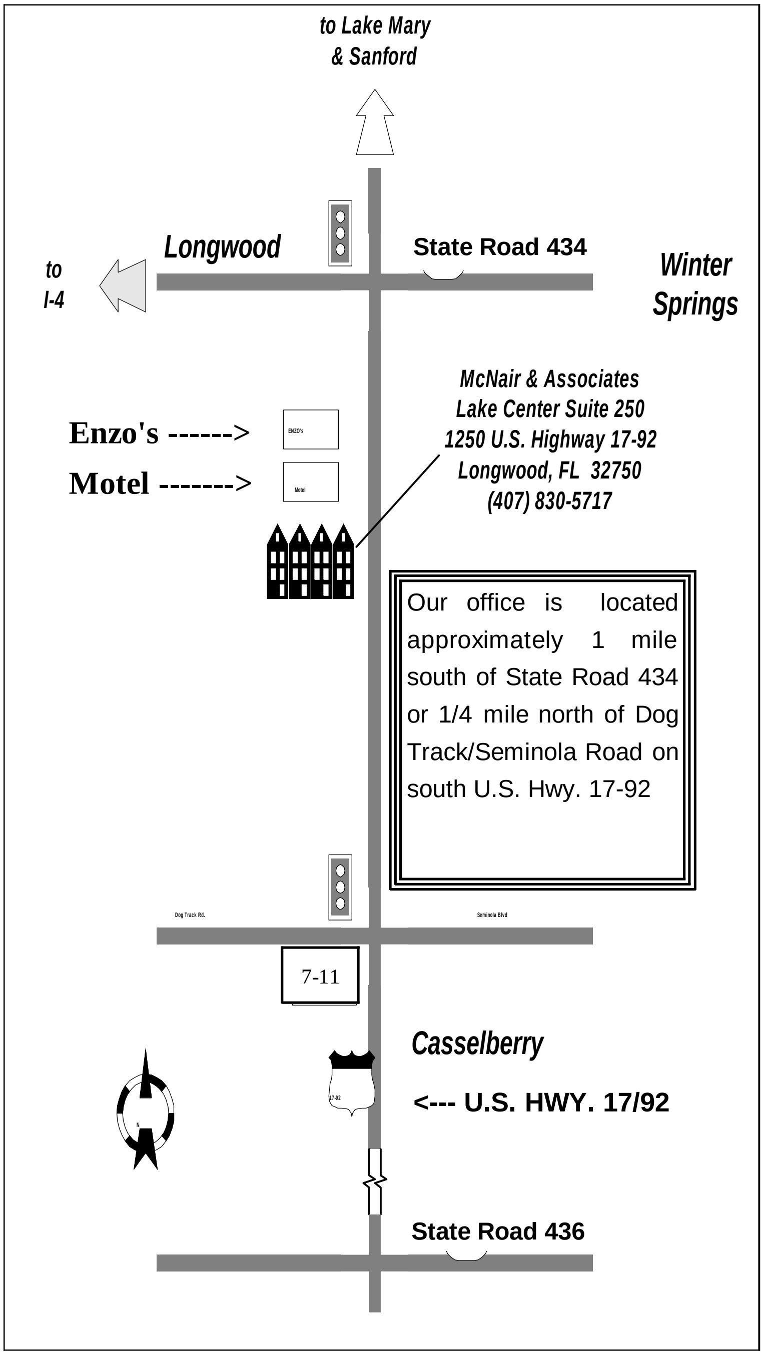
2006 Income Tax Return Organizer Package

How To Use This Organizer Package

Enclosed is a 2006 Tax Organizer (a checklist) that can easily be used as a reminder of the items you will need to gather for the completion of your 2006 income tax return. **Please use this organizer as a checklist** as you assemble the important data needed for us to prepare your 2006 tax return. If it is more convenient for you, feel free to fill in the appropriate boxes to record your tax information. If you have a question as to whether or not something should be included on your return, just include the item with your records and we will review it as we prepare the return. We have found that this organizer will reduce the time you need to gather your information, as well as helping to assure that you have assembled all of your important information that can effect your taxes.



Appointments

If you would like to schedule an appointment, please call our office at (407) 830-5717. For your convenience evening and Saturday appointments are available. Of course, there are a limited number of Saturday and evenings, so appointments can fill up well in advance. We recommend that you schedule your appointment as soon as possible.

Tax Return Appointment

Date:

Time:

Save Additional Valuable Time by Mailing Records / Telephone Conference

Additionally, to save yourself some time, an office appointment may not be necessary for us to prepare your tax return. If you have copies of your prior return(s), you can forward those copies and your 2006 records with the organizer and any notes you feel are necessary. We will review your records and should we have any additional questions we will schedule a telephone conference or an office appointment if necessary.

Map

This map has been included for your convenience in finding our office. Should you need additional directions or other information please do not hesitate to call us at (407) 830-5717 or email to mcnairassoc@cfl.rr.com.

2006 INCOME TAX RETURN INFORMATION CHECKLIST

Below is a checklist of the information we need to complete your 2006 income tax return. We will use the following information as a starting point in calculating your taxes in compliance with current tax laws and to generate the tax forms that are necessary for your tax return. **Please read and complete this page, the attached questionnaire, and the other schedules as appropriate to help you organize your information.**

LAST NAME: ____

FIRST NAME AND M. I.: SELF: ______________________________________

SPOUSE: ______________________________________

ADDRESS: ____

CITY: ______________________ STATE: ____________ ZIP: ____________

PHONE HOME: ______________ WORK: ____________ CELL: ______________

SOC. SEC. #: YOU: ____________________ SPOUSE: ______________________

DOB: YOU: __________________ SPOUSE: ______________________

OCCUPATION: YOU: ____________________ SPOUSE: ____________________

E-MAIL ______________________________

CHILDREN,OTHER DEPENDENTS: NAME SS# DOB

1. ______________________________ ________________ ____________

2. ______________________________ ________________ ____________

3. ______________________________ ________________ ____________

AS APPLICABLE, PLEASE PROVIDE INFORMATION ON THE FOLLOWING:

- q Last two years tax return.
- q All wage and income statements (W-2'S AND 1099'S).
- q All forms 1099-INT for interest, □ All forms 1099-DIV for dividends, □ K-1's (Partnerships, S-Corporations).
- q Any medical expenses paid.
- q Sales tax - provide summary or we will use the standard table amount plus any sales tax paid on vehicles and home improvements.
- q Home mortgage interest and property taxes paid.
- q Child care expenses (please complete enclosed form).
- q Charitable contributions.
- q Expenses for automobiles and/or other expenses not reimbursed by your employer.
- q If you sold a home, the closing papers from both the purchase and sale of that home you sold.
- q If you bought a home, the closing papers for the new residence.
- q Moving expenses and moving expense reimbursement documentation.
- q If you desire to have any refund direct deposit to your bank accountant please complete enclosed form.
- q Summary of any income/expenses from business, royalty, and/or rental income. If a summary is unavailable, please bring all associated documents.

Bring to your appointment all of the information that you do have immediately available. Alternate sources may be available for any missing information. If you have any questions concerning any item, bring the information with you to your appointment and <u>your CPA will determine how it effects your income taxes and financial well being.</u>

McNair and Associates, P.A.

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(407) 830-5717

2006 TAX QUESTIONNAIRE

If any of the following items pertain to you or your spouse for 2006, please check the appropriate box and include all pertinent details with your tax records. The attached Tax Organizer may be used as a checklist as you assemble your information. Please include any supporting documents with your 2006 Tax Information Checklist. You may also use the space at the end of the questions to make notes.

SPECIAL NOTE:

YES **r** NO **r** The deduction of sales tax HAS BEEN extended for the 2006 tax year. Did you purchase a vehicle during 2006 or make home improvements? If yes, we will need a copy of the auto purchase documents and/or a summary of the sales taxes paid on the home improvements.

PERSONAL INFORMATION

YES **r** NO **r** Did your marital status change during the year? If your name has changed, your new name will not match your Social Security number on file with the IRS until you notify the Social Security Administration office of the change. The updating of your name change, with the Social Security Administration, will need to be completed before the filing of your tax return to avoid extended delays in IRS processing. The alternative to this delay, is to file the 2006 tax return using your previous name (the name currently on file)

YES **r** NO **r** Did your address change during the year?

YES **r** NO **r** Can we contact you by email for missing information?
If yes, please provide your email address: ______________________________________

DEPENDENTS

YES **r** NO **r** Were there any changes in dependents?

YES **r** NO **r** Were any of your unmarried children, who might be claimed as dependents, 19 years of age or older at the end of 2006?

YES **r** NO **r** Did you have any children that were under age 18, as of January 1, 2007, with interest and dividend income in excess of $850, or total investment income in excess of $1,700?

OTHER INCOME, PURCHASES, SALES AND DEBT

YES **r** NO **r** Did you start a business? (If yes, see next question.)

YES **r** NO **r** Was this new business either a Corporation, an S-Corporation, a Limited Liability Company or a Partnership? If yes, in most cases, the business is required to file a Federal income tax return that is separate from its' owners' Form 1040. Please contact our office as soon as possible since the filing deadlines for some businesses are prior to the April 16, 2007 individual filing deadline. For example, an S-Corporation's tax returns will be due March 15, 2007.

YES **r** NO **r** Did you purchase rental or royalty property? If yes, we will need a copy of the closing statement and details concerning the rents received and expenses paid.

YES r NO r Did you acquire an interest in a partnership, S corporation, trust, or REMIC? If yes, you should receive a Form K-1 from this business entity. The information on this form (K-1) will need to be included in your personal income tax return. But, since the Form K-1 can be filed by the business (based on the type of the entity) as late as April 17, 2006, please do not delay forwarding your other records. This form (K-1) can be forwarded to us at a later date.

YES r NO r Did you purchase any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, please provide a list containing the original purchase date and cost of the items purchased or convertedyou purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?

YES r NO r Did you dispose of any business assets (furniture, equipment, vehicles, real estate, etc.)? If so, please provide a list containing the date and any proceeds of any items sold.

YES r NO r Did you sell any stocks, bonds or other investment property in 2006? If so, we will need for you to provide a schedule containing the original purchase cost and date for each individual item you sold. (Note: Form 1099-B provided by most brokerage firms only contains the date(s) and amount of the sale(s). Your broker may provide you with a separate statement that contains the purchase costs and date, or you may need to contact them to request this information.

YES r NO r Did you purchase or sell your principle home or second home or did you refinance or make a home equity loan? If yes, we will need a copy of the closing statement.

YES r NO r Did you have any debts cancelled or forgiven?

YES r NO r Did you receive any disability income?

YES r NO r Did you have any foreign income or pay any foreign taxes?

YES r NO r Did any non-family member owe you money which had become un-collectible?

RETIREMENT PLANS

YES r NO r Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

YES r NO r Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

YES r NO r Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

YES r NO r Did you receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution?

EDUCATION

YES r NO r Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

YES r NO r Did you, your spouse, or a dependent incur any tuition expenses, that are required in order to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

YES r NO r Did you incur a loss because of damaged or stolen property?

YES r NO r Did you work out of town for part of the year and incur travel expenses that were not reimbursed by your employer?

YES r NO r Did you use your car on the job (other than to and from work)? If the answer is yes and your employer did not fully reimburse your job related auto cost, you may qualify for an additional tax deduction. Please provide to us your business mileage and the costs of operating the car(s) that you used for business during the year.

ESTIMATED TAXES

YES r NO r If you have an overpayment of 2006 taxes and are required to make estimated tax payments, do you want the 2006 excess applied to your 2007 estimated tax (instead of being refunded)?

YES r NO r Do you expect your 2007 taxable income and withholdings to be generally the same as 2006?

MISCELLANEOUS

YES r NO r 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?

YES r NO r Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

YES r NO r Was your home rented out or used for business (Examples; home office, home based business, rented for the summer)? If so, we will need for you to provide us with details concerning it's business use and summaries of the cost of maintaining your home (electric, water, sewer, insurance, etc.).

YES r NO r Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) during the 2006 tax year? Or, did you receive an HSA distribution or acquire an interest during 2006 in an HSA due to the death of the account beneficiary?

YES r NO r Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest during 2006 in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

YES r NO r Did you incur moving expenses due to a change of employment?

YES r NO r Did you or your spouse make any gifts to an individual during 2006 that totaled more than, $11,000, or any gifts to a trust?

YES r NO r Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2006?

YES r NO r Did you purchase a new hybrid vehicle in 2006?

YES r NO r Did you have long-distance telephone service after February 28, 2003, and before August 1, 2006? If so, you are eligible for a special tax refund of between $30 and $60 based on the number of exemptions claimed on your tax return. This telephone tax refund is a one-time payment available only on your 2006 federal income tax return.We will not need your phone bills since the credit is not based on your actual long-distance charges.

YES r NO r If you have an overpayment of taxes, do you want your refund directly deposited to your checking account? If so, we will need you to provide us with your bank's routing number and account number.

NOTES:

2006	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2006 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	

BANK INFORMATION

Name of Bank	Routing Number	Account Number	Type of Account (Table)	Percent to Deposit (xx.xx)

2006 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2006 Voucher Amount
Overpayment applied from 2005				
1st quarter payment (due 4/17/06)				
2nd quarter payment (due 6/15/06)				
3rd quarter payment (due 9/15/06)				
4th quarter payment (due 1/16/07)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/16/07)				

State

	Amount Paid	Date Paid	TS	2006 Voucher Amount
Overpayment applied from 2005				
1st quarter payment (due 4/17/06)				
2nd quarter payment (due 6/15/06)				
3rd quarter payment (due 9/15/06)				
4th quarter payment (due 1/16/07)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/16/07)				

Type of Account

1 = Savings
2 = Checking
3 = Taxpayer's IRA
4 = Spouse's IRA
5 = Health Savings Account (HSA)
6 = Archer MSA
7 = Coverdell Savings Account (ESA)
8 = Other

	Hash Total		3, 6

2006	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2006 information.

APPLICATION OF 2006 OVERPAYMENT (7.1)

If you have an overpayment of 2006 taxes, do you want the excess refunded? . ☐ or applied to 2007 estimate? . . . . ☐

Other (please explain): ______________________

2007 ESTIMATED TAX INFORMATION

Do you expect your 2007 taxable income to be different from 2006? . . . . Yes ☐ No ☐

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

Do you expect your 2007 withholding to be different from 2006? . . . . Yes ☐ No ☐

If "yes" explain any differences: ______________________

	Hash Total		7.1

2006	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2006 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)

	2006 Amount Taxpayer	2006 Amount Spouse	2005 Amount Taxpayer	2005 Amount Spouse
Dependent care expenses incurred but not paid in 2006				
Employer-provided benefits forfeited in 2006				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2006		2005 amt:
	1=disabled		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2006		2005 amt:
	1=disabled		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2006		2005 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2006		2005 amt:
	1=spouse, 2=joint		

No.	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2006		2005 amt:
	1=spouse, 2=joint		

Please enter all pertinent 2006 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		
1=minister's Schedule C		

INCOME

	2006 Amount	2005 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		

2006	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2006 Amount	2005 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 (75%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

2006	1040	US	Rental & Royalty Income (Schedule E)	No.	18

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	
Location of property	

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

INCOME

	2006 Amount	2005 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

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

	2006 Amount	2005 Amount
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:

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

2006	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2006 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

	2006 Amount	2005 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:

2006	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

EMPLOYEE BUSINESS EXPENSES

	2006 Amount	2005 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (75% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2006	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

Please enter all pertinent 2006 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2006 Amount	2005 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

	2006 Amount	2005 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	2006 Amount	2005 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2006	1040	US	Business Use of Home (Form 8829)	No.	29

Please enter 2006 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2006 Amount	2005 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 8,760)		
% (.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.

	2006 Amount	2005 Amount
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.

	2006 Amount	2005 Amount
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 2006 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2006 Amount	2005 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

	2006 Amount	2005 Amount
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		

ACTUAL EXPENSES

	2006 Amount	2005 Amount
Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		