

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2005 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2005 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2004 information is included for your reference. You do not need to make any 2004 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2004 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Wilson's Bookkeeping & Tax Service  
517 2nd Street, PO Box 43  
Ida Grove, IA 51445  
Telephone: (712)364-3949 Fax: (712)364-2841  
E-mail: WilsonTax@netllc.net

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name . . . . .	_____	_____
First name . . . . .	_____	_____
Middle initial and suffix . . . . .	MI . . . . . _____ Suffix . . . . . _____	MI . . . . . _____ Suffix . . . . . _____
Social security number . . . . .	_____	_____
Occupation . . . . .	_____	_____
Work phone/extension . . . . .	_____	_____
Cell phone . . . . .	_____	_____
E-mail address . . . . .	_____	_____
Birthdate or age as of 1-1-2006 . . . . .	MM/DD/YYYY . . . . . _____	MM/DD/YYYY . . . . . _____
Blind . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address . . . \_\_\_\_\_ Apartment number . . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP code . . . . . \_\_\_\_\_  
 Home phone . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_  
 Fax . . . . . \_\_\_\_\_ Foreign phone . . . . . \_\_\_\_\_

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year . . . . .

Check this box if you are eligible to claim spouse's exemption . . . . .

Check this box if your spouse itemizes deductions . . . . .

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_

5 Qualifying widow(er)

Check the box for the year the spouse died. . . . .  2003  2004

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2005 Child Care Expense	
				+Months in U.S.	*Not Citizen

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien