

**2004 1040 US Topical Index**

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**2004** | **1040** | **US** | **Tax Organizer**

**Tax Return Appointment**

Telephone number:  
 Fax number:  
 E-mail address:

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2004 tax return. Please enter all pertinent 2004 information.

**CLIENT INFORMATION**

Taxpayer

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 . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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Please enter all pertinent 2004 information. If you have attached a government form for an item, check the box and do not enter a 2004 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

2004 Amount	2003 Amount
<b>Attach Forms W-2</b>	

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) . . . . .
<input type="checkbox"/>	Form 1099-G - Unemployment compensation and state tax refunds . . . . .
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income . . . . .
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) . . . . .
<input type="checkbox"/>	Form SSA-1099 - Social security benefits . . . . .

<b>Attach Forms 1099</b>
--------------------------

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received . . . . .

Spouse: Alimony received . . . . .

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Spouse: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....

2004 Amount	2003 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest.....  
 Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**ALIMONY PAID**

Taxpayer: Recipient name & SSN: \_\_\_\_\_  
 \_\_\_\_\_  
 Spouse: Recipient name & SSN: \_\_\_\_\_  
 \_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....  
 Doctors, dentists and nurses.....  
 Hospitals and nursing homes.....  
 Insurance premiums.....  
 Long-term care premiums.....  
 Insurance reimbursement.....  
 Number of medical miles.....  
 Other: \_\_\_\_\_  
 \_\_\_\_\_


**TAXES PAID**

Real estate taxes - principal residence.....  
 Personal property taxes (including automobile fees).....


**HOME MORTGAGE INTEREST AND POINTS PAID**

Institution Name:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Points not reported on Form 1098: \_\_\_\_\_  
 \_\_\_\_\_

<b>Attach Forms 1098</b>	

**CASH CONTRIBUTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 Number of charitable miles.....


**NONCASH CONTRIBUTIONS**

\_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues.....  
 Tax return preparation fee.....  
 Safe deposit box rental.....  
 Gambling losses to extent of winnings.....  
 Other: \_\_\_\_\_  
 \_\_\_\_\_


<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**THEODORE KLEINMAN CPA**  
 195 Scenic Ridge Ct  
 Redmond, OR 97756-7417  
 Telephone number: (541) 923-0903  
 Fax number: (503) 296-2603  
 E-mail address: ted@ustaxhelp.com

**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 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	ZIP code . . . . .		
	Region . . . . .		
	Postal code. . . . .		
	Country. . . . .		

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Client Information (continued)

1 p2

Please add, change or delete information for 2004.

CLIENT INFORMATION

Taxpayer Contact Information

Home phone. ....
Work phone. ....
Work extension. ....
Daytime phone (table) ....
Mobile phone ....
Pager number. ....
Fax number. ....
E-mail address. ....

Empty input fields for taxpayer contact information.

Spouse Contact Information

Home phone. ....
Work phone. ....
Work extension. ....
Daytime phone (table) ....
Mobile phone ....
Pager number. ....
Fax number. ....
E-mail address. ....

Empty input fields for spouse contact information.

Daytime Phone

1 = Work
2 = Home

<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2004.**

**DEPENDENTS**

	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 .....		

**Type of Dependent**

- 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

	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 .....		

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	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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US

## 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?

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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"/> | 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?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <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 receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <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 receive a distribution from a retirement plan (401(k), IRA, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, 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"/> | 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"/> | 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"/> | 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"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?  |

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Direct Deposit & Estimates (Form 1040 ES)

3, 6, 7.1

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

Table with 2 columns and 4 rows for direct deposit information.

2004 ESTIMATED TAX (6)

Table with columns for Federal and State tax payments, including Amount Paid, Date Paid, and TS. Includes rows for overpayment from 2003, quarterly payments, and additional estimated tax payments.

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:

Hash Total

3, 6, 7.1





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Miscellaneous Income

14.1

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.....				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

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			

14.2

2004

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US

Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2004 amounts and attach all 1099-Q forms.  
 Enter qualified education expenses below that are not entered elsewhere.  
 Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

2004 Amount

2003 Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/03.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/03.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2004 contributions to this ESA.....			
Value of this account at 12/31/04 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/03.....			

14.3

2004

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US

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 .....		

2004

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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.

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2004

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2004 Amount	2003 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

2004

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US

Sale of Home & Moving Expenses

17, 27

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)

17, 27

2004

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US

Rental & Royalty Income (Schedule E)

No.

18

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"/>

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

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2004

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

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:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		





<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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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







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

**GENERAL INFORMATION**

	2004 Amount	2003 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**

Total mileage .....		
Business mileage .....		
Commuting mileage .....		
Average daily round-trip commute .....		

**ACTUAL EXPENSES**

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) .....		

2004

1040

US

Adjustments to Income

24

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
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
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 . . . . .		
SIMPLE contributions:		
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**

Self-employed health insurance:		
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 . . . . .		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	Taxpayer	Spouse
Recipient's first name . . . . .		
Recipient's last name . . . . .		
Recipient's SSN . . . . .		
Amount paid . . . . .	2003 amt:	2003 amt:

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2004

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US

Itemized Deductions

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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.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

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

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows include State and local income taxes (1/04 payment, 2003 extension, 2003 return, prior years), Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

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

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for Payee's name, SSN or FEIN, street address, city/state/ZIP, and Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

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

Passive interest

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Row for certain home mortgage interest.

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.

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2004

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US

Itemized Deductions (continued)

25 p2

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:

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for contributions and volunteer expenses.

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:

Horizontal lines for entering 2004 contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for contributions and volunteer expenses.

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):

Horizontal lines for entering 2004 noncash contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 50% limitation.

30% limitation (see above):

Horizontal lines for entering 2004 noncash contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 30% limitation.

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

Horizontal lines for entering 2004 noncash contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 30% capital gain property.

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

Horizontal lines for entering 2004 noncash contribution amounts.

Table with 3 columns: 2004 Amount, TS, 2003 Amount. Rows for 20% capital gain property.

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2004

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US

Itemized Deductions (continued)

25 p3

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.

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2004

1040

US

Itemized Deductions (continued)

25 p3

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):

Investment expense:

Tax return preparation fee

Safe deposit box rental

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

Federal only:

State only:

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Federal only:

State only:

25 p3

2004

1040

US

Noncash Contributions (Form 8283)

26

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 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 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 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) .....		

**1 How Property was Acquired**

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

**2 Method Used to Determine FMV**

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

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2004

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US

Business Use of Home (Form 8829)

No.

29

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:		
_____		
_____		
_____		
_____		

2004

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2004 Amount	2003 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (70% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<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"/>

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2004

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

	2004 Amount	2003 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		
Number of months your job required a vehicle (if not 12 months)		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
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

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
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)		



2004

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2004 information.

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....	<input type="text"/>	
Ending date for bona fide residence (m/d/y) .....	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable).....	<input type="text"/>	
Period family lived abroad.....	<input type="text"/>	
1=submitted statement to country of bona fide residence.....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input type="text"/>	
Contractual terms relating to length of employment abroad.....	<input type="text"/>	
Type of visa you entered foreign country under .....	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)...	<input type="text"/>	
Address of home in U.S. maintained while living abroad (if applicable) .....	<input type="text"/>	
1=U.S. home rented (if applicable) .....	<input type="text"/>	
Names of occupants in U.S. home (if applicable) .....	<input type="text"/>	
Relationship of occupants in U.S. home (if applicable).....	<input type="text"/>	
Principal country of employment .....	<input type="text"/>	

**FOREIGN HOUSING EXPENSES**

	2004 Amount	2003 Amount
Qualified housing expenses.....	<input type="text"/>	<input type="text"/>

31.1 p2

<b>2004</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <input style="width:30px;" type="text"/>	<b>31.2</b>
-------------	-------------	-----------	---	--	-------------

**Please enter all pertinent 2004 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

**FOREIGN WAGES, SALARIES, TIPS**

	2004 Amount	2003 Amount
1=spouse .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
1=retirement plan (Box 13) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Name of employer (Box c) .....	<input style="width:100%;" type="text"/>	
Wages, tips, other compensation (Box 1) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Federal income tax withheld (Box 2) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Social security tax withheld (Box 4) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Medicare tax withheld (Box 6) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
State income tax withheld (Box 17) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Local income tax withheld (Box 19) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Meals .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Car .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other properties or facilities:		
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

**Allowances and Reimbursements**

Cost of living and overseas differential .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Family .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Education .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Home leave .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Quarters .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other purposes:		
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
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**Other Foreign Earned Income**

<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

**2004 Days Worked Allocation Information**

Total number of days worked (if not 240) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Total days worked before and after foreign assignment .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Foreign days worked before and after foreign assignment .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

2004

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

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 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 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 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 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 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 . . . . .		

33.1,33.2

2004

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

2004 Amount

2003 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1987 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2004.....			
	Qualified Adoption Expenses Paid in	2003 for adoption not finalized by end of 2004.....		
		1997-2001 for adoption of foreign child finalized in 2004.....		
2003 and 2004 for adoption finalized in 2004.....				
2004 for adoption finalized before 2004.....				
1=spouse, 2=joint.....				

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2004

1040

US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2004 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS**

		2004 Amount	2003 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2004 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2004

1040

US

Household Employment Taxes (Schedule H)

42

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

**HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,400 or more in 2004; withheld federal income tax during 2004 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees, please complete the following:

Employer identification number ..... 

--

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

--

	2004 Amount	2003 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,400 or more.....		
1=withheld federal income tax for household employee.....		
Total cash wages subject to social security taxes.....		
Total cash wages subject to Medicare taxes.....		
Federal income tax withheld.....		
Advance earned income credit payments.....		
Taxes withheld from state disability payments.....		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/15/05.....		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state.....		
State reporting number.....		
Contributions paid to state unemployment fund.....		

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2004

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2004 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.

CHILD'S INFORMATION

Form for child information with fields for First name, Last name, Social security number, Date of birth, and 1=nontaxable to federal/state.

INTEREST INCOME (Form 1099-INT)

Table for Interest Income with columns for 2004 Amount and 2003 Amount, including rows for Banks, U.S. bonds, Tax-exempt interest, Adjustments, and Foreign.

DIVIDEND INCOME (Form 1099-DIV)

Table for Dividend Income with columns for 2004 Amount and 2003 Amount, including rows for Total ordinary dividends, Qualified dividends, Total capital gain distributions, Unrecaptured section 1250 gain, Section 1202 gain, Collectibles gain, Nontaxable distributions, Tax-exempt interest, and Nominee distributions.

