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**2005
 TAX ORGANIZER**

Taxpayer Information		Spouse Information	
Last name	_____	Last name	_____
First name	_____	First name	_____
Middle Initial	_____	Middle Initial	_____
Suffix	_____	Suffix	_____
Social security number	_____	Social security number	_____
Date of birth	_____	Date of birth	_____
Occupation	_____	Occupation	_____
Work phone	_____	Work phone	_____
Ext	_____	Ext	_____
Cell phone	_____	Cell phone	_____
E-mail address	_____	E-mail address	_____
Address	_____		Apartment number
City	_____	State	_____
Home phone	_____	ZIP Code	_____
Fax number	_____		

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
-----		-----			
-----		-----			
-----		-----			
-----		-----			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid
-----	-----		
-----	-----		
-----	-----		
-----	-----		

Education Tuition and Fees					
Student First Name	MI	Suffix	Student Last Name	Social Security Number	Qualified Expenses
-----			-----		
-----			-----		
-----			-----		

For each student: 1) First/second year of post-secondary education? 2) At least 1/2 time? 3) Earning degree or other credential? 4) No drug offense? Attach details of the qualified education expenses.

Student Loan Interest Paid
 Enter total 2005 qualified student loan interest

Attach Form(s) W-2 ' Wages, Salaries, Tips and Other Compensation	
Employer Name	Last Year Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R ' Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc	
1099-R Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 ' Social Security/Railroad Benefits		Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____	_____
Medicare B premiums withheld	_____	_____	_____

Attach Form(s) 1099-MISC ' Miscellaneous Income	
1099-MISC Payer Name	

Attach Form(s) 1099-INT ' Interest Income	
1099-INT Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV ' Dividend Income	
1099-DIV Payer Name	Last Year Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S ' Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G ' Certain Government Payments, Schedule K-1s ' Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G ' Gambling or Lottery Winnings, Form(s) 1099-Q ' Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2005	_____	_____
Roth IRA contributions made for 2005	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

Medical and Dental Expenses	2005 Amount	Last Year Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes 01/01/05 thru 08/31/05	_____	_____
Miles driven for medical purposes 09/01/05 thru 12/31/05	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____

Taxes	2005 Amount	Last Year Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses		
Home mortgage interest paid* Attach Form(s) 1098.		
Lender's Name	2005 Amount	Last Year Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2005 Amount	
_____	_____	
_____	_____	

Cash/Check/Credit Card Charitable Contributions		
Charitable Organization 01/01/05 thru 08/27/05	2005 Amount	Last Year Amount
_____	_____	_____
_____	_____	_____
Charitable Organization 08/28/05 thru 12/31/05	2005 Amount	
_____	_____	
_____	_____	

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2005 Amount	Last Year Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____
_____	_____	_____

		Yes	No
1	Did you purchase a motor vehicle or boat during 2005? If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
2	Did your marital status change during 2005? If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Were you or your spouse permanently and totally disabled in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have children under age 14 with investment income greater than \$1,600?	<input type="checkbox"/>	<input type="checkbox"/>
6	Did you provide over half the support for any other person during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you incur adoption expenses during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
8	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
9	Did you receive any disability payments in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you buy, sell or refinance a principal residence or other real property in 2005? If yes , attach closing or escrow statements.	<input type="checkbox"/>	<input type="checkbox"/>
12	Did you incur any casualty or theft losses during 2005?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you pay any individual for domestic services in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you buy or sell any stocks or bonds in 2005?	<input type="checkbox"/>	<input type="checkbox"/>
16	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you incur any moving expenses? If yes , attach details	<input type="checkbox"/>	<input type="checkbox"/>
18	Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes , please attach information.		
19	Do you expect your income and deductions in 2006 to be the same as 2005?	<input type="checkbox"/>	<input type="checkbox"/>
	If no , attach explanation of changes expected.		
20	If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
	Taxpayer		Spouse
21	Enter your state of residence		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip). What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)
