

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2004 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 2004 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, 2003 information is included for your reference. You do not need to make any 2003 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 2003 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.

John J. Defassio, CPA
1400 Main Street Chapman
Bath, PA 180149199
Telephone: (610)837-0842 Fax: (610)837-1836
E-mail: jjdcpa@entermail.net

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Topic Index

ORG2

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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 1-1-2005	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. ▶ 2002 2003

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code +Months in U.S.	Date of Birth *Not Citizen	2004 Child Care Expense
				2003 Child Care Expense

** 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 child care credit)

+ 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

General Questions

ORG3

PERSONAL INFORMATION

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1 Did you purchase a motor vehicle or boat during 2004?
If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did your marital status change during 2004?
If yes , explain . . . _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no , enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Designee's Name . . . ▶ _____
Phone Number . . . ▶ _____ Personal Identification Number (5 digit PIN) . . . ▶ _____ | | |
| 4 Do you or your spouse plan to retire in 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Were you or your spouse permanently and totally disabled in 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Enter date of death for taxpayer or spouse (if during 2004 or 2005): Taxpayer: _____ Spouse: _____ | | |

DEPENDENT INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children under age 14 with investment income greater than \$1,600? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2004? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA AND PENSION PLAN

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 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"/> |
| 14 Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you sell and/or purchase a principal residence in 2004?
(Attach copies of your purchase and/or sale escrow statements.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you have any installment sale amounts from relatives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any casualty or theft losses during 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 22 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- | | Yes | No |
|---|--------------------------|--------------------------|
| 24 Did you have foreign income or pay any foreign taxes in 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
If yes , enter the name of the foreign country: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |

GIFTS TO TRUSTS OR TUITION PLANS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 30 Did you or your spouse make gifts of over \$11,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 32 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?
If yes , please attach details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you or your spouse participate in a medical savings account in 2004?
If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you pay any individual for domestic services in 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Did you, your spouse, or your dependents attend post-secondary school in 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you receive any income not included in this Tax Organizer?
If yes , please attach information. | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- Caution:** Review transferred information for accuracy.
- | | Yes | No |
|--|-----------------------------------|----------------------------------|
| 39 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 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"/> |
| 41 If yes , please provide the following information: | | |
| a Name of your financial institution | _____ | |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) | _____ | |
| c Account number | _____ | |
| d What type of account is this? | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip).

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2004? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2004?	<input type="checkbox"/>	<input type="checkbox"/>
4 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"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2004?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2004?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
12 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

**Type of Interest

blank = Regular taxable interest

E = State/local municipal bonds (exempt-interest)

M = State use only

TSJ	X*	Payer Name	Interest	2004 Box 1 Type of Interest**	State	2004 Box 3 US Interest	2003 Box 1 or 3

X* Check if you did not receive income from this account in 2004.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2004 Box 1a Ordinary Dividends	2004 Box 1b Qualified Dividends	2004 Box 2a Capital Gains	State	2003 Box 1a + 2a

X* Check if you did not receive income from this account in 2004.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2004	2003
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 a Insurance reimbursement.		
b Medical savings account (MSA) distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care.		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		

TAXES	2004	2003
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		
J _____	<input type="checkbox"/>		

Note: Complete sections below **only** if the **total** noncash contributions is **more than \$500**.

Description of Donated Property	Address of Donee Organization
A _____	
B _____	
C _____	
D _____	
E _____	
F _____	
G _____	
H _____	
I _____	
J _____	

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				
J _____				

* Some methods used in determining FMV are: Appraisal, Thrift Shop, Catalog, or Comparable Sales

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2004	2003
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2004	2003
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Other miscellaneous deductions:		
a _____		
b _____		
c _____		
d _____		
e _____		

