



Professional Service with a Personal Touch
Accounting • Tax • Financial Planning

CWR Monthly

December 2005

December's newsletter is designed to assist you in the following three categories:

- *Collecting and assembling the necessary information for tax preparation*
- *Reducing your 2005 tax preparation costs*
- *Ensuring the fastest turn around on your refund*

Collecting and assembling the necessary information to prepare your tax returns can be a time consuming and confusing process. Much of the expense in tax preparation has to do with your tax preparer having to repeatedly ask for information that was not made available to him/her at the time of the tax preparation engagement. This process can be simplified and can greatly reduce your tax preparation costs if you can present your tax preparer with well organized, fully tabulated financial data (with supporting documentation) that he/she can review and apply to the correct forms and schedules.

*To assist you in this process, CWR is including a comprehensive **2005 TAX ORGANIZER** with this newsletter. Completing this organizer and presenting it to your tax preparer (with the appropriate supporting documentation) will eliminate the possibility of missing deductions and will greatly reduce your overall tax preparation costs.*

*Having your tax return prepared early in the 2005 tax season and having your preparer **efile** your federal and state income tax return will also greatly reduce the turn around time on any refund due you. In fact, if you efile your return and authorize the refund to be direct deposited into your checking or savings account, you can receive your refund in as little as 18 to 28 days.*

(Key Note: The earlier in the season you file your return the less time delay there is in receiving your refund).

*Please feel free to print the attached **2005 CWR TAX ORGANIZER** and use it to assist you in collecting, assembling, tabulating, and organizing your 2005 financial data to present to your tax preparer.*

It is my hope that the use of this tax organizer will simplify your tax preparation process and will reduce your overall tax preparation costs for tax year 2005.

Charlie

2005 CWR Tax Organizer

Please provide the following materials for your appointment with your tax preparer:

- 2004 Income Tax Return (new clients)
- All Forms and Statements (W-2's, 1099's, 1098's, K-1's, Closing Statements, etc)
- All Court Documents, IRS or State Agency Correspondence received in 2005
- Name and Address Label from government booklet or card

Client Name:

Client Telephone Number:

Page 1 of 14

General Information

YES NO

- ___ ___ Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- ___ ___ Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?
- ___ ___ Do you have children under age 14 with investment income greater than \$1,600?
- ___ ___ Were you or your spouse permanently and totally disabled in 2005?
- ___ ___ 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?
- ___ ___ Did you receive any disability payments in 2005?
- ___ ___ Did you receive tip income **not** reported to your employer?
- ___ ___ Did you buy, sell, or refinance a principal residence or other real property in 2005?
If **yes**, attach closing or escrow statements.
- ___ ___ Did you incur any casualty or theft losses in 2005?
- ___ ___ Did you incur any non-business bad debt in 2005?
- ___ ___ Did you pay any individual household employee cash wages of \$1,000 or more in 2005?
- ___ ___ Did you pay a household employee at least \$1,400 in 2005?

YES NO

- Did you or your spouse work out of town for part of 2005?
- Did you sell any stocks, bonds, or other investment property in 2005? If **yes**, please list the description, date acquired, date sold, sales price, cost or basis, and expenses of the sale in the **INVESTMENTS SECTION** of this organizer.
- Did you use your car on the job (other than for commuting to and from work) in 2005?
- Did you incur moving expenses in 2005 due to a change in employment?
- Did you receive any K-1's from S Corporations, Partnerships, Estates, Trusts, or LLCs in 2005?
- Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses in 2005?
- Are you self-employed or do you receive hobby income? **Please circle the applicable.**
- Did you receive income from growing crops or raising animals in 2005?
- Did you give a gift of more than \$11,000 to any individual in 2005?
- Did you receive unemployment compensation in 2005?
- Did you receive Social Security income in 2005?
- Did you provide a home or help support anyone not listed in the **DEPENDENT SECTION** of this tax organizer?
- Did you pay interest on student loans in 2005? If **yes**, attach statement.
- Did you pay tuition expenses to attend classes beyond high school for yourself, your spouse, or your dependents in 2005?
- Did you go through bankruptcy proceedings in 2005? If **yes**, please provide copies of court documents.
- Were you audited by either the Internal Revenue Service or your State taxing agency in 2005?
- Did you itemize deductions last year and receive a state tax refund?
- Did you give over \$500 in non cash contributions to a charity?
- Can you be claimed as a dependent by someone else?
- Did you receive income not included in this tax organizer? If **yes**, please attach information
- Did you pay or receive alimony in 2005?
- Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss this return with the preparer?

Electronic Filing and Direct Deposit of Refund

YES NO

____ ____ If your tax return is eligible, would you like to file electronically (i.e. efile)?
If **yes**, please provide a 5 digit pin for the electronic signature for:
Taxpayer _____ Spouse _____

____ ____ IF you are due a refund, do you want your refund directly deposited into your bank
account? If **yes**, please provide a **VOIDED** check or savings slip of the account you want
directly deposited.

____ ____ If you have a balance due, do you want your balance due drafted from your bank
account? If **yes**, please provide a **VOIDED** check or savings slip of the account you
want to be drafted.

Estimated Tax Paid

Due Date	Date Paid	Federal	State
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

Personal Information

Taxpayer Information

First Name _____ MI _____ Last Name _____
Social Security # _____ Date of Birth _____
Street Address _____ County _____
City _____ State _____ Zip Code _____
Occupation _____ Home Telephone _____
Work Telephone _____ Fax Number _____
Cell Phone _____ E-mail _____

Spouse Information

First Name _____ MI _____ Last Name _____
Social Security # _____ Date of Birth _____
Street Address _____ County _____
City _____ State _____ Zip Code _____
Occupation _____ Home Telephone _____
Work Telephone _____ Fax Number _____
Cell Phone _____ E-mail _____

Filing Status

	Taxpayer	Spouse
_____ Single	YES NO	YES NO
_____ Married Filing Jointly	_____ _____	_____ _____
_____ Head of Household	Disabled _____ _____	_____ _____
_____ Married Filing Separate		

Dependents (Children & Others)

1. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months lived at home this tax year _____ Gross Income \$ _____

2. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months lived at home this tax year _____ Gross Income \$ _____

3. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months lived at home this tax year _____ Gross Income \$ _____

4. Name _____ Date of Birth _____
Social Security # _____ Relationship _____
Months lived at home this tax year _____ Gross Income \$ _____

Wage, Salary Income (Attach W-2's)

Taxpayer

1. Employer _____	Gross Income \$ _____
2. Employer _____	Gross Income \$ _____
3. Employer _____	Gross Income \$ _____
4. Employer _____	Gross Income \$ _____

Spouse

1. Employer _____	Gross Income \$ _____
2. Employer _____	Gross Income \$ _____
3. Employer _____	Gross Income \$ _____
4. Employer _____	Gross Income \$ _____

Interest Income (Attach 1099INT and broker statements)

1. Payer _____	Amount \$ _____
2. Payer _____	Amount \$ _____
3. Payer _____	Amount \$ _____
4. Payer _____	Amount \$ _____

Dividend Income (From Mutual Funds and Stocks) (Attach 1099DIV)

1. Payer _____	Ordinary \$ _____	Capital Gains \$ _____	Non-Taxable \$ _____
2. Payer _____	Ordinary \$ _____	Capital Gains \$ _____	Non-Taxable \$ _____
3. Payer _____	Ordinary \$ _____	Capital Gains \$ _____	Non-Taxable \$ _____
4. Payer _____	Ordinary \$ _____	Capital Gains \$ _____	Non-Taxable \$ _____

Partnership, Trust, Estate Income (List of payers of partnership, limited partnership, S Corp, trust, or estate income) (Attach K-1)

Investments Sold (Stocks, Bonds, Mutual Funds, Gold, Silver, etc) (Attach 1099-B and confirmation slips)

Investment Property	Date Acquired	Date Sold	Cost	Sale Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Property Sold (Attach 1099-S and closing statements) (Provide information on improvements)

Property	Date Acquired	Date Sold	Cost & Improvements	Sale Price
Personal Residence _____	_____	_____	\$ _____	\$ _____
Vacation Home _____	_____	_____	\$ _____	\$ _____
Land _____	_____	_____	\$ _____	\$ _____
Other _____	_____	_____	\$ _____	\$ _____

IRA (Individual Retirement Account) (Attach 1099-R and 5498)

2005 Contributions

	Traditional Deductible	Traditional Non-Deduct	Roth		Traditional Deductible	Traditional Non-Deduct	Roth
Taxpayer	\$ _____	\$ _____	\$ _____	Spouse	\$ _____	\$ _____	\$ _____

2005 Withdrawals

Date	Amount	Roth (Y/N)	Plan Trustee	Reason for Withdrawal	Reinvested? (Y/N)
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____	_____

Pension, Annuity Income (Attach 1099-R, SSA 1099, RRB 1099) (Provide statements from employer or insurance company with information on cost of/or contributions to plan)

Payer	Reason for Payment	Reinvested?		Did you receive?		Taxpayer		Spouse	
		Y	N	Y	N	Y	N	Y	N
				Social Security					
		Y	N	Benefits		Y	N	Y	N
				Railroad					
		Y	N	Retirement		Y	N	Y	N
		Y	N						
		Y	N						

Other Income (List All Other Income (including non-taxable))

Alimony Received	_____	Child Support	_____
Unemployment Compensation (repaid)	_____	Unreported Tips	_____
Payments from Prior Installment Sale	_____	Commissions	_____
Prizes, Bonuses, Awards	_____	Jury Duty	_____
Worker's Compensation	_____	Disability Income	_____
Gambling, Lottery: expenses _____	_____	Veteran's Pension	_____
Director/Executor's Fee	_____	Other	_____
State Income Tax Refund	_____	Other	_____
Scholarship (Grants)	_____	Other	_____

Medical/Dental Expenses

Medical Insurance Premiums (paid by you)	_____	Prescription Drugs	_____
Doctor/Dental/Orthodontist	_____	Insulin	_____
Glasses, Contacts	_____	Braces	_____
Hearing aids, Batteries	_____	Nursing Care	_____
Medical Equipment, Supplies	_____	Hospital	_____
Medical Therapy	_____	Lab Work	_____
Counseling	_____	Other	_____
Mileage Jan 1-Aug 31	_____	Other	_____
Mileage Sep 1-Dec 31	_____	Insurance Reimbursement (_____)	

Taxes Paid

State & Local Income Tax _____ Personal Property Tax _____
 Real Property Tax (attach bills) _____ Other _____

Interest Expense

Mortgage Interest paid (All) (Attach 1098's) _____
 Interest paid to individual for your home (attach amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security # _____
 Deductible Points _____
 Investment Interest:
 Land _____
 Brokerage _____
 Other _____

Casualty/Theft Loss (For property damaged by storm, water, fire, accident, or stolen)

Location of Property _____
 Description of Property _____
 Amount of Damage _____
 Repair Costs _____
 Insurance Reimbursement (_____)
 Federal Grants Received (_____)

Charitable Contributions

Cash (Contributions of \$250 or more require written substantiation from the organization)

Church _____	United Way _____
Scouts _____	Telethons _____
University, Public TV/Radio _____	Wildlife Fund _____
Heart, Lung, Cancer, etc. _____	Red Cross _____
Salvation Army, Goodwill _____	Other _____

Non-Cash (Fair Market Value of Items Contributed)

Salvation Army, Goodwill, etc. _____	Other _____
Volunteer Mileage Jan 1-Aug 31 _____	Sep 1-Dec 31 _____

Job Related Moving Expenses (For moves of 50 miles or more from your previous tax home).

Date of Move _____ Move Household Goods _____
 Travel to new home (mileage) _____ Lodging during Move _____

Employment Related Expenses That You Paid (Not Self-Employed)

Dues (Union or Professional) _____	Licenses _____
Books, Subscriptions, Supplies _____	Tools, Equipment _____
Sales Expense, Gifts _____	Uniforms & Cleaning _____
Tuition, Books (work related) _____	Entertainment _____
Office in home (Square Footage): _____	Business Telephone _____
Total Home _____	Other _____
Office _____	Other _____
Storage _____	
Rent _____	Insurance _____
Utilities _____	Maintenance _____

Child & Other Dependent Care Expenses (Also complete this section if you receive dependent care benefits from your employer)

Dependent	Care Provider	Address	Social Security # or Employer ID	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Mileage (Not Self-Employed)

Do you have written records? Yes _____ No _____
 Did you sell or trade-in a car used for business? Yes _____ No _____
 If **yes**, attach a copy of purchase agreement.

Make/Year of Vehicle _____	Date Purchased _____
Total Miles Jan 1-Aug 31 _____	Total Miles Sep 1-Dec 31 _____
Business Miles Jan 1-Aug 31 _____	Business Miles Sep1-Dec31 _____
From 1 st to 2 nd Job _____	From 1 st to 2 nd Job _____
Education (one way, work to school) _____	Education (one way, work to school) _____
Job Seeking _____	Job Seeking _____
Other Business _____	Other Business _____

Oil, Gas, Lubrication	_____	Batteries, Tires, etc.	_____
Repairs	_____	Wash	_____
Insurance	_____	Interest	_____
Lease Payments	_____	Parking	_____

Business Travel (If you are not reimbursed for exact amount, give total expenses).

Airfare, Train, etc.	_____	Lodging	_____
Meals (# of days _____)	_____	Taxi, Car Rental	_____
Reimbursement Received	(_____)	Other	_____

Investment Related & Other Miscellaneous Expenses

Tax Preparation Fee	_____	Mutual Fund Fee	_____
Safe Deposit Box Rental	_____	Other	_____
Investment Counselor	_____	Other	_____

Other Deductions

Alimony Paid to _____	_____	Social Security #	_____
Student Loan Interest	_____	Educator Expense	_____
Penalty on Early Withdrawal of Savings	_____	Other	_____
Health Savings Account	_____	Other	_____

Education Expenses

Student's Name	Type of Expense	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Income & Expenses

Principal business or profession: _____ Business owned by: _____
 Business Name: _____ Employer ID Number: _____
 Business Address: _____ City, State, Zip: _____

Accounting Method Cash Basis _____ Accrual Basis _____ Hybrid _____
 Inventory Method Cost _____ Lower Cost _____ Other _____
 or Market

Did you materially participate? Yes ___ No ___ Is this the first year of the business? Y ___ N ___

Income	Amount	Cost of Goods Sold	Amount
Gross Receipts or Sales	_____	Beginning of year Inventory	_____
Returns and Allowances	(_____)	Purchases	_____
Other Income	_____	Cost of items used personally	_____
		Cost of Labor	_____
Total Income	_____	Materials and Supplies	_____
		Other Costs	_____
		End of year Inventory	_____

Expenses	Amount	Expenses	Amount
Advertising	_____	Other Taxes	_____
Bad Debts (N/A cash benefits)	_____	Licenses	_____
Commissions and fees	_____	Travel & Lodging	_____
Employee Benefits	_____	Meals & Entertainment (total)	_____
Health Insurance	_____	Utilities	_____
Other Insurance	_____	Wages	_____
Mortgage Interest	_____	Management Fees	_____
Other Interest	_____	Consulting Expenses	_____
Legal & Accounting Fees	_____	Payroll Services	_____
Allocation of tax preparation fees	_____	Employee vehicle expense	_____
Office Expense	_____	Employee mileage reimbursement	_____
Pension & Profit Sharing Plans	_____	Client Gifts (limited to \$25 each)	_____
Rent, Vehicles	_____	Education and seminars	_____
Rent, Equipment	_____	Telephone	_____
Rent, Building	_____	Other	_____
Repairs, Building	_____	Internet Services	_____
Repairs, Equipment	_____	Other	_____
Repairs, Vehicles	_____	Other	_____
Supplies	_____		_____
Payroll Taxes	_____	Total Expenses	_____
Car & Truck Expenses *	_____	(before depreciation)	_____

Depreciation				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you dispose of any business assets (including real estate) in 2005? Yes ___ No ___

Did you use your personal vehicle for business purposes? * Yes ___ No ___
 (If **yes**, complete vehicle expense form)
 Did you have a home office in 2005? (If **yes**, complete home office form) Yes ___ No ___

Personal Vehicle Used in Business

Do you have written records to support your vehicle use in 2005? Yes ___ No ___
 Did you sell or trade-in a vehicle used for business in 2005? Yes ___ No ___
 (If **yes**, attach a copy of the purchase agreement)

What is the Make/Year of the Vehicle used for business in 2005? _____
 When did you place your vehicle in service for business purposes? (month, day, year) _____

Total number of miles driven (personal & business) from Jan 1-Aug 31 _____
 Total number of miles driven (personal & business) from Sep 1-Dec 31 _____
 Total business miles driven from Jan 1- Aug 31 _____
 Total business miles driven from Sep 1- Dec 31 _____
 Total Commuting Miles driven in 2005 _____
 Total Personal Miles in 2005 _____

Actual Vehicle Expenses for 2005

Gas, Oil, Lubrication	_____	Repairs	_____
Batteries, Tires, etc	_____	Wash	_____
Insurance	_____	Interest	_____
Lease Payments	_____	Parking	_____
Depreciation (from depreciation table)	_____	Other	_____

Home Office

When did you place your Home Office in service (month, day, and year)? _____

Total Square Footage of Home?	_____	Smaller of Adj Basis	_____
Square Footage of Office in Home?	_____	or FMV of Home?	_____
Square Footage of Business	_____	Value of the Land?	_____
(_____)			
Storage in Home?	_____	Basis of the Building?	_____

What percentage of your Total Home Utilities expenses is used for your Home Office? _____ %
 (Discount a percentage that is not Home Office usage, i.e. cooking, ironing, etc.)

Expenses (Enter total home expenses) (Indicate (E) any exclusive Home Office expense)

Deductible Mortgage Interest	_____	Real Estate Taxes	_____
Home Insurance	_____	Utilities	_____
Repairs and Maintenance	_____	Exterminator	_____
Home Janitorial Services	_____	Home Security	_____
Rent (if you do not own)	_____	Other	_____

Rental Income & Expenses

Was the property purchased or converted to rental property during this tax year? Yes ___ No ___
 Did you live in part of the rental property? Yes ___ No ___
 If **yes**, what percentage did you occupy? _____ %
 If any of the property is a vacation home, how many days was it rented in 2005? _____
 If any of the property is a vacation home, how many days did you use it in 2005? _____

Property Address	Commercial (X)	Residential (X)	Vacation (X)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Property	1	2	3	4
Rents Received	_____	_____	_____	_____
Expenses				
Advertising	_____	_____	_____	_____
Association Dues	_____	_____	_____	_____
Auto and Travel	_____	_____	_____	_____
Cleaning/Maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Gardening	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Labor	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____
Professional Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Repairs and Maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Improvements	_____	_____	_____	_____
Other	_____	_____	_____	_____

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

 Date _____

 Date _____