

2006 Organizer
prepared by:

CPA FINANCIAL SOLUTIONS, INC.
295 W. CROSSVILLE ROAD SUITE 330
ROSWELL, GA 30075



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2006 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 2006 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, 2005 information is included for your reference. You do not need to make any 2005 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 2005 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.

CPA FINANCIAL SOLUTIONS, INC.
295 W. CROSSVILLE ROAD SUITE 330
ROSWELL, GA 30075
Telephone: (770)650-0103 Fax: (770)650-5743
E-mail: ewilliams@cpatfp.com

Taxpayer Information				Spouse Information			
Last name				Last name			
First name				First name			
Middle Initial		Suffix		Middle Initial		Suffix	
Social security number				Social security number			
Date of birth				Date of birth			
Occupation				Occupation			
Work phone		Ext ..		Work phone		Ext ..	
Cell phone				Cell phone			
E-mail address				E-mail address			
Address						Apartment number	
City				State		ZIP Code	
Home phone		Fax number		Home phone		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 2006 qualified student loan interest

Attach Form(s) W-2 ' Wages, Salaries, Tips and Other Compensation	
Employer Name	2005 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R ' Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc	
1099-R Payer Name	2005 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	2005 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV ' Dividend Income	
1099-DIV Payer Name	2005 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.

Retirement Plan Contributions		Taxpayer	Spouse
Traditional IRA contributions made for 2006	_____	_____	_____
Roth IRA contributions made for 2006	_____	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____	_____

2006 Deductions

Medical and Dental Expenses	2006 Amount	2005 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____
Taxes	2006 Amount	2005 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	2006 Amount	2005 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2006 Amount	
_____	_____	

Cash/Check/Credit Contributions	2006 Amount	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	2006 Amount	2005 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 make energy-efficient improvements to your home or purchase any energy-saving property during 2006? If yes, attach details	<input type="checkbox"/>		<input type="checkbox"/>
2 Did you purchase a motor vehicle or boat during 2006? If yes, attach documentation showing sales tax paid.	<input type="checkbox"/>		<input type="checkbox"/>
3 Did you purchase a hybrid vehicle in 2006? If yes, enter year, make, model, and date purchased: _____	<input type="checkbox"/>		<input type="checkbox"/>
4 Did you donate a vehicle in 2006? If yes, attach Form 1098C	<input type="checkbox"/>		<input type="checkbox"/>
5 What was the sales tax rate in your locality in 2006? % State ID			
6 Did your marital status change during 2006? If yes, explain: _____	<input type="checkbox"/>		<input type="checkbox"/>
7 Were you or your spouse permanently and totally disabled in 2006?	<input type="checkbox"/>		<input type="checkbox"/>
8 Do you have dependents who must file?	<input type="checkbox"/>		<input type="checkbox"/>
9 Do you have children under age 18 with investment income greater than \$1,700?	<input type="checkbox"/>		<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2006?	<input type="checkbox"/>		<input type="checkbox"/>
11 Did you incur adoption expenses during 2006?	<input type="checkbox"/>		<input type="checkbox"/>
12 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"/>
13 Did you receive any disability payments in 2006?	<input type="checkbox"/>		<input type="checkbox"/>
14 Did you receive tip income not reported to your employer?	<input type="checkbox"/>		<input type="checkbox"/>
15 Did you buy, sell or refinance a principal residence or other real property in 2006? If yes, attach closing or escrow statements.	<input type="checkbox"/>		<input type="checkbox"/>
16 Did you incur any casualty or theft losses during 2006?	<input type="checkbox"/>		<input type="checkbox"/>
17 Did you incur any non-business bad debts?	<input type="checkbox"/>		<input type="checkbox"/>
18 Did you pay any individual for domestic services in 2006?	<input type="checkbox"/>		<input type="checkbox"/>
19 Did you buy or sell any stocks or bonds in 2006?	<input type="checkbox"/>		<input type="checkbox"/>
20 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"/>
21 Did you incur any moving expenses? If yes, attach details	<input type="checkbox"/>		<input type="checkbox"/>
22 Did you receive any income not included in this Tax Organizer? If yes, please attach information.	<input type="checkbox"/>		<input type="checkbox"/>
23 Do you expect your income and deductions in 2007 to be the same as 2006? If no, attach explanation of changes expected.	<input type="checkbox"/>		<input type="checkbox"/>
24 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ Taxpayer Spouse			
25 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"/>

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

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

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2006?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain		
2 Do you want to allow your tax preparer to discuss this year's return with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If no, enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.		
Designee's Name G _____		
Phone Number G _____ Personal Identification Number (5 digit PIN) G _____		
3 Do you or your spouse plan to retire in 2007?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2006?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2006 or 2007): Taxpayer: _____ Spouse: _____		

DEPENDENT INFORMATION

	Yes	No
6a 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"/>
7a Do you have children under age 18 with investment income greater than \$1,700?	<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"/>
8 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you provide over half the support for any other person during 2006?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you incur adoption expenses during 2006?	<input type="checkbox"/>	<input type="checkbox"/>

IRA AND PENSION PLAN

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

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
15 Did you receive any disability payments in 2006?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you sell and/or purchase a principal residence in 2006?	<input type="checkbox"/>	<input type="checkbox"/>
(Attach copies of your purchase and/or sale escrow statements.)		
18 Did you have any installment sale amounts from relatives?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2006?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enclose agent's report or notice of change.		
22 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 |
|---|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter the name of the foreign country: _____ | | |
| 25 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 |
|---|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 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"/> |
| 28 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"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 29 Did you make energy-efficient improvements to your home or purchase any energy-saving property during 2006? If yes, attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you purchase a motor vehicle or boat during 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid. | | |
| 31 Did you purchase a hybrid vehicle in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____ | | |
| 32 Did you donate a vehicle in 2006? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 What is the sales tax rate in your locality? _____% State ID | | |
| 34 Did you or your spouse make gifts of over \$12,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 37 Did you or your spouse participate in a medical savings account in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 38 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you pay any individual for domestic services in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you, your spouse, or your dependents attend post-secondary school in 2006? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 43 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 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"/> |

Caution: Review transferred information for accuracy.

- 45 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"/> |

G — Please attach a voided check (not a deposit slip).

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 1-1-2007 ...	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 G

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

Check this box if your spouse itemizes deductions G

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 G 2004 2005

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2006 Child Care Expense
		+Months in U.S.	*Not Citizen	2005 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 the child tax credit and/or the credit for child and dependent care expenses)

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

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