

DONALD A. JARVIS & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS
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Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2006 personal income tax return. We have preprinted certain information from your 2005 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***_**_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2006 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

DONALD A. JARVIS & COMPANY

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 18 with unearned income in excess of \$1700?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to a retirement plan (including IRA) due to Hurricane Katrina, Rita, or Wilma?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings/529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions of \$250 or more?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<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 have any educational expenses or make any student loan interest payments during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

Did you make gifts of more than \$12,000 to any individual?

Did you engage in any bartering transactions?

Are you covered by a pension or retirement plan?

Did you incur moving costs because of a job change?

Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?

Did you receive correspondence from the State or the Internal Revenue Service?

If yes, explain: _____

Do you want to designate \$3 to the Presidential Election Campaign Fund?

Checking yes will not change your tax or reduce your refund.

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Foreign taxes paid	68	Wages and salaries	7, 9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]
 Mark if you were married but living apart all year [2]

Taxpayer	Spouse
Social security number [3] [4]
First name [5] [6]
Last name [7] [8]
Occupation [9] [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [11] [13]	
Mark if legally blind [14] [15]	
Mark if dependent of another taxpayer [16] [17]	
Date of birth [18] [19]
Date of death [20] [21]
Work/daytime phone number/ext number [22] [23] [24] [25]
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No) [26]	

Present Mailing Address

Address [28]
 Apartment number [29]
 City [30]
 State postal code [31]
 Zip code [32]
 Home/evening phone number [33]
 Email address [34]
 In care of addressee [35]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

[36] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [37]
 Social security number of qualifying person [38]

Dependent Codes	
*Basic 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit 9 = Qualifying child for Child Tax Credit only, who is not a dependent 10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number [1]
 Name of financial institution [2]
 Your account number [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [4]

Secondary account #1:

Financial institution routing transit number [7]
 Name of financial institution [8]
 Your account number [9]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [10]

Secondary account #2:

Financial institution routing transit number [13]
 Name of financial institution [14]
 Your account number [15]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) [16]

*Refunds may only be direct deposited to an established traditional, Roth or SEP-IRA accounts. You must make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information

Preparer - Enter on Screen Contac

Car telephone number [6]
 Fax telephone number [7]
 Mobile telephone number [8]
 Pager number [9]
 Other: [10]
 Telephone number [11]
 Extension [12]

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2006 taxes, do you want the excess:

Refunded _____ [38]

Applied to 2007 estimated tax liability _____ [39]

Do you expect a considerable change in your 2007 income? (1 = Yes, 2 = No) _____ [40]

If yes, please explain any differences:

_____ [41]

_____ [42]

_____ [43]

_____ [44]

Do you expect a considerable change in your deductions for 2007? (1 = Yes, 2 = No) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in the amount of your 2007 withholding? (1 = Yes, 2 = No) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a change in the number of dependents claimed for 2007? (1 = Yes, 2 = No) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

2006 Federal Estimated Tax Payments

2005 overpayment applied to 2006 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date paid if after date due and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid						
1st quarter payment	4/17/06	_____ [5]	+ _____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="text-align: center;">Calculated Amount</td> </tr> <tr> <td>_____</td> </tr> <tr> <td>_____</td> </tr> <tr> <td>_____</td> </tr> <tr> <td>_____</td> </tr> </table>	Calculated Amount	_____	_____	_____	_____
Calculated Amount									

2nd quarter payment	6/15/06	_____ [7]	+ _____ [8]						
3rd quarter payment	9/15/06	_____ [9]	+ _____ [10]						
4th quarter payment	1/16/07	_____ [11]	+ _____ [12]						
Additional payment		_____ [13]	+ _____ [14]						

NOTES/QUESTIONS:

Control Totals + _____

Payments

2006 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T/S/J) [1]
 State postal code [2]

Amount paid with 2005 return + [3]
 2005 overpayment applied to '06 estimates + [4]
 Treat calculated amounts as paid [8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]		<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+	_____ [12]		
3rd quarter payment	_____ [13]	+	_____ [14]		
4th quarter payment	_____ [15]	+	_____ [16]		
Additional payment	_____ [17]	+	_____ [18]		

2006 City Estimated Tax Payments

City name #1 [28] Amount paid with 2005 return + [30] 2005 overpayment applied to '06 estimates+ [31] Treat calculated amounts as paid [35]	City name #2 [49] Amount paid with 2005 return + [51] 2005 overpayment applied to '06 estimates+ [52] Treat calculated amounts as paid [56]
--	--

<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Date Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Amount Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Date Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td>_____ [36]</td> <td>+</td> <td>_____ [37]</td> <td>1st quarter payment</td> <td>_____ [57]</td> <td>_____ [58]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [38]</td> <td>+</td> <td>_____ [39]</td> <td>2nd quarter payment</td> <td>_____ [59]</td> <td>_____ [60]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [40]</td> <td>+</td> <td>_____ [41]</td> <td>3rd quarter payment</td> <td>_____ [61]</td> <td>_____ [62]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [42]</td> <td>+</td> <td>_____ [43]</td> <td>4th quarter payment</td> <td>_____ [63]</td> <td>_____ [64]</td> </tr> </table>	Date Paid		Amount Paid		Date Paid		Amount Paid	1st quarter payment	_____ [36]	+	_____ [37]	1st quarter payment	_____ [57]	_____ [58]	2nd quarter payment	_____ [38]	+	_____ [39]	2nd quarter payment	_____ [59]	_____ [60]	3rd quarter payment	_____ [40]	+	_____ [41]	3rd quarter payment	_____ [61]	_____ [62]	4th quarter payment	_____ [42]	+	_____ [43]	4th quarter payment	_____ [63]	_____ [64]	
Date Paid		Amount Paid		Date Paid		Amount Paid																														
1st quarter payment	_____ [36]	+	_____ [37]	1st quarter payment	_____ [57]	_____ [58]																														
2nd quarter payment	_____ [38]	+	_____ [39]	2nd quarter payment	_____ [59]	_____ [60]																														
3rd quarter payment	_____ [40]	+	_____ [41]	3rd quarter payment	_____ [61]	_____ [62]																														
4th quarter payment	_____ [42]	+	_____ [43]	4th quarter payment	_____ [63]	_____ [64]																														

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City name #3 [70] Amount paid with 2005 return + [72] 2005 overpayment applied to '06 estimates+ [73] Treat calculated amounts as paid [77]	City name #4 [91] Amount paid with 2005 return + [93] 2005 overpayment applied to '06 estimates+ [94] Treat calculated amounts as paid [98]
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<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Date Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Amount Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Date Paid</th> <th style="width: 10%;"></th> <th style="width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td>_____ [78]</td> <td>+</td> <td>_____ [79]</td> <td>1st quarter payment</td> <td>_____ [99]</td> <td>_____ [100]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [80]</td> <td>+</td> <td>_____ [81]</td> <td>2nd quarter payment</td> <td>_____ [101]</td> <td>_____ [102]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [82]</td> <td>+</td> <td>_____ [83]</td> <td>3rd quarter payment</td> <td>_____ [103]</td> <td>_____ [104]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [84]</td> <td>+</td> <td>_____ [85]</td> <td>4th quarter payment</td> <td>_____ [105]</td> <td>_____ [106]</td> </tr> </table>	Date Paid		Amount Paid		Date Paid		Amount Paid	1st quarter payment	_____ [78]	+	_____ [79]	1st quarter payment	_____ [99]	_____ [100]	2nd quarter payment	_____ [80]	+	_____ [81]	2nd quarter payment	_____ [101]	_____ [102]	3rd quarter payment	_____ [82]	+	_____ [83]	3rd quarter payment	_____ [103]	_____ [104]	4th quarter payment	_____ [84]	+	_____ [85]	4th quarter payment	_____ [105]	_____ [106]	
Date Paid		Amount Paid		Date Paid		Amount Paid																														
1st quarter payment	_____ [78]	+	_____ [79]	1st quarter payment	_____ [99]	_____ [100]																														
2nd quarter payment	_____ [80]	+	_____ [81]	2nd quarter payment	_____ [101]	_____ [102]																														
3rd quarter payment	_____ [82]	+	_____ [83]	3rd quarter payment	_____ [103]	_____ [104]																														
4th quarter payment	_____ [84]	+	_____ [85]	4th quarter payment	_____ [105]	_____ [106]																														

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Control Totals +	Payments	Form ID: St Pmt
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals	+			Income	Form ID: B1
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S J	Type Code	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts	+										
2	Payer											
	Amounts	+										
3	Payer											
	Amounts	+										
4	Payer											
	Amounts	+										
5	Payer											
	Amounts	+										
6	Payer											
	Amounts	+										
7	Payer											
	Amounts	+										
8	Payer											
	Amounts	+										
9	Payer											
	Amounts	+										
10	Payer											
	Amounts	+										

*Dividend Codes	
Blank = Other	3 = Nominee

Control Totals	+			Income	Form ID: B2
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Schedule A - Medical and Dental Expenses

T/S/J		2006 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__ [1]	_____	+ _____ [2]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
	Medical insurance premiums you paid*:		
__ [4]	_____	+ _____ [5]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
	Long-term care premiums you paid*:		
__ [7]	_____	+ _____ [8]	
__	_____	+ _____	
	Prescription medicines and drugs:		
__ [10]	_____	+ _____ [11]	
__	_____	+ _____	
__	_____	+ _____	
__ [13]	Miles driven for medical items	_____ [14]	

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J		2006 Information	Prior Year Information
	State/local income taxes paid:		
__ [16]	_____	+ _____ [17]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
	2005 state and local income taxes paid in 2006:		
__ [19]	_____	+ _____ [20]	
__	_____	+ _____	
__	_____	+ _____	
	Real estate taxes paid on:		
__ [22]	_____	+ _____ [23]	
__	_____	+ _____	
__	_____	+ _____	
	Personal property taxes:		
__ [25]	_____	+ _____ [26]	
__	_____	+ _____	
__	_____	+ _____	
	Other taxes, such as: Intangible taxes and State disability taxes		
__ [28]	_____	+ _____ [29]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
	Sales tax paid on major purchases:		
__ [34]	_____	+ _____ [35]	
__	_____	+ _____	
	Sales tax paid on actual expenses:		
__ [37]	_____	+ _____ [38]	
__	_____	+ _____	
__	_____	+ _____	

Control Totals + _____

Itemized

Charitable Contributions

T/S/J		2006 Information	Prior Year Information	
	Contributions made by cash or check			
__ [1]	_____	+ _____ [2]		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
	Volunteer miles driven:			
__ [4]	From 1/1/06-12/31/06 (Enter total mileage excluding qualifying Katrina relief miles entered below)	_____ [5]		_____
__ [7]	From 1/1/06-12/31/06 (Enter ONLY the miles qualifying for Katrina relief)	_____ [8]	_____	
	Noncash items, such as: Goodwill, Salvation Army			
__ [10]	_____	+ _____ [11]		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		

Miscellaneous Deductions

T/S/J		2006 Information	Prior Year Information	
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
__ [13]	_____	+ _____ [14]		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
	Union dues:			
__ [16]	_____	+ _____ [17]		
--	_____	+ _____		
__ [19]	Tax preparation fees	+ _____ [20]		
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
__ [22]	_____	+ _____ [23]		
--	_____	+ _____		
__ [25]	Safe deposit box rental	+ _____ [26]		
	Investment expenses, other than on K1s:			
__ [28]	_____	+ _____ [29]		
--	_____	+ _____		
--	_____	+ _____		
	Other expenses, not subject to the 2% AGI limitation:			
__ [32]	_____	+ _____ [33]		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
--	_____	+ _____		
	Gambling losses: (Enter only if you have gambling income)			
__ [35]	_____	+ _____ [36]		
--	_____	+ _____		

Control Totals + _____

Itemized