

2006 INDIVIDUAL TAX RETURN - CHECKLIST

Consider all those sections that may apply to your situation.

GENERAL INFO

1. If your **marital status** changed in 2006, please provide complete details.
2. If **gifts made** total \$12,000 or more to any one individual in 2006, please provide recipient's name and address, Social Security number, date(s) of all gifts, item(s) gifted, and value(s) of all gifts.
3. If you wish to have your federal income tax refund (if applicable) **directly deposited** to your bank account, please provide us with a voided check and indicate if the account is checking or savings.
4. **Automobiles powered by certain alternative fuels:** if you buy a qualified hybrid or other car powered by certain alternative fuels, please provide a copy of the purchase paperwork to determine if it qualifies for a tax credit.
5. **Energy efficient expenses:** if you install certain energy efficient property, such as photovoltaic, solar water heating, fuel cell property, or make energy efficient improvements to your home, please provide detail.

CHILDREN

6. **New Dependents:** please provide us with a clear copy of your child's Social Security card.
7. If any child's **total income** exceeds **\$850** for the year (\$400 if self-employed), please provide details of all of his/her income.
8. **Child care expenses:** name and address of each provider as well as total paid to each. Show Social Security number or employer I.D. number of the provider, as appropriate.
9. **Household employees:** *if you paid household employees in excess of \$1,500 in 2006, please provide employee's name, address, Social Security number, gross wages, and all taxes withheld. Provide your employer I.D. number and copies of any payroll tax forms prepared, including W-2s.*
10. **Post-Secondary Education:** indicate which dependents may be attending college or university, along with the name and location of the institution.
11. **Education Deductions/Credits:** if you paid tuition and related expenses during 2006 for yourself or a family member who was enrolled in post-secondary education, you may be eligible. Provide amount paid, for whom, and name and address of institution. We will request additional information, if eligible.
12. **Section 529 or Coverdell Education Savings Plans:** *if you contributed in 2006, or previously, to any 529 type plan, please provide amount contributed, year of contribution, name of beneficiary, and any statements or tax slips reporting the contribution or any withdrawals.*

OTHER STATES

13. If you lived or worked in **more than one state** during the year, show periods of residency and/or employment in each state, and identify income from each of the states. We may need other information, depending on the state, and will request same if not already available.

INCOME TAXES

14. **IRS estimated tax** payments and **state estimated tax** payments made for 2006, (even if paid in early 2007 for 2006): show amount of each payment and date of mailing.
15. Did you receive any **tax notices** from either the **IRS** or **any state** changing your prior year tax returns? If so, please provide us with a copy if you have not already done so.

FOREIGN ISSUES (FOREIGN GIFTS RECEIVED, TRUSTS, ETC.)

16. If you **received** aggregate **foreign gifts** exceeding \$12,760 or **foreign inheritances** exceeding **\$120,000** in 2006, please provide complete details of all foreign gifts received for the year. Disclosure rules are in effect.
17. *If you received **any distributions** from a **foreign trust** or **estate** during 2006, provide all details about the payor and the funds received - whether taxable or not. Also, all contributions or transfers **to** a foreign trust must be described in detail. There are strict disclosure requirements. Furthermore, if you are a current or future beneficiary of a foreign trust, even if you have not received any distributions, there may be significant tax implications. Please call to discuss.*
18. **Foreign (non-US) financial** accounts, if any: provide name and address of each institution, every account number, nature of investment, highest amount (US\$) in account at any time in the year. (See enclosed summary). **Please note that the required informational Form TDF 90-22.1 is due June 30th, regardless of whether your income tax return goes on extension.**
19. *If you have a 5% or more ownership interest in **any non-U.S. entity**, either directly or through close family members, please provide complete details and recent financial statements from such entity.*
20. *If you have any **Canadian RRSP** or **RRIF** accounts, please provide your December 31, 2006 statement for each account, whether receiving distributions or not.*

GENERAL INCOME

21. **Wages/Employment income:** provide all W-2 forms (and 1099-MISC forms, if any). *Indicate if your main occupation changed.*
22. **Social Security benefits**, whether taxable or not: provide copies of all SSA-1099 forms.
23. **Pension** or **IRA income** or distributions: provide copies of all 1099-R forms.
24. **Alimony received:** indicate total amount received; please include complete copy of divorce agreement or any subsequent changes, if not previously provided.
25. Any **other sources** of income, including unemployment compensation, not listed elsewhere in this checklist: give amount received, name of payor, and brief description.

PORTFOLIO INVESTMENT INCOME (Schedule B)

26. **Interest** and **dividends:** provide 1099 forms for each item, **or** provide name of payor, tax I.D. number of payor, amount received, and amount of any U.S. tax withheld, if no slip is available.
27. **Municipal interest** - whether taxable or not: provide documentation that shows name of payor(s), amounts received during the year, and name of the state(s) in which the payor is located.
28. **Mutual funds:** for each fund held during 2006, please provide a copy of the annual statement in addition to the 1099 slip.
29. **U.S. Government interest:** if U.S. Government interest is received through a trust or mutual fund, we will require paperwork from the trustee or mutual fund detailing the exact source of the interest.

BUSINESS ACTIVITIES (Schedules C, F)

30. If you received any income from **self-employment**, please complete a separate business checklist. If none was enclosed, please call us and we will send you a copy, or visit our website.
31. **Health insurance** and/or **long-term care insurance** paid by self-employed persons (as well as by partners, LLC members, and S-Corporation shareholders) may be deductible regardless of whether you itemize deductions on Schedule A. Please provide the amount paid for such health insurance.

CAPITAL GAINS - LOSSES (Schedule D)

32. All **dispositions**: show a brief description of asset, date of **acquisition**, total cost including fees, if any; **exact date** of disposition and the net proceeds. If you invested in a stock that experienced a tax-free spin off, please provide us with the documentation received from the company. If you repurchased any stock within 30 days of a prior sale, please provide complete details of the purchase (Wash sale rules).
33. **Stocks, Bonds**, and similar U.S. securities: in addition to the above information, please provide a copy of each 1099-B form received for all dispositions.
34. **All real estate** sales: provide a copy of each 1099-S form and the closing statements for the real estate purchase as well as the sale. Also, provide us with a copy of your state withholding form if property sold was located in a state where tax is withheld. If any improvements were made to the property while owned, we will need a complete list of them.

OTHER INVESTMENT INCOME (Schedule E)

35. **Limited partnerships** or **regular partnerships**: need a copy of all K-1 forms, all pages, as well as any tax information provided by the partnership. NOTE: if income was **earned in another state**, you may be required to file an income tax return for that state.
36. **S-Corporations** and **LLCs**: need a copy of all K-1 forms, all pages.
37. *For each of the above investments, please discuss with us the rules regarding material and significant participation and the possible need for documentation of time spent.*
38. **Estates** or **trusts**: we will need copies of all K-1 forms, all pages.

RENTAL INCOME (Schedule E)

39. Total **gross income** for each separate rental property.
40. Total **expenses** for each separate rental property, by type or category, including capital improvements. For capital improvements, list dates, descriptions, and amounts paid.
41. For **new acquisition(s)**: date acquired, cost of property, division of cost between land and building(s), copy of all closing statements, and the mortgage/promissory note documents.
42. ***If Rented only part of year**: if you used the property personally during 2006, please indicate how many days personally used and how many days rented.*

PENSION DEDUCTIONS

43. **Regular IRA contributions**: show amount paid into your plan. Show **spouse's** contributions separately. If part or all of your regular IRA contribution is non-deductible, we will need copies of the 12-31-2005 and 12-31-2006 statements for each IRA account.
44. **Roth IRA contributions**: *if you made or have ever made contributions into a Roth IRA plan, please provide statement(s) showing the account activity for the year. Show spouse's Roth IRA activity separately.*
45. **Regular IRA to Roth IRA conversions**: include all paperwork and reports for all conversions (rollovers) from a regular IRA to a Roth IRA. Also provide documentation for rollover reversals, if any.
46. **Other pension contributions made personally** (SEP, KEOGH, SIMPLE, etc.): show amount paid into plan and type of plan, if appropriate; we will compute maximum contributions and discuss them with you. **Remember, voluntary contributions to SIMPLE or 401(k) type plans must be paid in by January 31st.**

GENERAL DEDUCTIONS

47. **Alimony paid:** show amount paid, and name, address and Social Security number of payee. Please include a complete copy of the divorce agreement or any subsequent changes, if not previously provided.
48. **Moving Expenses** to a new job (only if more than 50 miles between new and old home): show amounts paid and complete details, show amount reimbursed by employer, if any, indicate distances between old residence/new job and new residence/new job, and attach all documentation provided to you by your employer.
49. **Student loan interest:** interest paid on qualified education loans may be deductible. Provide a copy of form 1098-E from the lender - or other proof of interest paid.
50. **Teachers:** provide the amount paid for all unreimbursed classroom materials you may have purchased (K-12 teachers, principals, aides, counselors, etc.). This applies whether you itemize or not.
51. **Health Saving Account (HSA):** please provide details for all contributions made to your HSA (or your family's HSA) for 2006. Please indicate your annual deductible amount, total amount of distributions you received (if any), and your unreimbursed qualified medical expenses.

ITEMIZED DEDUCTIONS (Schedule A)

52. **Real estate taxes:** amount of all taxes paid and rebates received in the year. Please provide a copy of all tax bills showing that they were paid. (Vermont residents: please also see green Vermont page with checklist).
53. Home **Mortgage interest** (including vacation homes): if paid to a financial institution, attach Form(s) 1098. If private, show amount, name and address of payee, and their Social Security number. If **newly financed** or **refinanced** in 2006, provide copy of the financing closing statement(s). If home equity loan was used to finance anything other than home improvements, please provide details.
54. **Contributions:** show name of payee and the date paid. For single donations of \$250 or more, please include receipt from the charity. If total gifts-in-kind exceed \$500, please provide copies of all receipts for such gifts. For donated autos with a value greater than \$500, provide Form 1098C, which must be attached to the return. Do not include political contributions or lobbying donations - they are **not** deductible.
55. **Medical expenses/long-term care insurance:** show total amount paid by category (such as doctors, dentists, optical, health and long-term care insurance*, drugs, Christian Science practitioners, chiropractors, hospitals, medical transportation, etc.). *If you are self-employed, a partner, an LLC member, or an S-corporation shareholder, see item 31.
56. **Investment interest expense:** provide total amount of interest paid on loans to purchase or hold investments, and show for which type(s) of investments the loans were used. Note: you must be able to trace directly the use of the borrowed funds to the acquisition of the investment for the interest expense to be deductible.
57. **Casualty and theft** losses: show amount(s) and details if total exceeds 10% of total annual income and indicate all insurance reimbursements.
58. **Miscellaneous** - show amounts paid for any of the following: unreimbursed employment related travel, auto mileage, dues, publications and other expenses, safety deposit box fee(s), tax return preparation and tax consulting fees, investment counsel or other similar fees, and job-hunting costs.
59. **Non-business mileage** for charitable, medical, moving, or job-hunting activities: show total miles traveled, if any, for each type of activity. Please separately indicate charitable miles driven related to Hurricane Katrina relief.