
Individual Converted Items (1040)

Client Information

Resident State as of 12/31/05
State Return
Filing Status
Year spouse died, if qualifying widow(er) (2004 or 2005)
Taxpayer First Name and Initial
Taxpayer Last Name
Taxpayer SSN
Taxpayer Occupation
Taxpayer DOB
Taxpayer Date of Death
Taxpayer 1=Blind
Spouse First Name and Initial
Spouse Last Name
Spouse SSN
Spouse Occupation
Spouse DOB
Spouse Date of Death
Spouse 1=Blind
Street Address
City
State
Zip Code
Postal Code
Country
Home Phone
Work Phone
Mobile Phone
E-mail Address
Salutation

Dependents

First Name
Last Name
DOB
SSN
Relationship
Months Lived At Home
Type of Dependent
EIC
Child Tax Credit

Miscellaneous

Presidential Campaign: 1=Self, 2=Spouse, 3=Both, 4=Neither, 5=Blank
Designee's Name
Designee's Phone Number
Designee's PIN

1=Taxpayer Could Be a Dependent, 2=Taxpayer Claimed as a Dependent

Name of Bank
Routing Transit Number
Depositor Account Number
Type of Account: 1=Savings, 2=Checking

2007 Estimated Tax

Apply Overpayment to 2007
Estimate Options
Rounding: 1=\$1, 2-\$10, 3=\$100, 4=\$1000

Penalties and Interest

1=Form 2210F

Extensions

Reason for Additional Extension

Wages

Name of Employer
1=Spouse
Wages, Tips, Other Compensation
1=Statutory Employee
1=Retirement Plan
1=Ministers Wages Subject to SE Tax
EF Employer: Identification Number
EF Employer: Address
EF Employer: City
EF Employer: State
EF Employer: Zip Code
EF Employee: Name
EF Employee: Address
EF Employee: City
EF Employee: State
EF Employee: Zip Code
EF Primary State: State Name
EF Primary State: State Identification Number
EF Primary State: Locality Name
EF Secondary State: State Name
EF Secondary State: State Identification Number
EF Secondary State: Locality Name

Interest

Name of Payer
Seller-Financed Mortgage: SSN
Seller-Financed Mortgage: Street Address
Seller-Financed Mortgage: City, State, ZIP Code
Banks, Savings and Loans, Credit Unions, etc.
Seller-Financed Mortgage
U.S. Bonds, T-Bills, etc.
Total Municipal Bonds
In-State Municipal Bonds

Dividends

Name of Payer
1=Taxpayer, 2=Spouse
Total Ordinary Dividends
Qualified Dividends (1b)

Pensions, IRA, W-2G

Name of Payer

1=Spouse
 1=IRA/SEP/SIMPLE, 2=W-2G
 1=Rollover of Any Part of Distribution
 Gross Distribution
 Federal Income Tax Withheld
 State Income Tax Withheld
 Local Income Tax Withheld
 Cost in Plan at Annuity Starting Date
 Annuity Starting Date
 Age at Annuity Starting Date
 Amount Recovered Tax Free After 1986
 1=10% Early Distribution Tax, 2=25%
 EF Payer: Identification Number
 EF Payer: Address
 EF Payer: City
 EF Payer: State
 EF Payer: Zip Code
 EF Payer: Phone Number
 EF Recipient: Name
 EF Recipient: Address
 EF Recipient: City
 EF Recipient: State
 EF Recipient: Zip Code
 Form 1099-R Account Number
 Form 1099-R EF Primary State: State Name
 Form 1099-R EF Primary State: State Identification Number
 Form 1099-R EF Primary State: Locality Name
 Form 1099-R EF Secondary State: State Name
 Form 1099-R EF Secondary State: State Identification Number
 Form 1099-R EF Secondary State: Locality Name
 Form W-2G: State Name
 Form W-2G: State Identification Number
SS Benefits, Alimony, Misc. Income
 Taxpayer: SS Benefits
 Taxpayer: Alimony Received
 Taxpayer: Taxable Scholarships and Fellowships
 Taxpayer: Household Employee Income not on W-2
 Taxpayer: Other Income
 Spouse: SS Benefits
 Spouse: Alimony Received
 Spouse: Taxable Scholarships and Fellowships
 Spouse: Household Employee Income not on W-2
 Spouse: Other Income
State Tax Refunds / Unemployment Comp. (1099-G)
 Taxpayer: Taxable Refunds, if Itemized Last Year
 Spouse: Taxable Refunds, if Itemized Last Year
 Name of Payer
 1=Spouse
 Unemployment: Total Received
 State / Local: Income Tax Refunds, Credits, or Offsets
Schedule C
 Principal Business or Profession
 Principal Business Code

Business Name
 Business Address
 City/State/Zip Code
 Employer ID Number
 If Accounting Method Not Cash or Accrual, Specify
 Accounting Method: 1=Cash, 2=Accrual
 Inventory Method: 1=Cost, 2=Lower c/m, 3=Other
 1=Spouse, 2=Joint
 1=Did Not Materially Participate
 Schedule C-EZ: 1=When Applicable, 2=Suppress
 Gross Receipts and Sales
 Returns and Allowances
 Other Income
 Inventory at Beginning of the Year
 Purchases
 Cost of Labor
 Materials and Supplies
 Other Cost
 Inventory at the End of the Year
 Advertising
 Car and Truck Expenses
 Commissions
 Contract Labor
 Employee Benefit Programs
 Insurance
 Interest: Mortgage - Banks, etc
 Interest: Other
 Legal and Professional
 Office Expenses
 Pension and Profit Sharing Plans: Contributions
 Rent or Lease: Vehicles, Machinery, Equipment
 Rent or Lease: Other
 Repairs
 Supplies
 Taxes and Licenses: Real Estate taxes
 Travel
 Meals and Entertainment in Full
 Utilities
 Wages: Total Wages
 Other Expenses
Dispositions (Schedule D, 4797, etc.)
 Description of Property
 Date Acquired (m/d/y or -m/d/y)
 Date Sold (m/d/y or -m/d/y)
 Prior Year Installment Sale: Gross Profit Ratio (.xxxx or 1=100%)
 Prior Years' Payments
 Ordinary Income (-1 if None, Triggers 4797)
 Name of Related Party
 Address
Schedule E
 Kind of Property
 Location of Property
 1=Spouse, 2=Joint

1=Did Not Actively Participate
 1=Real Estate Professional
 Rents Received
 Royalties Received
 Advertising
 Auto and Travel
 Cleaning and Maintenance
 Commissions
 Insurance
 Legal and Professional Fees
 Management Fees
 Interest: Mortgage - Banks, etc
 Interest: Other
 Repairs
 Supplies
 Taxes: Real Estate
 Utilities
 Other Expenses
Schedule F and Form 4835
 Principal Product
 Employer ID Number
 Agricultural Activity Code
 Accounting Method: 1=Cash, 2=Accrual
 1=Spouse, 2=Joint
 1=Farm Rental
 1=Did Not Materially participate
 1=Did Not Actively Participate
 Cash Method: Sale of Items Bought for resale
 Cash Method: Cost or basis of Above Items
 Cash Method: Sales of Livestock, etc You Raised
 Accrual Method: Sales of Livestock, Produce, etc
 Accrual Method: Beginning Inventory of Livestock, etc
 Accrual Method: Cost of Livestock, etc Purchased
 Accrual Method: Ending Inventory of Livestock, etc
 Total Cooperative Distributions
 Taxable Cooperative Distributions
 Total Agricultural Program Payments
 Taxable Agricultural Program Payments
 Commodity Credit Loans Reported Under Election
 Total Commodity Credit Loans Forfeited or Repaid
 Taxable Commodity Credit Loans Forfeited or Repaid
 Total Crop Insurance Proceeds Received in 2006
 Taxable Crop Insurance Proceeds Received in 2006
 Taxable Crop Insurance Proceeds Deferred From 2006
 Custom Hire Income
 Other Income
 Car and Truck Expenses
 Chemicals
 Conservation Expenses: Current Year
 Custom Hire
 Employee Benefit Programs
 Feed Purchased
 Fertilizers and Lime
 Freight and Trucking

Gasoline, Fuel, Oil
 Insurance
 Interest: Mortgage - Banks, etc
 Interest: Other
 Labor Hired
 Pension and Profit Sharing Plans: Contributions
 Rent or Lease: Vehicles, Machinery, Equipment
 Rent or Lease: Other
 Repairs and Maintenance
 Seeds and Plants Purchased
 Storage and Warehousing
 Supplies Purchased
 Taxes
 Utilities
 Veterinary, Breeding, and Medicine
 Other Expenses
Partnership K-1
 Name of Partnership
 Employer Identification Number
 1=Spouse, 2=Joint
 1=Publicly Traded Partnership
 1=Foreign Partnership
 1=Not a Passive Activity
 1=Delete This Year, 2=Delete Next Year
S Corporation K-1
 Name of S Corporation
 Employer Identification Number
 1=Spouse, 2=Joint
 1=Delete This Year
Estate and Trust K-1
 Name of Estate or Trust
 Employer Identification Number
 1=Spouse, 2=Joint
 1=Delete This Year
Depreciation (4562)
 Description of Property
 Form
 Activity Name or Number
 Date Placed in Service
 Cost or Basis
 Method
 Life or Class Life (Recovery Period Automatic)
 1=Half-Year, 2=Mid-Quarter (1st Year Automatic) *
 Amortization Code Section
 Current Special Depreciation Allowance (-1 if None) [O]
 Current Depreciation (-1 if none) [O]
 Prior Section 179 Expense
 Prior Special Depreciation Allowance
 Prior Depreciation / Amortization
 AMT: Class Life (post-1986) [O]
 AMT: Prior Depreciation (MACRS only)
 Percentage of Business Use (.xxxx)
 1=Alternative Depreciation System (ADS)
 1=150% DB, 2=200% DB (MACRS only) [O]

1=IRS Tables
 1=Qualified Indian Reservation Property
 1=Listed Property
 Date Sold or Disposed of (m/d/y or -m/d/y)
 Sales Price (-1 if None)
 Expenses of Sale
 Blank=1245, 1=1250
 * 1=half-year; 2=mid-qr - The conversion defaults to half-year for all assets unless you use the override.
Note: You should print the 2006 Drake Depreciation Schedules when reviewing the accuracy of the Depreciation Conversion.
Adjustments to Income
 Taxpayer: IRA Contributions After Recharacterization (1=Maximum Deduction)
 Taxpayer: 1=Covered by Employer Plan, 2=Not Covered
 Taxpayer: Total Premiums - SE Health Insurance
 Taxpayer: Alimony Paid Recipient's SSN
 Taxpayer: Alimony Paid Amount Paid
 Taxpayer: Other Adjustments
 Spouse: IRA Contributions After Recharacterization (1=Maximum Deduction)
 Spouse: 1=Covered by Employer Plan, 2=Not Covered
 Spouse: Total Premiums - SE Health Insurance
 Spouse: Alimony Paid Recipient's SSN
 Spouse: Alimony Paid Amount Paid
 Spouse: Other Adjustments
Itemized Deductions
 Insurance Premiums
 Long-Term Care Premiums
 Lodging and Transportation: Number of Medical Miles
 Other Medical
 1/05 Payment on 2006 State Estimate
 Real Estate Taxes: Principal Resident
 Personal Property Taxes
 Other Taxes
 Home Mortgage Interest and Points on Form 1099
 Home Mortgage Interest Not on Form 1099: Payee's Name
 Home Mortgage Interest Not on Form 1099: Payee's SSN or FEIN
 Home Mortgage Interest Not on Form 1099: Payee's Address
 Home Mortgage Interest Not on Form 1099: Payee's City, State, ZIP Code
 Home Mortgage Interest Not on Form 1099: Amount Paid
 Points Not on Form 1099
 Investment Interest
 Current Year Cash Contributions 50%
 Current Year Noncash Contributions 50%
 Unreimbursed Employee Expenses
 Tax Preparation Fees
 Miscellaneous Deductions 2%
 Other Miscellaneous Deductions
Noncash Contributions (8283)
 Name of Charitable organization

Donee Street Address
 Donee City, State, Zip Code
 Donee Employer Identification Number
Business Use of Home
 Form
 Activity Name or Number
 Business Use Area
 Total Area of Home
 Total Hours Facility Used
 Total Hours Available
 % or Amount of Gross Income From Home if Not 100%
 Indirect Expenses: Mortgage Interest
 Indirect Expenses: Real Estate Taxes
 Indirect Expenses: Casualty Losses
 Indirect Expenses: Insurance
 Indirect Expenses: Repairs and Maintenance
 Indirect Expenses: Utilities
 Indirect Expenses: Excess Mortgage Interest
 Indirect Expenses: Other Expenses
 Direct Expenses: Mortgage Interest
 Direct Expenses: Real Estate Taxes
 Direct Expenses: Casualty Losses
 Direct Expenses: Insurance
 Direct Expenses: Repairs and Maintenance
 Direct Expenses: Utilities
 Direct Expenses: Excess Mortgage Interest
 Direct Expenses: Other Expenses
Vehicle / Employee Business Expense (2106)
 Occupation
 Form
 Activity Name or Number
 1=Spouse
 Meals and Entertainment: Meals and Entertainment Expenses in Full
 Meals and Entertainment: 1=Department of Transportation
 Other Than Meals and Entertainment: Local Transportation
 Other Than Meals and Entertainment: Travel Expenses
 While Away From Home Overnight
 Other Than Meals and Entertainment: Other Business Expenses
 1=Vehicle is Available For Off-Duty Personal Use
 1=No Other Vehicle is Available For Personal Use
 1=No Evidence to Support Your Deduction
 1=No Written Evidence to Support Your Deduction
 Vehicle 1: Description of Vehicle
 Vehicle 1: Date Placed in Service
 Vehicle 1: Total Mileage
 Vehicle 1: Business Mileage
 Vehicle 1: Commuting Mileage
 Vehicle 1: Average Daily Round Trip Commute
 Vehicle 1: Parking Fees and tolls
 Vehicle 1: 1=Force Actual Expenses, 2=Force Standard Mileage Rate
 Vehicle 1: Gasoline, Lube, Oil

Vehicle 1: Auto License
Vehicle 1: Personal Property Taxes
Vehicle 1: Vehicle Rent or Lease Payments
Vehicle 1: Inclusion Amount
Vehicle 1: Value of Employer-Provided Vehicle on Form W-2
Vehicle 2: Description of Vehicle
Vehicle 2: Date Placed in Service
Vehicle 2: Total Mileage
Vehicle 2: Business Mileage
Vehicle 2: Commuting Mileage
Vehicle 2: Average Daily Round Trip Commute
Vehicle 2: Parking Fees and tolls
Vehicle 2: 1=Force Actual Expenses, 2=Force Standard Mileage Rate
Vehicle 2: Gasoline, Lube, Oil
Vehicle 2: Auto License
Vehicle 2: Personal Property Taxes
Vehicle 2: Vehicle Rent or Lease Payments
Vehicle 2: Inclusion Amount
Vehicle 2: Value of Employer-Provided Vehicle on Form W-2
Foreign Income Exclusion (2555)
1=Spouse
Foreign Address of Taxpayer
Employer: Name
Employer: US Address
Employer: Foreign Address
Employer: Type
Employer: Type, if Other
Enter Last Year (After '81) Form 2555 Was Filed
Type of Exclusion Revoked
Tax Year Revocation Was Effective
Country of Citizenship
City and Country of Separate Foreign Address
Number of days During Tax Year at Separate Foreign Address
Tax Home(s) During Tax Year
Date Tax Homes(s) Were Established
Beginning Date for Bona Fide Residence
Ending Date of Bona Fide Residence: Blank=Continues
Living Quarters in Foreign Country
Names of Family Living Abroad
Relationship of Family Living Abroad
1=Submitted Statement to Country of Bona Fide Residence
1=Required to Pay Income tax to Country of Bona Fide Residence
Contractual Terms Relating to Length of Employment Abroad
Type of Visa You Entered Foreign County Under
Explanation Why Visa Limited Stay in Country
Address of Home in U.S.
1=U.S. Home Rented
Names of Occupants in U.S. Home
Relationship of Occupants in U.S. Home
Physical Presence Test: Beginning Date

Physical Presence Test: Ending Date
Principal Country of Employment
Qualified Housing Expenses
Wages, Tips, Other Compensation
Allocation Type
Noncash Income: Home
Noncash Income: Meals
Noncash Income: Car
Noncash Income: Other Properties or Facilities
Allowance and Reimbursements: Cost of Living and Overseas Differential
Allowance and Reimbursements: Family
Allowance and Reimbursements: Education
Allowance and Reimbursements: Home leave
Allowance and Reimbursements: Quarters
Allowance and Reimbursements: Other Purposes
Other Foreign Earned Income
Health Savings Accounts (8889)
Taxpayer: 1=Self Only Coverage, 2=Family Coverage
Spouse: 1=Self Only Coverage, 2=Family Coverage
Archer Medical Savings Accounts (8853)
Taxpayer: 1=You Were Uninsured When MSA Was Established
Taxpayer: 1=Self-Only Coverage, 2=Family Coverage
Spouse: 1=You Were Uninsured When MSA Was Established
Spouse: 1=Self-Only Coverage, 2=Family Coverage
L/T Care Insurance Contracts (2441)
First Name of Insured
Last Name of Insured
SSN of Insured
1=Other Individuals Received Payments for Insured
1=Insured is terminally Ill
Child and Dependent Care Expenses (2441)
Taxpayer: Dependent Care Expenses Incurred But Not Paid in 2006
Taxpayer: Employer-Provided Dependent Care Benefits Forfeited in 2006
Spouse: Dependent Care Expenses Incurred But Not Paid in 2006
Spouse: Employer-Provided Dependent Care Benefits Forfeited in 2006
Qualifying For: First Name
Qualifying For: Last Name
Qualifying For: DOB
Qualifying For: SSN
Qualifying For: Qualified Dependent Care Expense Incurred and Paid in 2006
Providing: Name
Providing: Street Address
Providing: City, State, Zip Code
Providing: Identification Number
Providing: Total Amount Paid to Care Provider in 2006 For All Dependents
Foreign Tax Credit (1116)

Name of Foreign Country

Category of Income

Qualified Adoption Expenses (8839)

First Name

Last Name

Identification Number

1=Born Before 1987 and Was Disabled

1=Special Needs Child

1=Foreign Child

Prior Year's Information: Limited Qualified Adoption Expenses

Prior Year's Information: Limited Employee Provided Benefits

Schedule H

Employer Identification Number

1=Spouse

1=Paid Any One Employee Cash Wages of \$1,400 or More

1=Withheld Federal Income Tax for Household Employee

Total Cash Wages Subject to Social Security Taxes

Total Cash Wages Subject to Medicare Taxes

Federal Income Tax Withheld

Advanced EIC Payments

1=Paid Total cash Wages of \$1,000 or More in Any Calendar Quarter of 2005 or 2006

Total Cash Wages Subject to FUTA Tax

1=Paid Unemployment Contributions to Only One State

1=Paid All State Unemployment Contributions By 4/17/05

1=All Wages Taxable for FUTA Were Also Taxable for State Unemployment

Name of State

State Reporting Number

Contributions Paid to State Unemployment Fund

Primary State: Name of State

Primary State: State Reporting Number

Secondary State: Name of State

Secondary State: State Reporting Number

Tax for Children Under 14 (8615)

First Name

Last Name

SSN

Parent's Election to Report Child's Income (8814)

Child's: First Name

Child's: Last Name

Child's: SSN

Banks, Credit Unions, etc

Total Municipal Bonds

Nominee Distributions

Accrued Interest

OID Adjustment

ABP Adjustment

Post 8/7/86 Private Activity Bond Interest

Ordinary Dividends

Total Capital Gain Distributions

Nominee Distributions: Ordinary Dividends

Nominee Distributions: Capital Gain Distributions

Self-Employment Tax (Schedule SE)

Taxpayer: 1=Exempt and Filed Form 4361

Taxpayer: 1=Exempt and Filed Form 4029

Injured Spouse Claim and Allocation (8379)

Injured Spouse: 1=Taxpayer, 2=Spouse

1= Refund Check Payable to Injured Spouse Only

1= Main Home Was in a Community Property State

Name of Community Property State(s)

Partnership Converted Items (1065)

Client Information

Partnership Name
Federal ID Number
Street Address
City
State
Zip Code
Telephone Number
Fiscal Year End (mm)
Date Business Began (m/d/y)
Business Code
Business Activity
Product or Service
Accounting Method
Other Accounting Method
Tax Shelter Registration Number
Entity Type
Tax Matters Partner Number

Invoice, Letter, Filing Instructions

Client Letter Salutation [O]

Misc. Information

Type of Entity if "Other"

Other Information (Schedule B)

1=Partners in this Partnership Also Partnerships
1=Partnership is a Partner in Another Partnership
1=Partnership Level Tax Treatment Election in Effect for Current Year
1=Partnership is a Publicly Traded Partnership
1=Partnership has Interest in a Foreign Bank Account
Name of Foreign Country
1=Partnership is a Grantor of a Foreign Trust

Partner Information

Partner Name
ID Number
Street Address
City
State
Zip Code
Resident State
Type of Entity
1=General Partner
1=Foreign Partner

Partner Percentages

Partner Name
End of Year: Profit Sharing
End of Year: Loss Sharing

End of Year: Ownership of Capital

Income

Other Income

Cost of Goods Sold

Additional Section 263A Costs
Other Cost
Ending Inventory
Inventory Method: 1=Cost
Inventory Method: 1=Lower of Cost or Market,
Inventory Method: Other Method
1=LIFO Inventory Method Adopted
1=Rules of Section 263a Apply

Farm Income (Schedule F / Form 4835)

Principal Product
Agricultural Activity Code
Accounting Method: 1=Cash, 2=Accrual
1=Did Not Actively Participate (Form 4835 Only)
1=Delete This Year
Accrual Method: Ending Inventory of Livestock, Etc.
Other Income
Other Expenses

Deductions

Other

Depreciation (4562)

Description of Property
Form
Activity Name or Number (e.g., 3=3rd rental)
Date Placed in Service
Special Depreciation Allowance: 1=50%, 2=30%, 3=None [O]
Cost or Basis
Method
Life or Class Life (Recovery Period Automatic)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)
Amortization Code Section
Current Special Depreciation Allowance (-1 if None) [O]
Current Depreciation (-1 if none) [O]
Prior Section 179 Expense
Prior Special Depreciation Allowance
Prior Depreciation / Amortization
AMT: Class Life (post-1986) [O]
AMT: Prior Depreciation (MACRS only)
Percentage of Business Use (.xxxx)
1=150% DB, 2=200% DB (MACRS only) [O]
1=IRS Tables
1=Qualified Indian Reservation Property
1=DB to SL if Greater (Non-recovery Property Only)
1=Listed Property
Date Sold or Disposed of (m/d/y or -m/d/y)
Sales Price (-1 if None)
Expenses of Sale
Blank=1245, 1=1250

Rental Real Estate Activities (Form 8825)

Kind of Property

Location of Property

Other Expenses

Dispositions (Schedule D, 4797, etc.)

Description of Property

Date Acquired (m/d/y or -m/d/y)

Date Sold (m/d/y or -m/d/y)

Prior Year Installment Sale: Gross Profit Ratio (.xxxx or 1=100%)

Prior Years' Payments

Ordinary Income (-1 if None, Triggers 4797)

Name of Related Party

Low-Income Housing Credit

Building ID Number

Date Placed in Service

1=Imputed Basis of Zero

Eligible Basis from Form 8609, Part II, Line 7b

Credit Percentage from Form 8609, Part I, Line 2

Maximum Housing Credit Available from Form 8609, Part I, Line 1b

Other Schedule K Items

Other Income (Loss)

Portfolio Income Deductions

Section 59(e)(2) Election Expenses

Other Deductions

Other Credits

Name of Foreign Country or U.S. Possession

Other Items (Line 20c)

Balance Sheet (Assets)-Ending Amounts

Cash

Trade Notes and Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different From Screen 10

U.S. Government Obligations

Tax-Exempt Securities

Other Current Assets

Mortgage And Real Estate Loans

Other Investments

Buildings and Other Depreciable Assets

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion

Land (Net of Any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

Balance Sheet (Liabilities And Capital)-Ending Amounts

Accounts Payable

Mortgages, Notes, Bonds, Payable - Current Year

Other Current Liabilities

All Nonrecourse Loans

Mortgages, Notes, Bonds, Payable - Long-Term

Other Liabilities

Schedule M-1

Income on Sch. K Not Recorded on Books

Expenses on Books Not on Sch. K: Other

Income on Books Not on Sch. K: Other

Deductions on Sch. K Not Charged Against Book Income:
Other

Schedule M-2

Other Increases

Other Decreases

Ending Capital [O]

Schedule K Credits

Indian Reservation Credit: 1993 Qualified Wages

Corporation Converted Items (1120)

Client Information

Corporation Name
Federal Identification Number
Street Address
City
State
ZIP Code
Telephone Number
Fiscal Year End (mm)
Date Incorporated (m/d/y)
Business Code
Business Activity
Product or Service
Accounting Method
Number of Shareholders

Officer Information

Officer Name
Social Security Number
Time Devoted to Business
% of Common Stock Owned (xx.xx)
% of Preferred Stock Owned (xx.xx)
Title

Miscellaneous/Other Information

1=Allow Preparer/IRS Discussion
1=Qualified Personal Service Corporation
1=Consolidated Return
1=Personal Holding Company
1=Foreign Person Owns Over 25% of Corporation's Stock
Percentage Owned by Foreign Person (xxx.xx)
Foreign Owner's Country
Number of Forms 5472 Attached
1=Corp. is a Subsidiary in Affiliated/Controlled Group
Parent Name
Parent ID Number
Country of Foreign Bank Account
Routing Number
Depositor Account Number
Type of Account: 1=Checking, 2=Savings

Invoice, Letter, Filing Instructions

Prior Year Preparation Fee (Memo Only)
IRS Center: Numeric 1-4 (See Table) [O]
Salutation [O]

50% or More Owners of This Corporation

Name

City
State
ZIP Code
Federal Identification Number
% of Common Stock Owned (xxx.xx)

50% or More Owned Domestic Corporations

Name
Federal Identification Number
Percentage Owned (xxx.xx)

Estimates

2006 Estimated Payments
Credit to 2007
Rounding: 1=\$1, 2=\$10, 3=\$100, 4=\$1000 [O]

Penalties and Interest

1="Large Corporation"
Optional Annualized Methods: 1=Option 1, 2=Option 2,
Blank=Standard

Income

Interest Income
Other Income

Cost of Goods Sold

Additional Section 263A Costs
Other Costs
Ending Inventory
Inventory Method: 1=Cost
Inventory Method: 1=Lower of Cost or Market
Inventory Method: Other Method
1=Rules of Section 263A Apply

Dispositions (Miscellaneous)

Capital Loss Carryover: 1999-2005

Dispositions (Schedule D, 4797, etc.)

Description of Property
Date Acquired (m/d/y or -m/d/y)
Date Sold (m/d/y or -m/d/y)
Prior Year Installment Sale: Gross Profit Ratio (.xxxx or
1=100%)
Prior Years' Payments
Ordinary Income (-1 if None, Triggers 4797)
Like-kind Property Received: Description
Like-kind Property Received: Date Property Identified
Like-kind Property Received: Date Property Received
Name of Related Party
Address
City, State, ZIP Code
Taxpayer ID Number
Relationship to Taxpayer
1=Marketable Security

K-1 Information

Name of K-1 Entity
Employer ID Number
Tax Shelter Registration Number

Deductions

Contributions: Current Year Cash
Taxes Other

Other Deductions

Depreciation (4562)

Description of Property

Form

Activity Name or Number (e.g., 3=3rd rental)

Date Placed in Service

Special Depreciation Allowance: 1=50%, 2=30%, 3=None
[O]

Cost or Basis

Method

Life or Class Life (Recovery Period Automatic)

1=Half-Year, 2=Mid-Quarter (1st Year Automatic)

Amortization Code Section

Current Special Depreciation Allowance (-1 if None) [O]

Current Depreciation (-1 if none) [O]

Prior Section 179 Expense

Prior Special Depreciation Allowance

Prior Depreciation / Amortization

AMT: Class Life (post-1986) [O]

AMT: Prior Depreciation (MACRS only)

Percentage of Business Use (.xxxx)

1=IRS Tables

1=Qualified Indian Reservation Property

1=Listed Property

Date Sold or Disposed of (m/d/y or -m/d/y)

Sales Price (-1 if None)

Expenses of Sale

Blank=1245, 1=1250

Regular and AMT Net Operating Loss Deduction

1990-2006 Regular NOL Carryovers: Regular Net Operating Loss

Schedule A (8609) / LIH Recapture (8611)

Building Identification Number

Date Placed in Service (m/d/y)

1=Decrease in the Building's Qualified Basis for This Tax Year

1=Newly Constructed or Existing Building, 2=Section 42(e) Rehabilitation

Eligible Basis from Form 8609, Part II, Line 7b

Low-Income Portion (.xxxx) [O]

Credit Percentage from Form 8609, Part I, Line 2 (.xxxx)

Maximum Housing Credit Available from Form 8609, Part I, Line 1b

Schedule PH

Amounts Excluded Under Section 543(a)(1)(A), 543(a)(1)(B)

Less Adjustments Described in Section 543(b)(2)(A)

Less Adjustments Described in Section 543(b)(2)(B)

War Profits and Excess Profits Taxes not Deducted

Excess Expenses/Depr. Under Section 545(B)(6): Kind of Property

Excess Expenses/Depr. Under Section 545(B)(6): Date Acquired (m/d/y)

Excess Expenses/Depr. Under Section 545(B)(6): Cost or Basis

Excess Expenses/Depr. Under Section 545(B)(6): Repairs, Insurance, Other Expenses

Balance Sheet (Assets)-Ending Amounts

Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 14

U.S. Government Obligations

Tax-Exempt Securities

Other Current Assets

Loans to Stockholders

Mortgage and Real Estate Loans

Other Investments

Buildings and Other Depreciable Assets

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion

Land (Net of any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

Balance Sheet (Liabilities and Capital)-Ending Amounts

Accounts Payable

Mortgages, Notes Payable-Current Year

Other Current Liabilities

Loans from Stockholders

Mortgages, Notes Payable-Long-Term

Other Liabilities

Preferred Stock

Common Stock

Additional Paid-in Capital

Retained Earnings: Appropriated

Retained Earnings: Unappropriated

Adjustments to Shareholders Equity

Less Cost of Treasury Stock

Schedule M-1

Income Subject to Tax not Recorded on Books

Expenses on Books not Included on This Return: Other

Income on Books not Included on This Return: Other

Deductions not Charged Against Book Income: Other

Schedule M-2

Other Increases

Other Decreases

Homeowner's Association (1120-H)

Type of Association (See Table)

Schedule M-3

Type of Income Statement Prepared (see table)

1=Any of Corporation's Voting Common Stock is Publicly Traded

If So, Symbol of Primary U.S. Publicly Traded Voting Common Stock

If So, That Stock's CUSIP Number

S Corporation Converted Items (1120S)

Client Information

S Corporation Name
Federal Identification Number
Street Address
City
State
ZIP Code
Telephone Number
Fiscal Year End (mm)
Date Incorporated (m/d/y)
Date Elected S Corp. (m/d/y)
Business Code
Business Activity
Product or Service
Accounting Method
Other Accounting Method

Misc. Info., Other Info., Amended Return, Schedule N

Title of Signing Officer
Allow Preparer Discussion
Own Domestic Corporation? Name of Corporation
Own Domestic Corporation? Address
Own Domestic Corporation? Federal ID Number
Own Domestic Corporation? Percentage Owned
1=Member of Controlled Group
Tax Shelter Registration Number
1=Issued OID Debt Instruments
1=Accumulated Earnings and Profits at Year End
Routing Number
Depositor Account Number
Type of Account

Invoice, Letters, Filing Instructions

Prior Year Preparation Fee (Memo Only)
Client Letter Salutation [O]

Shareholder Information

Shareholder Name
Identification Number
Street Address
City
State
ZIP Code

Resident State

Stock Ownership

Shareholder Name
Number of Shares Owned at Year End
% of Stock Owned at Year End

Penalties and Interest

2006 Excess Net Passive Income Tax (-1 if None)

Ordinary Income

Other Income

Cost of Goods Sold

Additional Section 263A Costs
Other Costs
Ending Inventory
Inventory Method: 1=Cost
Inventory Method: 1=Lower of Cost or Market
Inventory Method: Other Method
1=Rules of Section 263A Apply

Ordinary Deductions

Taxes: Other
Other Ordinary Deductions

Depreciation (4562)

Description of Property
Form
Activity Name or Number (e.g., 3=3rd rental)
Date Placed in Service
Cost or Basis
Method
Life or Class Life (Recovery Period Automatic)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)
Amortization Code Section
Current Special Depreciation Allowance (-1 if None) [O]
Current Depreciation (-1 if none) [O]
Prior Section 179 Expense
Prior Special Depreciation Allowance
Prior Depreciation / Amortization
AMT: Class Life (post-1986) [O]
AMT: Prior Depreciation (MACRS only)
Percentage of Business Use (.xxxx)
1=IRS Tables
1=Qualified Indian Reservation Property
1=Listed Property
Date Sold or Disposed of (m/d/y or -m/d/y)
Sales Price (-1 if None)
Expenses of Sale
Blank=1245, 1=1250

Farm Income/Expenses (Schedule F)

Principal Product
Agricultural Activity Code
Accounting Method: 1=Cash, 2=Accrual [O]
1=Did Not "Materially Participate"
1=Delete This Year, 2=Delete Next Year
Accrual Method: Ending Inventory of Livestock, etc.
Other Income
Other Expenses

Schedule K Income and Deductions

Other Income (Loss)

Other Deductions

Rental Real Estate Activities (8825)

Kind of Property

Location of Property

Other Expenses

Dispositions (Schedule D, 4797, etc.)

Description of Property

Date Acquired (m/d/y or -m/d/y)

Date Sold (m/d/y or -m/d/y)

Prior Year Installment Sale: Gross Profit Ratio (.xxxx or 1=100%)

Prior Years' Payments

Ordinary Income (-1 if None, Triggers 4797)

Credits (Schedule K)

R.E. Rehabilitation Expenditures

Rental Real Estate Credits

Other Rental Credits

Other Credits and Credit Recapture

Schedule A (8609) / LIH Recapture (8611)

Building ID Number (BIN)

Date Placed in Service (m/d/y)

1=Decrease in Building's Qualified Basis for This Tax Year

Eligible Basis From Form 8609, Part II

Low-Income Portion (Line 2) (.xxxx) [O]

Credit Percentage From Form 8609, Part I, Line 2

Maximum Housing Credit Available From Form 8609, Part I, Line 16

Other Schedule K Items

Foreign Country

Foreign Gross Income Sourced at Corporate Level: Listed Categories

Deductions Allocated and Apportioned at Corporate Level: Listed Categories

Reduction in Taxes Available for Credit and Gross Income

Other Items and Amounts (Line 17d)

Balance Sheet (Assets)-Ending Amounts

Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 10

U.S. Government Obligations

Tax-Exempt Securities

Other Current Assets

Loans to Shareholders

Mortgage and Real Estate Loans

Other Investments

Buildings and Other Depreciable Assets

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion

Land (Net of any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

Balance Sheet (Liabilities and Equity)-Ending Amounts

Accounts Payable

Mortgages, Notes Payable - Current Year

Other Current Liabilities

Loans from Shareholders

Mortgages, Notes Payable - Long-Term

Other Liabilities

Capital Stock

Additional Paid-in Capital

TOTAL RETAINED EARNINGS [O]

Adjustments to Shareholders' Equity

Less Cost of Treasury Stock

Schedule M-1

Income on Schedule K not Recorded on Books

Expenses on Books not on Schedule K: Other

Income on Books not on Schedule K: Other

Deductions on Sch. K not Charged Against Book Income:

Other

Schedule M-2

AAA: Beginning Balance

AAA: Other Additions

AAA: Other Reductions

Other Adjustments Account (Sch. M-2): Beginning Balance

Shareholder Undistributed Taxable Income (Sch. M-2):

Beginning Balance