





This Tax Organizer is designed to help you collect and report the information needed to prepare your 2007 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 2007 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, 2006 information is included for your reference. You do not need to make any 2006 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 2006 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.

**LOUIS MAMO & COMPANY**  
**351 S CYPRESS RD STE 110**  
**POMPANO BEACH, FL 33060-7159**

<b>Taxpayer Information</b>				<b>Spouse Information</b>			
Last name .....				Last name .....			
First name .....				First name .....			
Middle Initial .....		Suffix .....		Middle Initial .....		Suffix .....	
Social security number ..... <b>000-00-0000</b>				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 .....					

<b>Dependent Information</b>						
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense	

<b>Child and Dependent Care Provider Expenses</b>			
Name	Address	ID Number	Amount Paid

<b>Education Tuition and Fees</b>				
Student First Name	MI	Suffix	Student Last Name	Social Security Number

Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2007 qualified student loan interest .....

<b>Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation</b>		
<b>Employer Name</b>		<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc</b>		
<b>1099-R Payer Name</b>		<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Attach Form(s) SSA-1099 – Social Security/Railroad Benefits</b>		
	<b>Taxpayer</b>	<b>Spouse</b>
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

<b>Attach Form(s) 1099-MISC – Miscellaneous Income</b>		
<b>1099-MISC Payer Name</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Attach Form(s) 1099-INT – Interest Income</b>		
<b>1099-INT Payer Name</b>		<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Attach Form(s) 1099-DIV – Dividend Income</b>		
<b>1099-DIV Payer Name</b>		<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc</b>		
Attach all stock sale transaction information, including initial cost information.		
<b>Other Government Forms to attach:</b>		
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		
<b>Other Income:</b>		
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.		

	<b>Taxpayer</b>	<b>Spouse</b>
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2007 .....	_____	_____
Roth IRA contributions made for 2007 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

## 2007 Deductions

<b>Medical and Dental Expenses</b>	<b>2007 Amount</b>	<b>2006 Amount</b>
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:		
_____	_____	_____
_____	_____	_____

  

<b>Taxes</b>	<b>2007 Amount</b>	<b>2006 Amount</b>
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 .....	_____	_____

  

<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2007 Amount</b>	<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2007 Amount</b>	
_____	_____	

  

<b>Cash/Check/Credit Contributions</b>	<b>2007 Amount</b>	<b>2006 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

<b>Noncash Charitable Contributions</b>		
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.		

  

<b>Miscellaneous Deductions</b>	<b>2007 Amount</b>	<b>2006 Amount</b>
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 2007? If <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you purchase a motor vehicle or boat during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
3 Did you purchase a hybrid vehicle in 2007? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you donate a vehicle in 2007? If <b>yes</b> , attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
5 What was the sales tax rate in your locality in 2007? ..... %      State ID .....		
6 Did your marital status change during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: _____		
7 Were you or your spouse permanently and totally disabled in 2007? .....	<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 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2007? .....	<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 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive tip income <b>not</b> 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 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach closing or escrow statements.		
16 Did you incur any casualty or theft losses during 2007? .....	<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 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you buy or sell any stocks or bonds in 2007? .....	<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 <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
23 Do you expect your income and deductions in 2008 to be the same as 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
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? .....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this? ..... Checking  Savings

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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General Questions

ORG3

PERSONAL INFORMATION

Yes No

1 Did your marital status change during 2007? ... If yes, explain ...

2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ... Caution: Review any transferred information for accuracy.

Designee's Name ... Phone Number ... Personal Identification Number (5 digit PIN) ...

3 Do you or your spouse plan to retire in 2008?

4 Were you or your spouse permanently and totally disabled in 2007?

5 Enter date of death for taxpayer or spouse (if during 2007 or 2008): Taxpayer: Spouse:

DEPENDENT INFORMATION

Yes No

6a Do you have dependents who must file? ... b If yes, do you want us to prepare the return(s)?

7a Do you have children under age 18 with investment income greater than \$1,700? ... b If yes, do you want to include your child's income on your return?

8 Are any of your dependents not U.S. citizens or residents?

9 Did you provide over half the support for any other person during 2007?

10 Did you incur adoption expenses during 2007?

IRA AND PENSION PLAN

Yes No

11 Did you receive payments from a pension or profit-sharing plan?

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?

13 Did you convert all or part of a regular IRA into a Roth IRA?

14 Did you contribute to a Coverdell Education Savings Account?

ITEMS RELATED TO INCOME/LOSSES

Yes No

15 Did you receive any disability payments in 2007?

16 Did you receive tip income not reported to your employer?

17 Did you buy, sell or refinance a principal residence or other real property in 2007? (Attach copies of your purchase and/or sale escrow statements.)

18 Did you have any installment sale amounts from relatives?

19 Did you incur any casualty or theft losses during 2007?

20 Did you incur any non-business bad debts?

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? ... 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?

ORG3

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS AND TAXES**

- |    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| 23 | Did you have foreign income or pay any foreign taxes in 2007? .....  | <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 <b>yes</b> , 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 2007? If <b>yes</b> , attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Did you start paying mortgage insurance premiums in 2007? If <b>yes</b> , please attach details .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Did you purchase a motor vehicle or boat during 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If <b>yes</b> , attach documentation showing sales tax paid.   |                          |                          |
| 32 | Did you purchase a hybrid vehicle in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If <b>yes</b> , enter year, make, model, and date purchased: _____   |                          |                          |
| 33 | Did you donate a vehicle in 2007? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | What is the sales tax rate in your locality? _____ % State ID _____  |                          |                          |
| 35 | 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"/> |
| 36 | Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | 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 <b>yes</b> , please attach details.   |                          |                          |
| 38 | Did you or your spouse participate in a medical savings account in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)                                       |                          |                          |
| 39 | Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 | Did you pay any individual for domestic services in 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 | Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 | Did you, your spouse, or your dependents attend post-secondary school in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | If <b>yes</b> , please attach information.   |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| 44 | If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 | 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.

- 46 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"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

**ORG3**

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2007? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 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"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2007;? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.</p>		
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
<p>If <b>yes</b>, please list the type of use and the number of gallons for each fuel.</p> <hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2006 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>



PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	000-00-0000	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate or age as of 1-1-2008 ...	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 ..... ▶

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

    Check this box if your spouse itemizes deductions ..... ▶

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 ..... ▶ 2005  2006

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2007 Child Care Expense
		+Months in U.S.	*Not Citizen	2006 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

\*\* 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

W-2, 1099-R, and W-2G Income

000-00-0000

ORG7

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

**Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	<b>Check if not applicable for 2007</b> .....	<input type="checkbox"/>
	Employer's name .....	<b>Check if for spouse</b> .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value. ....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance .....	<b>(b)</b> W-2 wages .....	<b>(c)</b> both .....
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Employer's name .....	<b>Check if not applicable for 2007</b> .....	<input type="checkbox"/>
	Employer's name .....	<b>Check if for spouse</b> .....	<input type="checkbox"/>
	<b>1</b> Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	<b>2</b> Enter any amounts forfeited from a flexible spending account .....		
	<b>3</b> Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	<b>4a</b> Clergy: Enter your designated housing or parsonage allowance .....		
	<b>b</b> Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value. ....		
	<b>c</b> Check SE tax on: <b>(a)</b> housing or parsonage allowance .....	<b>(b)</b> W-2 wages .....	<b>(c)</b> both .....
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

**Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name .....	<b>Check if not applicable for 2007</b> .....	<input type="checkbox"/>
	Payer's name .....	<b>Check if for spouse</b> .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	<b>3</b> Health insurance premiums deductible on Schedule A .....		
	<b>4a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		
<b>2</b>	Payer's name .....	<b>Check if not applicable for 2007</b> .....	<input type="checkbox"/>
	Payer's name .....	<b>Check if for spouse</b> .....	<input type="checkbox"/>
	<b>1</b> Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	<b>2a</b> If a <b>partial</b> rollover, enter the amount rolled over .....		
	<b>b</b> If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	<b>3</b> Health insurance premiums deductible on Schedule A .....		
	<b>4a</b> If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	<b>b</b> If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		

**W-2G – GAMBLING OR LOTTERY WINNINGS**

**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**W-2 Amounts**

**ORG7A**

<b>WAGES, SALARIES, TIPS, AND OTHER COMPENSATION</b>			
<b>Box</b>	<b>Description</b>	<b>2007</b>	<b>2006</b>
<b>c</b>	Employer's name (from ORG7) .....		
<b>1</b>	Wages, tips, etc .....		
<b>2</b>	Federal income tax withheld .....		
<b>3</b>	Social security wages .....		
<b>4</b>	Social security tax .....		
<b>5</b>	Medicare wages/tips .....		
<b>6</b>	Medicare tax withheld .....		
<b>13b</b>	Check if retirement plan participant .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Social security tips .....		
<b>8</b>	Allocated tips .....		
	Unreported tips less than \$20 per month .....		
	Unreported tips \$20 or more per month .....		
<b>9</b>	Advance EIC payment .....		
<b>10</b>	Dependent care .....		
<b>11</b>	Nonqualified plans .....		
<b>13a</b>	Check if statutory employee .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Check if third-party sick pay .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Box 12</b> W-2 Code	<b>2007 Box 12</b> Amount	<b>2006 Box 12</b> Amount		<b>2007</b>	<b>2006</b>
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax .....		
			M: Attributable to RR Tier 2 tax .....		
			R: Taxpayer MSA .....		
			Spouse MSA .....		
			G: Not government employer .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>2007 Box 14</b> Description or Code	<b>2007 Box 14</b> Amount	<b>2006 Box 14</b> Description or Code	<b>2006 Box 14</b> Amount

<b>Box 15</b> State	<b>2007 Box 16</b> Wages, tips, etc	<b>2007 Box 17</b> Income tax	<b>2006 Box 16</b> Wages, tips, etc	<b>2006 Box 17</b> Income tax

<b>Box 20</b> Locality	<b>2007 Box 18</b> Wages, tips, etc	<b>2007 Box 19</b> Income tax	<b>2006 Box 18</b> Wages, tips, etc	<b>2006 Box 19</b> Income tax

1099-R Amounts

ORG7B

Source From: 1099-R ...  CSA-1099-R ...  CSF-1099-R ...  RRB-1099-R ...

**DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT PLANS, IRAs, ETC.**

Payer's name .....

Box	Description	2007	2006
	This section is for RRB-1099-R use only		
1	Gross distribution		
2 a	Taxable amount		
b	Taxable amount not determined	<input type="checkbox"/>	<input type="checkbox"/>
	Total distribution	<input type="checkbox"/>	<input type="checkbox"/>
3	Capital gain (included in box 2a)		
a	If charitable gift annuity, amount at 28% rate		
b	Amount of unrecaptured section 1250 gain		
4	Federal income tax withheld .....		
5	Employee contributions or insurance premiums		
6	Net unrealized appreciation in employer securities		
7	Distribution code(s)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If distribution code is 2 or 5, check if a Roth IRA distribution	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Check if a <b>qualified</b> Roth IRA distribution, but box 7 code is J or T, <b>not code Q</b>	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age .....	<input type="checkbox"/>	<input type="checkbox"/>
8	Other		
	Percentage		
9 a	Percentage of total distribution		
b	Total employee contributions		
10	State tax withheld – State 1 .....		
	State tax withheld – State 2 .....		
11	State/Payer's state number – State 1 .....		
	State/Payer's state number – State 2 .....		
12	State distribution – State 1 .....		
	State distribution – State 2 .....		
13	Local tax withheld – Locality 1 .....		
	Local tax withheld – Locality 2 .....		
14	Name of locality – Locality 1 .....		
	Name of locality – Locality 2 .....		
15	Local distribution – Locality 1 .....		
	Local distribution – Locality 2 .....		
<b>Inherited IRA</b>	If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover) .....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA) .....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a) .....	<input type="checkbox"/>	<input type="checkbox"/>

1099-MISC Income

ORG8

Copy 1

**MISCELLANEOUS INCOME**

▶  Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....			
	Check if you did not receive income from this payer in 2007 ....			
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
<b>1</b>	Rents .....			
<b>2</b>	Royalties .....			
<b>3</b>	Other income .....			
<b>4</b>	Federal income tax withheld .....			
<b>5</b>	Fishing boat proceeds .....			
<b>6</b>	Medical/health care payments .....			
<b>7</b>	Nonemployee compensation .....			
<b>8</b>	Substitute payments .....			
<b>10</b>	Crop insurance proceeds .....			
<b>13</b>	Excess golden parachute payments .....			
<b>14</b>	Gross proceeds paid to an attorney .....			
<b>15a</b>	Section 409A deferrals .....			
<b>15b</b>	Section 409A income .....			
<b>16</b>	State tax withheld – 1st state .....			
<b>17</b>	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
<b>18</b>	State income – 1st state .....			
<b>16</b>	State tax withheld – 2nd state .....			
<b>17</b>	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
<b>18</b>	State income – 2nd state .....			

**Social Security Benefits/Form 1099-G/Other Income**

**ORG10**

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099 .....		
2 Railroad Retirement Benefits from Form RRB-1099 .....		
3 Federal income tax withheld .....		
4 Medicare D premiums withheld from Form SSA-1099 .....		
5 Medicare B premiums withheld .....		
6 Federal income tax withheld from Form RRB-1099 .....		
7 Medicare premiums withheld from Form RRB-1099 .....		

**FORM 1099-G**

**Attach all copies of 1099-G forms.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name .....			
1	Unemployment compensation .....			
a	Unemployment benefits you repaid in 2007 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2005 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld .....			
5	Alternative Trade Adjustment Assistance .....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld .....			
	Two-letter state abbreviation .....	_____	_____	_____
	Two or three-letter local abbreviation .....			

**OTHER INCOME**

Nature and Source	2007 Taxpayer	2007 Spouse	2006 Combined
1 Alimony received .....			
2 Scholarship/fellowship income not on Form W-2 .....			
3 Recovery of bad debts previously deducted .....			
4 Jury duty pay .....			
5 Bartering income not reported elsewhere .....			
6 Income from the rental of personal property .....			
7 Other miscellaneous income items:			
Description:			
_____			
_____			
_____			

## Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

### INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

\*\*Type of Interest  
 blank = Regular taxable interest  
 M = State use only

TSJ	X*	Payer Name	2007 Box 1 Interest	Type of Interest**	2007 Box 3 US/Treasury Interest	2007 Box 8 Tax Exempt	State	2006 Box 1 or 3

X\* Check if you did not receive income from this account in 2007.

### DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2007 Box 1a Ordinary Dividends	2007 Box 1b Qualified Dividends	2007 Box 2a Capital Gains	State	2006 Box 1a + 2a

X\* Check if you did not receive income from this account in 2007.

1099-INT Amounts

Box	Form 1099-INT	2007	2006
	<b>Payer Name</b> .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expense .....		
<b>6</b>	Foreign taxes paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
<b>9</b>	Private activity bond interest .....		
	Percent of private activity bond amount included in total interest .....		
	Types of adjustments: <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U		
	Amount of adjustment .....		

\*Type of adjustment:  
N = Nominee distribution  
O = Original issue discount (OID) adjustment  
B = Amortizable bond premium (ABP) adjustment  
A = Accrued interest adjustment  
H = Other adjustment  
U = U.S. Savings bond interest previously reported

1099-DIV Amounts

ORG11B

Box	Form 1099-DIV	2007	2006
	<b>Payer Name</b> .....		
<b>2b</b>	Unrecaptured Section 1250 gain .....		
<b>2c</b>	Section 1202 gain .....		
<b>2d</b>	Collectibles (28%) gain .....		
<b>3</b>	Nontaxable distributions .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign tax paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
	U.S. government interest in dividends .....		
	Exempt-interest dividends (not included in box 1) .....		
	Private activity bond amount included above .....		
	Percent of private activity bond included above .....		
	Margin interest paid in 2007 .....		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment .....		

**Seller-Financed Interest/Child's Interest and Dividends**

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

\*X Check if you did not receive interest from this payer in 2007.

**CHILD'S INTEREST AND DIVIDENDS (greater than \$850)**

*X	Child's Name	2007	2006
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2007.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2007	2006
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		

TAXES	2007	2006
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

**ORG14**

**HOME MORTGAGE INTEREST PAID**

Lender's Name	Check if NOT on Form 1098	2007	2006
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME**

Lender's Name	Check if NOT on Form 1098	2007
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**SELLER FINANCED MORTGAGE**

Individual's Name	Identifying Number	Address
		-----
		-----

**OTHER POINTS**

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2006 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**INVESTMENT INTEREST**

	2007	2006
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

**Interest Paid and Cash Contributions (continued)**

**ORG14**

<b>CASH CONTRIBUTIONS</b>			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2007	2006
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Parking fees, tolls, and local transportation .....			

**Noncash Contributions**

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A	<input type="checkbox"/>		
B	<input type="checkbox"/>		
C	<input type="checkbox"/>		
D	<input type="checkbox"/>		
E	<input type="checkbox"/>		
F	<input type="checkbox"/>		
G	<input type="checkbox"/>		
H	<input type="checkbox"/>		
I	<input type="checkbox"/>		

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

* Method for Fair Market Value	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

**\* Methods of determining FMV:**

- Appraisal
- Average share
- Catalog
- Capitalization of income
- Comparative sales
- Consignment shop
- Present value
- Replacement cost
- Reproduction cost
- Thrift shop

**\*\* Type of Donated Property**

- Household/clothing items
- Motor vehicle, boat or airplane
- Art, other than self-created
- Art, self-created
- Collectibles
- Business equipment
- Business inventory
- Stock, publicly traded
- Stock, other than publicly traded
- Securities, other than stock
- Intellectual property
- Real property, conservation property
- Real property, other than conservation
- Other personal property
- Other intangible property

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2007	2006
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees .....		
8 Certain attorney and accounting fees .....		
9 Safe deposit box rental .....		
10 IRA custodial fees .....		
11 Other expenses (list):		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
OTHER MISCELLANEOUS DEDUCTIONS	2007	2006
12 Amortizable bond premiums (acquired before 10/23/86) .....		
13 Gambling losses (to the extent of gambling income) .....		
14 Other miscellaneous deductions:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		

# Moving Expenses

ORG16

If you sold your principal residence during 2007, also complete Sale of Your Home (ORG22).

## FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 .....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals .....	
Lodging <b>not</b> including meals .....	

## SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... Yes  No

If **Yes**, did you move due to a permanent change of station? ..... Yes  No

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 .....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals .....	
Lodging <b>not</b> including meals .....	

### Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed .....

Check box if a fee-basis state or local government official .....

Check box if subject to Department of Transportation (DOT) hours of service limits .....

Treat all MACRS assets for activity as qualified Indian reservation property? .....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  Regular  Extension  No

EXPENSES	2007	2006
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meals/entertainment expenses) .....		
3 Meals and entertainment expenses .....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses <b>(Preparer Use Only – complete ORG17A)</b> .....		
7 Trade publications .....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
9 Carryover of Section 179 expense from prior year .....		
10 Other: ..... ..... .....		

EMPLOYER REIMBURSEMENTS	2007	2006
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2007	2006
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2007	2006
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2007, please complete ORG51 – Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2007, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

Table with 3 columns: GENERAL VEHICLE INFORMATION, Vehicle 1, and Vehicle 2. Rows include: 15 Description of vehicle, 16 Date placed in service, 17 Enter detail on lines 17a and 17b, or total on line 17c: (a Ending mileage reading, b Beginning mileage reading, c Total miles for the year), 18 Business miles, 19 Total commuting miles, 20 Average daily commuting miles.

Table with 3 columns: STANDARD MILEAGE RATE, Vehicle 1, and Vehicle 2. Rows include: 21 Do you qualify for standard mileage? (Preparer Use Only), 22 Is this a leased vehicle?

Table with 3 columns: ACTUAL EXPENSES, Vehicle 1, and Vehicle 2. Rows include: 23 Gasoline, oil, repairs, insurance, etc, 24 Vehicle registration fee (excluding property tax), 25 Vehicle lease or rental fee, 26 Inclusion amount (Preparer Use Only), 27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2), 28 Depreciation (Preparer Use Only).

Table with 3 columns: VEHICLE DEPRECIATION/DISPOSITIONS, Vehicle 1, and Vehicle 2. Rows include: 29 Cost or basis, 30 Is this an electric vehicle?, 31 Is this qualified Indian reservation property?, 32 Type of vehicle (Preparer Use Only), 33 Section 179 expense (Preparer Use Only), 34 Qualified property for GO Zone? (Preparer Use Only), 35 Qualified property for Special Depreciation Allowance? (Preparer Use), 36 Elect OUT of Special Depreciation Allowance? (Preparer Use), 37 Elect 30% in place of 50% Allowance? (Preparer Use), 38 Date sold, 39 Date acquired, if different from line 16, 40 Sales price, 41 Expense of sale, 42 Gain/loss basis, if different (Preparer Use Only), 43 AMT gain/loss basis, if different (Preparer Use Only).

Table with 1 column: VEHICLE QUESTIONS. Rows include: 44 Was your vehicle available for personal use during off-duty hours?, 45 Is another vehicle available for personal use?, 46 Do you have evidence to support the business use claimed?, 47 If yes, is the evidence written?

## Employee Home Office Expense

ORG17A

for: **ORG17**  
copy: **1**

GENERAL INFORMATION	2007	2006
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 Total wages from this business .....		
6 Enter the percent of wages above that are from the business use of this home .....		
7 Gain from business use of home shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		
8 Any losses from this business shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2007		2006	
	Direct	Indirect	Direct	Indirect
9 Casualty losses <b>(Preparer Use Only)</b> .....				
10 Deductible mortgage interest .....				
11 Real estate taxes .....				
12 Insurance .....				
13 Repairs and maintenance .....				
14 Utilities .....				
15 Other expenses (e.g., rent) .....				
16 Carryover of operating expenses .....				
17 Excess casualty losses <b>(Preparer Use Only)</b> .....				
18 Depreciation of your home <b>(Preparer Use Only)</b> .....				
19 Carryover of excess casualty losses and depreciation .....				

### DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

20	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
21	Enter the land value included in cost for residence .....			

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

for: **ORG19**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading .....			
b Beginning mileage reading .....			
c <b>Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount ( <b>Preparer Use Only</b> ) .....			
12 Depreciation ( <b>Preparer Use Only</b> ) .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use Only</b> ) .....			
20 Section 179 expense ( <b>Preparer Use Only</b> ) .....			
21 Qualified GO Zone Property ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
22 Qualified Property for SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
23 Elect OUT of SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Date sold .....			
26 Date acquired, if different from line 2 .....			
27 Sales price .....			
28 Expense of sale .....			
29 Gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
30 AMT gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
31 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

for: **ORG25**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading .....			
b Beginning mileage reading .....			
c <b>Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount ( <b>Preparer Use Only</b> ) .....			
12 Depreciation ( <b>Preparer Use Only</b> ) .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use Only</b> ) .....			
20 Section 179 expense ( <b>Preparer Use Only</b> ) .....			
21 Qualified GO Zone Property ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
22 Qualified Property for SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
23 Elect OUT of SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Date sold .....			
26 Date acquired, if different from line 2 .....			
27 Sales price .....			
28 Expense of sale .....			
29 Gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
30 AMT gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
31 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

for: **ORG27**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading .....			
b Beginning mileage reading .....			
c <b>Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount <b>(Preparer Use Only)</b> .....			
12 Depreciation <b>(Preparer Use Only)</b> .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle <b>(Preparer Use Only)</b> .....			
20 Section 179 expense <b>(Preparer Use Only)</b> .....			
21 Qualified GO Zone Property <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
22 Qualified Property for SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
23 Elect OUT of SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Elect 30% in place of 50% SDA <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Date sold .....			
26 Date acquired, if different from line 2 .....			
27 Sales price .....			
28 Expense of sale .....			
29 Gain/loss basis, if different <b>(Preparer Use Only)</b> .....			
30 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
31 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Do you have evidence to support the business use claimed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 If <b>yes</b> , is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

for: **ORG26**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading .....			
b Beginning mileage reading .....			
c <b>Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount ( <b>Preparer Use Only</b> ) .....			
12 Depreciation ( <b>Preparer Use Only</b> ) .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use Only</b> ) .....			
20 Section 179 expense ( <b>Preparer Use Only</b> ) .....			
21 Qualified GO Zone Property ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
22 Qualified Property for SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
23 Elect OUT of SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Date sold .....			
26 Date acquired, if different from line 2 .....			
27 Sales price .....			
28 Expense of sale .....			
29 Gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
30 AMT gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
31 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: **ORG48P**

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
<b>a</b> Ending mileage reading .....			
<b>b</b> Beginning mileage reading .....			
<b>c</b> <b>Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount ( <b>Preparer Use Only</b> ) .....			
12 Depreciation ( <b>Preparer Use Only</b> ) .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use Only</b> ) .....			
20 Section 179 expense ( <b>Preparer Use Only</b> ) .....			
21 Qualified GO Zone Property ( <b>Preparer Use Only</b> ) .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
22 Qualified Property for SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
23 Elect OUT of SDA? ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Date sold .....			
26 Date acquired, if different from line 2 .....			
27 Sales price .....			
28 Expense of sale .....			
29 Gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
30 AMT gain/loss basis, if different ( <b>Preparer Use Only</b> ) .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
31 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
35 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Business Income and Expenses

ORG19

#### GENERAL INFORMATION

1 Check ownership .....  Taxpayer  Spouse  Joint

2 Business name .....

3 Business address .....

4 Principal business/profession .....

5 Employer ID number .....

6 Business code **(Preparer Use Only)** ....

7 Was this business fully disposed of to an unrelated person during the year? .....  Yes  No

8 Accounting method:  
 Cash       Accrual       Other (specify)  .....

9 Method used to value closing inventory:  
 Cost       Lower of       Other (explain)  .....

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
 (If yes, attach explanation) .....  Yes  No

11 Did you materially participate in the operation of this business during 2007? .....  Yes  No

12 Did you start or acquire this business during 2007? .....  Yes  No

13 At-risk determination:  
 a Is all of the investment in this activity at risk? .....  Yes  No  
 b Is some of the investment in this activity not at risk? .....  Yes  No

14 Did you have unallowed passive losses in 2006? .....  Yes  No

15a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

15b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  Regular  Extension  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2007	2006
16 Gross receipts or sales .....		
17 Returns and allowances .....		
18 Other income (include federal/state gas tax credit/refund) .....		
COST OF GOODS SOLD – IF APPLICABLE	2007	2006
19 Inventory at beginning of year .....		
20 Purchases .....		
21 Items withdrawn for personal use .....		
22 Cost of labor (do not include your salary) .....		
23 Materials and supplies .....		
24 Other costs .....		
25 Inventory at end of year .....		

### Business Income and Expenses (continued)

ORG19

EXPENSES	2007	2006
Business name _____		
<b>26</b> Advertising .....		
<b>27</b> Car and truck expenses (complete ORG18) .....		
<b>28</b> Commissions and fees .....		
<b>29</b> Contract labor .....		
<b>30</b> Depletion .....		
<b>31</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>32</b> Employee benefit programs .....		
<b>33</b> Insurance (other than health) .....		
<b>34</b> Self-employed health insurance attributable to this business .....		
<b>35</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>36</b> Legal and professional services .....		
<b>37</b> Office expenses .....		
<b>38</b> Pension and profit-sharing plans .....		
<b>39</b> Rent or lease:		
<b>a</b> Machinery and equipment .....		
<b>b</b> Other business property .....		
<b>40</b> Repairs and maintenance .....		
<b>41</b> Supplies (not included in cost of goods sold) .....		
<b>42</b> Taxes and licenses .....		
<b>43</b> Travel, meals, and entertainment:		
<b>a</b> Travel .....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 75% limit .....		
<b>d</b> Meals and entertainment not subject to limit .....		
<b>44</b> Utilities .....		
<b>45</b> Wages .....		
<b>46</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>47</b> Expenses for business use of your home <b>(Preparer Use Only)</b> .....		
Complete ORG20 for Business Use of Home.		
<b>48</b> Qualified pension plans start-up costs .....		

Business Use of Home

for: ORG19
copy: 1

Table with 3 columns: GENERAL INFORMATION, 2007, 2006. Rows include area used for business, daycare hours, gain from business use, and losses.

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

Table with 5 columns: EXPENSES, 2007 (Direct, Indirect), 2006 (Direct, Indirect). Rows include casualty losses, mortgage interest, real estate taxes, insurance, rent, repairs, utilities, and depreciation.

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

Table with 4 columns: 21, Description, Date Acquired (MM/DD/YY), Date Placed in Service (MM/DD/YY), Cost (include land for residence only). Rows for Residence and multiple Addition/Improvement entries.

### Sales of Stocks and Securities

ORG21

Attach all copies of Forms 1099-B and/or 1099-S here.

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment? .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <b>employee</b> stock options? .....	<input type="checkbox"/>	<input type="checkbox"/>

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.

#### FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

TSJ	Type*	Description of Property				Federal Withholding	Short/Long Term
		Date Acquired	Date Sold	Sales Price	Cost Basis		

**\*Type**

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| A = Stocks, bonds, etc               | C = SSBIC stock                        | E = Stock sales to ESOP's or EWOC's |
| M = Nonbusiness bad debt             | R = Small business stock rollover      | X = Expired (options, etc)          |
| N = Personal loss                    | Q = Small business stock 50% exclusion | K = Bankrupt                        |
| P = Wash sale                        | Y = Small business stock 60% exclusion | O = Worthless                       |
| W = Long-term collectible (28% rate) |  |                                     |

**Sale of Your Home**

**GENERAL INFORMATION**

**Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2007).

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>1 a</b> Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c</b> Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2 a</b> Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> Did you receive a Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4 a</b> Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) |                          |                          |
| <b>a You</b> .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b Your spouse</b> .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7 a</b> Will you be receiving periodic payments of principal or interest from this sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If <b>Yes</b> , what is the amount of the financial instrument? .....  |                          |                          |

- 8** Address of former home sold .....
- 9 a** Date former home was sold .....
- b** Date former home was bought .....
- 10** Sales price of the home sold .....

**COST BASIS OF HOME SOLD**

Description	Amount
<b>Original cost of home sold:</b>	
<b>11 a</b> Purchase price of home sold .....	
<b>b</b> Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
<b>12 a</b> Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
<b>b</b> Cost of capital improvements .....	
<b>c</b> Additions, including costs of materials and labor .....	
<b>d</b> Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
<b>13 a</b> Seller-paid points (for old home bought after 1990) .....	
<b>b</b> Other decreases to basis .....	

**COMMISSIONS AND OTHER EXPENSES OF SALE**

Description	Amount
<b>14 a</b> .....	
<b>b</b> .....	
<b>c</b> .....	
<b>d</b> .....	

# Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?  Yes  No  
Was the final installment received this year?  Yes  No

1 Description of property \_\_\_\_\_  
2a Date acquired \_\_\_\_\_ 2b Date sold \_\_\_\_\_  
c Check this box if ordinary gain from non-capital asset

### GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts \_\_\_\_\_  
4 Mortgages and other debts buyer assumed or took property subject to \_\_\_\_\_  
5 Cost or other basis of property sold \_\_\_\_\_  
6 Depreciation allowed or allowable \_\_\_\_\_  
7 Commissions and other expenses of sale \_\_\_\_\_  
8 Was this property your main home?  Yes  No

### CURRENT TAXABLE PORTION

9 Gross profit percentage \_\_\_\_\_  
10a Payments received in current year \_\_\_\_\_  
b Interest received in current year \_\_\_\_\_

#### Seller Financed Mortgage Information

11 Payer's Name	Address	SSN or EIN
12 Payments received in prior years (do not include interest) \_\_\_\_\_

### SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980?  Yes  No  
b If **yes**, was the property a marketable security?  Yes  No  
*If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.  
If you received the final installment payment this year, do not complete the rest of this form.*  
c Give the name, address, and taxpayer identification number of related party \_\_\_\_\_

14 Did the related party, during this tax year, resell or dispose of the property?  Yes  No  
*If no, do not complete the rest of this form.*

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?  Yes  No  
If **yes**, give date of disposition \_\_\_\_\_  
b Was the first disposition a sale or exchange of stock to the issuing corporation?  Yes  No  
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?  Yes  No  
d Did the second disposition occur after the death of the original seller or buyer?  Yes  No  
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?  Yes  No  
If **yes**, give explanation \_\_\_\_\_

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale) \_\_\_\_\_

### Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint



Attach all copies of 1099-S and 1099-B forms here.

**Note:** Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR**  
(Generally, report sales where you incurred a loss in this section except sale of raised cattle, horses and livestock sold at a gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS**  
(Ordinary gains and losses)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR**  
(Depreciable property used in trade/business or residential rental)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property type: Property location:
1 Check property owner [ ] Taxpayer [ ] Spouse [ ] Joint
2 Enter the ownership percentage (if not 100%)
3 Check this box if some of this investment was not at-risk
4 Is this a rental property? (If yes, answer questions 5 through 7; if no, skip to question 8.)
5 Did you have personal use of this rental property?
6 Does this rental have multiple living units and you live in one of the units?
7 Did you actively participate in this property's management during 2007?
8 Did you materially participate in this property's management during 2007?
9 Do you want to treat this property as non-passive?
10 Did you fully dispose of this property during 2007?
11 Did this property have unallowed passive losses in 2006?
12 Do you want to treat this property as commercial property?
13a Treat all MACRS assets for this activity as qualified Indian reservation property?
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular [ ] Extension [ ] No [ ]

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

Table with 3 columns: INCOME, 2007, 2006. Rows include 14 Rents received and 15 Royalties received.

Table with 3 columns: EXPENSES, 2007, 2006. Rows include 16 Advertising, 17a Automobile, 17b Travel, 18 Cleaning and maintenance, 19 Commissions, 20 Insurance, 21 Legal and professional fees, 22 Management fees, 23a Mortgage interest paid to banks - qualified, 23b Mortgage interest paid to banks - other, 24 Other interest, 25 Repairs, 26 Supplies, 27a Real estate taxes, 27b Other taxes, 28 Utilities, 29 Other expenses (a-e), 30a Depreciation and Section 179 deduction (Preparer Use Only), 30b Depletion (Preparer Use Only).

Farm Rental Income and Expenses

GENERAL INFORMATION

Name of this activity
1 Check ownership Taxpayer Spouse Joint
2 Employer identification number
3 Was this farm fully disposed of to an unrelated person during 2007?
4 Did you actively participate in the operation of this business during 2007?
5 Real estate professionals: Did you materially participate in the operation of this business during 2007?
6 At-risk determination:
a Is all of the investment in this activity at risk?
b Is some of the investment in this activity not at risk?
7 Did you have unallowed passive losses in 2006?
8a Treat all MACRS assets for this activity as qualified Indian reservation property?
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

Table with 3 columns: FARM RENTAL INCOME - BASED ON PRODUCTION, 2007, 2006. Rows include: 9 Income from production of livestock, produce, grains and crops; 10 Total distributions received from cooperatives; 11 Taxable amount of distributions from cooperatives; 12 Total agricultural program payments; 13 Taxable amount of agricultural program payments; 14 Commodity Credit Corporation (CCC) loans under election; 15 CCC loans forfeited/repaid with certificates; 16 Taxable amount of CCC loans forfeited/repaid; 17 Crop insurance proceeds/federal crop disaster payments received in 2007; 18 Taxable crop insurance proceeds/federal crop disaster payments; 19 Crop insurance proceeds/federal crop disaster deferred from 2006; 20 Other income - include federal/state gas tax credit/refund

Farm Rental Income and Expenses (continued)

EXPENSES – FARM RENTAL PROPERTY	2007	2006
Name of this activity .....		
21 Car and truck expense (complete ORG18) .....		
22 Chemicals .....		
23 Conservation expenses .....		
24 Custom hire (machine work) .....		
25 Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
26 Employee benefit programs other than pension and profit-sharing plans .....		
27 Feed .....		
28 Fertilizers and lime .....		
29 Freight and trucking .....		
30 Gasoline, fuel, and oil .....		
31 Insurance (other than health) .....		
32 Interest:		
a Mortgage (paid to banks, etc) .....		
b Other .....		
33 Gross wages .....		
34 Pension and profit-sharing plans .....		
35 Rent or lease:		
a Machinery, equipment, etc .....		
b Other (land, animals, etc) .....		
36 Repairs and maintenance .....		
37 Seeds and plants .....		
38 Storage and warehousing .....		
39 Supplies .....		
40 Taxes .....		
41 Utilities .....		
42 Veterinary fees and medicine .....		
43 Other expenses (specify):		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
44 Qualified pension plans start-up costs .....		

## Farm Income and Expenses

ORG27

### GENERAL INFORMATION

Name of this farm .....

1 Check ownership  Taxpayer  Spouse  Joint

2 Principal product .....

3 Employer identification number .....

4 Agricultural activity code **(Preparer Use Only)** .....

5 Accounting method  Cash  Accrual

6 Was this farm fully disposed of to an unrelated person during 2007? Yes  No

7 Did you materially participate in the operation of this business during 2007? Yes  No

8 At-risk determination:

a Is all of the investment in this activity at risk? Yes  No

b Is some of the investment in this activity not at risk? Yes  No

9 Did you have unallowed passive losses in 2006? Yes  No

10a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes  No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular  Extension  No

FARM INCOME – CASH METHOD	2007	2006
11 Sales of livestock, etc purchased for resale .....		
12 Cost/Basis of livestock, etc purchased for resale .....		
13 Sales of livestock, produce, grains, etc raised .....		
14a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
15a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
16a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
17a Crop insurance proceeds/federal crop disaster payments received in 2007 .....		
b Taxable crop insurance proceeds/federal crop disaster payments .....		
c Crop insurance proceeds/federal crop disaster payments deferred from 2006 .....		
18 Custom hire (machine work) income .....		
19 Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2007	2006
20 Sales – livestock, produce, grain, other products .....		
21a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
22a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
23a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
24 Crop insurance proceeds and certain disaster payments .....		
25 Custom hire (machine work) income .....		
26 Other income include federal/state gas tax credit/refund .....		
27 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc .....		
b Cost of livestock, produce, etc purchased .....		
c Ending inventory – livestock, produce, etc .....		
28 Check if you used the unit-livestock price method or farm-price method to value inventory .....	<input type="checkbox"/>	<input type="checkbox"/>

**Farm Income and Expenses (continued)**

**ORG27**

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>	<b>2007</b>	<b>2006</b>
Name of this farm .....		
<b>29</b> Car and truck expense (complete ORG18) .....		
<b>30</b> Chemicals .....		
<b>31</b> Conservation expenses .....		
<b>32</b> Custom hire (machine work) .....		
<b>33</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>34</b> Employee benefit programs other than pension and profit-sharing plans .....		
<b>35</b> Feed .....		
<b>36</b> Fertilizers and lime .....		
<b>37</b> Freight and trucking .....		
<b>38</b> Gasoline, fuel and oil .....		
<b>39 a</b> Insurance .....		
<b>b</b> Self-employed health insurance attributable to this farm business .....		
<b>40</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>41</b> Gross wages .....		
<b>42</b> Pension and profit-sharing plans .....		
<b>43</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc .....		
<b>b</b> Other (land, animals, etc) .....		
<b>44</b> Repairs and maintenance .....		
<b>45</b> Seeds and plants purchased .....		
<b>46</b> Storage and warehousing .....		
<b>47</b> Supplies purchased .....		
<b>48</b> Taxes .....		
<b>49</b> Utilities .....		
<b>50</b> Veterinary, breeding and medicine .....		
<b>51</b> Other expenses (specify):		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
<b>52</b> Qualified pension plans start-up costs .....		

### Adjustments to Income

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2007 .....		
2 Check if you were covered by a retirement plan at work .....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return .....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2007 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2007, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2007 .....		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2007 .....		
8 Enter the amount of any outstanding rollovers as of 1/1/2008 .....		
<b>If you received IRA distributions during 2007, please complete ORG7.</b>		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2007 .....		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return .....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute .....		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1a Payments made and/or expected to be made to a money purchase Keogh plan for 2007 .....		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2007 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2a Payments made and/or expected to be made to a profit sharing Keogh for 2007 .....		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2007 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2007 .....		
<b>SEP:</b>		
4a Payments made and/or expected to be made to a SEP for 2007 .....		
b Check this box if you wish to contribute the maximum amount to your SEP for 2007 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2007 .....		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2007 .....		
<b>Individual 401(k):</b>		
6a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2007 .....		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2007 .....		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2007 .....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2007 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2007 .....		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2007 .....		

ALIMONY PAID	
1 Recipient's social security number .....	Alimony paid .....
2 Recipient's social security number .....	Alimony paid .....

### Child and Dependent Care Expenses

ORG35

**CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		

EXPENSES	2007	2006
1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2007 but not incurred in 2007 .....		
3 Total expenses incurred in 2007 but not paid in 2007 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

STUDENT/DISABLED PERSON INFORMATION	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:		
<b>a</b> Enter the number of months that taxpayer/spouse did <b>not</b> work and was a full-time student or disabled .....		
<b>b</b> Enter earned income if the taxpayer/spouse who was a student or disabled did work .....		

**Education Information**

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's Name		Student's Social Security Number	1. First/second year of post-secondary education?	
First Name Last Name	Middle Initial Suffix		Yes	No
-----			<input type="checkbox"/>	<input type="checkbox"/>
-----			<input type="checkbox"/>	<input type="checkbox"/>
-----			<input type="checkbox"/>	<input type="checkbox"/>
-----			<input type="checkbox"/>	<input type="checkbox"/>

EDUCATOR EXPENSES	2007	2006
-------------------	------	------

<b>1a</b> Taxpayer educator expenses .....		
<b>b</b> Spouse educator expenses .....		

STUDENT LOAN INTEREST PAID	2007	2006
----------------------------	------	------

<b>2</b> Enter the total interest you paid in 2007 on qualified student loans .....		
---	--	--

**FORM 1099-Q**

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

# Tax Payments

ORG40

## 2007 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/17/07								
2 Qtr 2 due by 06/15/07								
3 Qtr 3 due by 09/17/07								
4 Qtr 4 due by 01/15/08								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

## OTHER TAX PAYMENTS

	Federal	State	Local
6 2006 overpayment applied to 2007 .....			
7 Balance due paid with 2006 return .....			
8a 2006 Quarter 4 payments paid in 2007 .....			
b 2006 extension payments paid in 2007 .....			
9 Other taxes paid in 2007 for prior years (include explanation) .....			

## 2008 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2008, please enter the increase or decrease below.

### Income

10 Wages .....	Taxpayer .....	
	Spouse .....	
11 Self-Employment Income .....	Taxpayer .....	
	Spouse .....	
12 Capital Gains (sale of stock, real estate, etc) .....		
13 Other Income:		
Description .....		

### Deductions

14 Allowable Itemized Deductions .....	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
16 Federal Withholding .....	
17 Number of personal exemptions expected for 2008 .....	

## ADDITIONAL INFORMATION

18 Check to use your 2007 tax amount for your 2008 estimate .....	<input type="checkbox"/>
19 If you have an overpayment of 2007 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment .....	
21 Number of installments for estimated tax (1 - 4) .....	

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

Taxpayer Copy

- 1 Enter your employer identification number ..... Yes No
- 2 Did you pay **any one** household employee cash wages of \$1,500 or more in 2007? .....
- 3 Did you withhold federal income tax during 2007 for any household employee? .....
- 4 Did you pay total cash wages of \$1,000 or more to household employees **in any calendar quarter** of 2006 or 2007? .....

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

2007

2006

5 Enter total cash wages paid during 2007 that were:		
a Subject to social security taxes .....		
b Subject to Medicare taxes .....		
c Subject to FUTA taxes .....		
6 Enter federal income tax withheld during 2007 .....		
7 Enter any advance earned income credit (EIC) payments .....		

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 8 Did you pay unemployment contributions to only one state? .....
- 9 Did you pay all state unemployment contributions for 2007 by April 15, 2008? .....
- 10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....
- 11 Enter any unemployment compensation you paid for 2007:

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2007	2006	2007	2006
a _____					
b _____					

12 Complete the following if you know your state experience rate:

a State experience rate (e.g., enter 5.5 for 5.5%) .....

If your state experience rate is 5.4% or higher:

b State experience rate period – starting date (e.g., 01/01/07) .....

c State experience rate period – ending date (e.g., 12/31/07) .....

State A	State B
_____	_____

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

**Attach copies of your state payroll returns and other payroll forms.**

Spouse Copy

- |   |  |   |
|---|--|---|
| <p>1 Enter your employer identification number .....</p> <p>2 Did you pay <b>any one</b> household employee cash wages of \$1,500 or more in 2007? .....</p> <p>3 Did you withhold federal income tax during 2007 for any household employee? .....</p> <p>4 Did you pay total cash wages of \$1,000 or more to household employees <b>in any calendar quarter</b> of 2006 or 2007? .....</p> | <p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
|---|--|---|

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

2007

2006

<p>5 Enter total cash wages paid during 2007 that were:</p> <p style="margin-left: 20px;">a Subject to social security taxes .....</p> <p style="margin-left: 20px;">b Subject to Medicare taxes .....</p> <p style="margin-left: 20px;">c Subject to FUTA taxes .....</p> <p>6 Enter federal income tax withheld during 2007 .....</p> <p>7 Enter any advance earned income credit (EIC) payments .....</p>		
--	--	--

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- |  |   |   |
|--|---|---|
| <p>8 Did you pay unemployment contributions to only one state? .....</p> <p>9 Did you pay all state unemployment contributions for 2007 by April 15, 2008? .....</p> <p>10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....</p> <p>11 Enter any unemployment compensation you paid for 2007:</p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
|--|---|---|

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2007	2006	2007	2006
a	_____				
b	_____				

12 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%) .....
- If your state experience rate is 5.4% or higher:
- b State experience rate period – starting date (e.g., 01/01/07) .....
- c State experience rate period – ending date (e.g., 12/31/07) .....

State A	State B
_____	_____

### K-1 Partnership – Partner's Questions

	<input checked="" type="checkbox"/> <b>Attach all copies of K-1s from partnerships.</b>	
<b>1</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number ..... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.
---------------------	----------------	---------------------

Ownership .....  Taxpayer     Spouse     Joint **Yes**   **No**

Is this the final K-1 for this Partnership? .....   

### GENERAL QUESTIONS

		<b>Yes</b>	<b>No</b>
<b>1</b> Was <b>all</b> of the investment in this activity <b>at-risk</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Trade or business activities (Schedule K-1, line 1):			
<b>a</b> Did you materially participate in this activity during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Rental real estate activities (Schedule K-1, line 2):			
<b>a</b> Did you materially participate in this activity during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you actively participate in this activity during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Are there suspended passive losses carried over from 2006? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is this a publicly traded partnership? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Is this a foreign partnership? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Are you a general partner (or managing member, if limited liability company)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Enter health insurance paid by you personally and related to this activity .....			

### K-1 LINE ITEMS

<b>1</b> Ordinary business income (loss) .....	
<b>2</b> Net rental real estate income (loss) .....	
<b>3</b> Other net rental income (loss) .....	
<b>4</b> Guaranteed payments .....	
<b>5</b> Interest income .....	
<b>a</b> Income from U.S. Bonds (nontaxable to states) included in line 5 .....	
<b>6a</b> Ordinary dividends .....	
<b>b</b> Qualified dividends .....	
<b>8</b> Net short-term capital gain (loss) .....	
<b>9a</b> Net long-term capital gain (loss) .....	
<b>b</b> Collectibles (28%) gain (loss) .....	
<b>c</b> Unrecaptured Section 1250 gain .....	
<b>10</b> Net Section 1231 gain (loss) .....	
<b>12</b> Section 179 expense deduction .....	

# K-1 S Corporation – Shareholder's Questions

	<input checked="" type="checkbox"/> <b>Attach all copies of K-1s from S Corporations.</b>	
<b>1</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of S Corporation ..... _____ S Corporation identification number _____ Tax shelter registration number ... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	



## K-1 Estate & Trust – Beneficiary's Questions

<b>▶</b>	<input checked="" type="checkbox"/>	<b>Attach all copies of K-1's from estates and trusts.</b>
<b>1</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of estate or trust ..... _____ Estate or trust identification no. ... _____ Tax shelter registration number ..... _____ 1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

ORG47A

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.
-------------------------	--------------------	---------------------

Ownership .....  Taxpayer     Spouse     Joint

Check one:                     Domestic Beneficiary     Foreign Beneficiary                    **Yes**    **No**

Is this the final K-1 for this Estate or Trust? .....    

**GENERAL QUESTIONS**

		<b>Yes</b>	<b>No</b>
<b>1</b> Rental real estate activities:			
<b>a</b> Is this a qualifying estate for material participation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Is this a qualifying estate for active participation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Are there suspended passive losses carried over from 2006? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**K-1 LINE ITEMS**

<b>1a</b> Interest .....	
<b>b</b> U.S. Bonds (nontaxable to states) included in line 1a .....	
<b>2a</b> Total ordinary dividends .....	
<b>b</b> Qualified dividends .....	
<b>3</b> Net short-term capital gain .....	
<b>4a</b> Net long-term capital gain .....	
<b>b</b> 28% rate gain included in net long-term capital gain .....	
<b>c</b> Unrecaptured Section 1250 included in net long-term capital gain .....	

### K-1 Supplemental Business Expenses

Partnership

EXPENSES	2007	2006
Use <b>ORG18</b> to enter vehicle expenses.		
<b>1</b> Vehicle expenses .....		
<b>2</b> Vehicle rentals .....		
<b>3</b> Travel expenses while away from home (excluding meals/entertainment expenses) .....		
<b>4</b> Business gifts .....		
<b>5</b> Education .....		
<b>6</b> Office supplies and expenses .....		
<b>7</b> Telephone, fax, pager, etc .....		
<b>8</b> Trade publications .....		
<b>9</b> Depreciation and amortization ( <b>Preparer Use Only</b> ) .....		
Use <b>ORG50</b> to record dispositions. Use <b>ORG51</b> to enter additional assets.		
Treat all MACRS assets for activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
<b>10</b> Carryover of Section 179 expense from prior year .....		
<b>11</b> Meals and entertainment expenses .....		
<b>12</b> Other:		
_____		
_____		
_____		
_____		
REIMBURSEMENTS	2007	2006
<b>13</b> Reimbursements for other than meals and entertainment .....		
<b>14</b> Reimbursements for meals and entertainment .....		





























## Depreciation Entry Worksheet

for: **ORG17**

### ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

### DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

### DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

## Depreciation Entry Worksheet

for: **ORG15**      **Itemized Deductions**

### ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

### DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

### DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

## Depreciation Entry Worksheet

for: **ORG19**

### ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

### DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

### DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

# Depreciation Entry Worksheet

for: **ORG25**

## ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....	<input type="checkbox"/>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....	<input type="checkbox"/>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

## DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

## DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

# Depreciation Entry Worksheet

for: **ORG27**

## ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

## DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

## DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

## Depreciation Entry Worksheet

for: **ORG26**

### ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....	<input type="checkbox"/>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....	<input type="checkbox"/>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

### DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

### DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

# Depreciation Entry Worksheet

for: **ORG48P**

## ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset .....	Percentage of business use .....	%
Date placed in service .....	Section 179 deduction .....	
Cost or basis .....	Land included in cost .....	
Type of asset .....		

**Note:** Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

<b>Gulf Opportunity Zone</b> – Qualified Property .....	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension	<input type="checkbox"/>	No
In service in GO Zone Extension building within 90 days of building .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Qualified Property for Special Depreciation Allowance .....	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%	<input type="checkbox"/>	No
Elect OUT of Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance .....			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance .....						
AMT Special Depreciation Allowance .....						

Enter the IRC section under which you amortize the cost of intangibles .....

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years .....

Check if General Asset Account .....

Prior depreciation .....

AMT prior depreciation .....

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

## DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition .....	Date acquired (if different from Date in service) .....		
Report land separately? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price .....			
Expense of sale .....			
Property type .....			
Section 179 deduction allowed .....			
If Section 1250:    Additional depreciation after 1975 .....			
Applicable percentage .....			%
Additional depreciation after 1969 and before 1976 .....			
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different .....		AMT gain/loss basis, if different .....	
Check to compute personal residence depreciation after May 6, 1997 .....			<input type="checkbox"/>

## DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation .....				
Heavy SUV? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property? .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type .....		AMT basis, if different .....		
Asset class .....		Type for pre-'87 assets .....		
Depreciation method .....		AMT depreciation method .....		
MACRS convention .....				
Year of depreciation .....				
Recovery period .....		AMT recovery period .....		
Depreciable basis .....		AMT depreciable basis .....		

Federal Carryover Data

ORG55

2006 STATE AND LOCAL TAX INFORMATION

Table with 8 columns: 1 State or Local Identification, Paid With Extension, Estimates Paid After 12/31/06, Total Withheld/Payments, Paid With Return, Total Overpayment, Applied Amount.

OTHER TAX AND INCOME INFORMATION

2 2006 filing status: Single, Married filing jointly, Married filing separately, Head of household, Qualifying widow(er). 3 Number of blind/elderly boxes checked for 2006. 4a Total itemized deductions allowed in 2006. b Check this box if you were required to itemize in 2006. 5 Adjusted gross income in 2006. 6 Total tax for Form 2210 or 2210-F in 2006. 7 Alternative minimum tax in 2006. 8 2006 federal overpayment applied to 2007.

IRA INFORMATION

9a Basis of taxpayer's IRA(s) as of 12/31/06. b Basis of spouse's IRA(s) as of 12/31/06. c Taxpayer's excess IRA contributions as of 12/31/06. d Spouse's excess IRA contributions as of 12/31/06. e Taxpayer's excess Archer MSA contributions as of 12/31/06. f Spouse's excess Archer MSA contributions as of 12/31/06. g Taxpayer's excess Roth IRA contributions as of 12/31/06. h Spouse's excess Roth IRA contributions as of 12/31/06. i Taxpayer's excess Coverdell ESA contributions as of 12/31/06. j Spouse's excess Coverdell ESA contributions as of 12/31/06. k Taxpayer's excess HSA contributions as of 12/31/06. l Spouse's excess HSA contributions as of 12/31/06.

LOSS AND EXPENSE CARRYOVERS

10a Short-term capital loss carryover from 2006. b Long-term capital loss carryover from 2006. c AMT Short-term capital loss carryover from 2006. d AMT Long-term capital loss carryover from 2006. 11a Net operating loss carryforward to 2007 - regular tax. b Net operating loss carryforward to 2007 - AMT. 12a Disallowed investment interest expense (Form 4952, line 7). b Disallowed AMT investment interest expense (Form 4952-AMT, line 7). 13a Nonrecaptured net Section 1231 loss from 2006. b Nonrecaptured net Section 1231 loss from 2005. c Nonrecaptured net Section 1231 loss from 2004. d Nonrecaptured net Section 1231 loss from 2003. e Nonrecaptured net Section 1231 loss from 2002. f AMT Nonrecaptured net Section 1231 loss from 2006. g AMT Nonrecaptured net Section 1231 loss from 2005. h AMT Nonrecaptured net Section 1231 loss from 2004. i AMT Nonrecaptured net Section 1231 loss from 2003. j AMT Nonrecaptured net Section 1231 loss from 2002.

**Federal Carryover Data (continued)**

**CREDIT CARRYOVERS**

<b>14</b> General business credit .....	
<b>15 a</b> Qualified adoption expenses carryforward from 2006 .....	
<b>b</b> Qualified adoption expenses carryforward from 2005 .....	
<b>c</b> Qualified adoption expenses carryforward from 2004 .....	
<b>d</b> Qualified adoption expenses carryforward from 2003 .....	
<b>e</b> Qualified adoption expenses carryforward from 2002 .....	
<b>16 a</b> Mortgage interest credit from 2006 (Form 8396, line 19) .....	
<b>b</b> Mortgage interest credit from 2005 (Form 8396, line 16) .....	
<b>c</b> Mortgage interest credit from 2004 (Form 8396, line 18) .....	
<b>d</b> Certificate credit rate (Form 8396, line 2) .....	%
<b>e</b> Address of home claiming mortgage interest credit on Form 8396 if different from your personal address: _____	
<b>17</b> District of Columbia first-time homebuyer credit from 2006 (Form 8859, line 12) .....	
<b>18</b> Minimum tax credit carryforward to 2007 (Form 8801, line 26) .....	
<b>19</b> Residential energy efficient property credit from 2006 (Form 5695, line 30) .....	
<b>20</b> Alcohol used as fuel credit from 2006 (Form 6478) .....	

**OTHER CARRYOVERS**

<b>21</b> Section 179 carryover from 2006 (Form 4562, line 13) .....	
<b>22</b> Excess 2006 foreign housing deduction carryover:	
<b>a</b> Amount from Form 2555, Taxpayer's copy – line 46 .....	
<b>b</b> Amount from Form 2555, Taxpayer's copy – line 48 .....	
<b>c</b> Amount from Form 2555, Spouse's copy – line 46 .....	
<b>d</b> Amount from Form 2555, Spouse's copy – line 48 .....	

**CHARITABLE CONTRIBUTION CARRYOVERS**

<b>23</b> Carryover of charitable contributions from:	<b>Cash and Other Property</b>		<b>Capital Gain</b>	
	<b>(a)</b> 50%	<b>(b)</b> 30%	<b>(c)</b> 30%	<b>(d)</b> 20%
<b>a</b> 2006 .....				
<b>b</b> 2005 .....				
<b>c</b> 2004 .....				
<b>d</b> 2003 .....				
<b>e</b> 2002 .....				

# Foreign Tax Credit Carryovers from 2006

ORG56

Copy 1

## FIRST FORM 1116

- Passive category income
- General category income
- Re-sourced by treaty
- Lump-sum distributions

- 2007 Eliminated Income Categories (See Tax Help for additional info)**
- High withholding tax interest
  - Financial services
  - Shipping income
  - Dividends from DISC
  - Distribution from FSC

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999 .....				
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
Carryover to 2007 .....				

Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999 .....				
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
Carryover to 2007 .....				

## SECOND FORM 1116

- Passive category income
- General category income
- Re-sourced by treaty
- Lump-sum distributions

- 2007 Eliminated Income Categories (See Tax Help for additional info)**
- High withholding tax interest
  - Financial services
  - Shipping income
  - Dividends from DISC
  - Distribution from FSC

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999 .....				
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
Carryover to 2007 .....				

Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999 .....				
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
Carryover to 2007 .....				

**Tax History**

**ORG57**

	2003	2004	2005	2006
Filing status .....				
Total income .....				
Adjustments to income .....				
Adjusted gross income .....				
Tax expense .....				
Interest expense .....				
Contributions .....				
Miscellaneous deductions .....				
Other itemized deductions .....				
Total itemized/standard deduction .....				
Exemption amount .....				
Taxable income .....				
Tax .....				
Alternative minimum tax .....				
Total credits .....				
Other taxes .....				
Payments .....				
Form 2210 penalty .....				
Amount owed .....				
Applied to next year's estimated tax .....				
Refund .....				
Effective tax rate % .....				

**State Information Worksheet**

**ORG60**

**GENERAL INFORMATION**

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
5 Check if disabled .....	<b>Taxpayer</b>	<b>Spouse</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**STATE CREDITS**

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

**VOLUNTARY STATE CONTRIBUTIONS**

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

**MISCELLANEOUS QUESTIONS**

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2006? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded ..... <input type="checkbox"/>	b Apply to 2008 estimates ..... <input type="checkbox"/>	c Apply to 2008 taxes ..... <input type="checkbox"/>	
12 Additional state information: _____			
_____			
_____			

## Firm Information

Firm Name LOUIS MAMO & COMPANY Firm # 1  
Address 351 S CYPRESS RD STE 110  
City POMPANO BEACH State FL ZIP Code 33060-7159

Employer ID# (EIN) 59-2146669 Foreign Country \_\_\_\_\_  
Phone \_\_\_\_\_ Print phone number on return? Yes  No   
Fax \_\_\_\_\_ Firm E-mail \_\_\_\_\_  
For MN, NM, OR Firms Only: State ID# \_\_\_\_\_  
**Electronic Filing Only:** Electronic Filing Identification # (EFIN) \_\_\_\_\_ (See Help)  
Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

## Preparer / Electronic Return Originator (ERO) Information

► Preparer Code 3 Associated with Firm # 1 Print name in signature area?   
Preparer Name DENNIS BENIMOFF Self-employed?   
Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00047533  
Preparer E-mail \_\_\_\_\_ Print date on return?   
Preparer Phone \_\_\_\_\_ CAF # 6505-26116R

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

► Preparer Code \_\_\_\_\_ Associated with Firm # \_\_\_\_\_ Print name in signature area?   
Preparer Name See Preparer/ERO Information Self-employed?   
Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) \_\_\_\_\_  
Preparer E-mail \_\_\_\_\_ Print date on return?   
Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

## Additional Firm Information

ProSeries allows you to enter additional firms in specific circumstances. You must call Customer Service at 1-800-374-7317 during business hours to enter additional firms.

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer ID# (EIN) \_\_\_\_\_ Foreign Country \_\_\_\_\_  
Phone \_\_\_\_\_ Print phone number on return? Yes  No   
Fax \_\_\_\_\_ Firm E-mail \_\_\_\_\_  
For MN, NM, OR Firms Only: State ID# \_\_\_\_\_

**Electronic Filing Only:** Electronic Filing Identification # (EFIN) \_\_\_\_\_ (See Help)  
Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Firm Name \_\_\_\_\_ Firm # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer ID# (EIN) \_\_\_\_\_ Foreign Country \_\_\_\_\_  
Phone \_\_\_\_\_ Print phone number on return? Yes  No   
Fax \_\_\_\_\_ Firm E-mail \_\_\_\_\_  
For MN, NM, OR Firms Only: State ID# \_\_\_\_\_

**Electronic Filing Only:** Electronic Filing Identification # (EFIN) \_\_\_\_\_ (See Help)  
Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

## Paid Preparer Information

**Preparer/ERO Information**

► Preparer Code 4 Associated with Firm # 1 Print name in signature area?   
 Preparer Name SILVIO ZUCCARELLI Self-employed?   
 Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00186122  
 Preparer E-mail \_\_\_\_\_ Print date on return?   
 Preparer Phone \_\_\_\_\_ CAF # 6505-56228R

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
 Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
 Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

► Preparer Code 5 Associated with Firm # 1 Print name in signature area?   
 Preparer Name JOSEPH SCARPINITO Self-employed?   
 Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00283234  
 Preparer E-mail \_\_\_\_\_ Print date on return?   
 Preparer Phone \_\_\_\_\_ CAF # 6505-74620R

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
 Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
 Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

► Preparer Code 6 Associated with Firm # 1 Print name in signature area?   
 Preparer Name HOWARD PALANT Self-employed?   
 Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00432989  
 Preparer E-mail \_\_\_\_\_ Print date on return?   
 Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
 Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
 Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

► Preparer Code 7 Associated with Firm # 1 Print name in signature area?   
 Preparer Name LEE MARCUS Self-employed?   
 Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00182438  
 Preparer E-mail \_\_\_\_\_ Print date on return?   
 Preparer Phone \_\_\_\_\_ CAF # 03-0126698R

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
 Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
 Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

► Preparer Code 8 Associated with Firm # 1 Print name in signature area?   
 Preparer Name DONNA ZUCCARELLI Self-employed?   
 Social Security # \_\_\_\_\_ Preparer Tax ID # (PTIN) P00445322  
 Preparer E-mail \_\_\_\_\_ Print date on return?   
 Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_

**Electronic Filing Only:** (See Help for additional details) ERO Practitioner PIN \_\_\_\_\_  
 Electronic Filing Identification # (EFIN) \_\_\_\_\_ Enter EFIN if not using Firm EFIN.  
 Efile Contact Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**Client Status**

**2007**

Name \_\_\_\_\_

Social Security Number

**000-00-0000**

**Client Status** ..... ▶ \_\_\_\_\_ **Status Date** ..... ▶ \_\_\_\_\_  
**Client Number** ..... ▶ \_\_\_\_\_

Check the appropriate box or enter a date below to indicate the current client's status:  
The last box checked will be the current status.

**Date**

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Client information transferred to current year organizer ..... | _____ |
| <input type="checkbox"/> | Organizer sent to client .....                                 | _____ |
| <input type="checkbox"/> | Organizer returned by client .....                             | _____ |
| <input type="checkbox"/> | Appointment scheduled for (time and date) ..... ▶ _____        | _____ |
| <input type="checkbox"/> | Client data reviewed .....                                     | _____ |
| <input type="checkbox"/> | Organizer transferred to 1040 .....                            | _____ |
| <input type="checkbox"/> | Specify other status .....                                     | _____ |

**Current Year Comments** (See Help):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent Comments** (See Help):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use this form to select the billing option(s) you would like to have available for all of your clients. You may add or change this information for any client by accessing Client-Specific Billing Options from within the client's file. See Help for additional information.

**1 Tax Preparation Fees**

Federal Tax Preparation Fees: Amount

<input type="checkbox"/>	Flat fee description:	<b>Tax return preparation fee</b> _____	
<input type="checkbox"/>	Preparer electronic filing fee .....	_____	
<input type="checkbox"/>	Preparer RAL/RT application preparation fee (max \$40) .....	_____	

State Tax Preparation Fees: Amount

<input type="checkbox"/>	State ID _____		
<input type="checkbox"/>	Flat fee description:	_____	
<input type="checkbox"/>	Preparer electronic filing fee .....	_____	
<input type="checkbox"/>	Misc. description:	_____	
<input type="checkbox"/>	State ID _____		
<input type="checkbox"/>	Flat fee description:	_____	
<input type="checkbox"/>	Preparer electronic filing fee .....	_____	
<input type="checkbox"/>	Misc. description:	_____	

**2 Hourly Charges**

Hourly rate

	Description	Hourly Rate
Rate 1 .....	_____	_____
Rate 2 .....	_____	_____
Rate 3 .....	_____	_____
Rate 4 .....	_____	_____

**3 Per Form Charges**

Per Form Charge  
 To assign form rates, first open a return. Then select Rates per Form option under Billing from the Tools menu and enter your rates. You will need to do this in every product.

- a  Do **not** list forms on invoice.
- b  List **all** forms in return *and* include the charges.
- c  List **all** forms in return *but* do **not** include the charges.
- d  List **only** forms charged for in return *and* include the charges.
- e  List **only** forms charged for in return *but* do **not** include the charges.

Check to include a page break on the final invoice. This break will appear between the invoice amounts and the listing of forms/charges.

**4 Miscellaneous Fees and Adjustments** (Enter as a positive or negative amount.)

<input type="checkbox"/>	Description	Amount
	_____	_____
	_____	_____
	_____	_____

**5 Discount** (Enter as a positive number.)

Discount is applied to total fees. Enter either a percentage or an actual amount.  
 Description for invoice: **Discount** \_\_\_\_\_  
 Discount percentage ..... %  
 Or  
 Discount amount ..... %

**6 Sales Tax**

Sales tax charged on total fees  
 Sales tax rate ..... %

**7 Standard Paragraph** (Enter text to appear on the invoice.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_