2007 1040 US Topical Index

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Series: Topical Index

2007	1040	US	Tax Organizer				
CLIENT	McGovern, Spencer & Swatland, LLC Tax Return Appointment 786 Mountain Boulevard, Suite 100 Watchung, NJ 07069-6268 Date: Telephone number: (908) 668-1040 Fax number: (908) 668-1042 E-mail address: contact@mcssllc.com  This tax organizer will assist you in gathering information necessary for the preparation of your 2007 tax return. Please enter all pertinent 2007 information.  CLIENT INFORMATION  Taxpayer Spouse						
		T	Taxpayer	Spouse			
First name ar	nd initial						
Last name							
Title/suffix							
	ty number						
	(m/d/y)						
	n (m/d/y)						
•	on						
E-mail addre							
		In care of					
		Street address.					
		Apartment num	ber.				
Add	ress	City					
		State					
		ZIP code					
DEPENI	DENTS						
		1	Dependent No.	Dependent No.			
First name							
Last name							
Title/suffix							
Date of birth							
Social securi	-						
Relationship.							
Months lived	at HUITIE	<u> </u>	Dependent No.	Dependent No.			
First name			Берепаент но.	Dependent No.			
Last name							
Title/suffix							
Date of birth							
Social securi							
Relationship.							
Months lived							
				<b>'</b>			

007	1040	US	Tax Organizer		
18/8 (		-	ase enter all pertinent 2007 informent form for an item, check the b	nation. If you have attached ox and do not enter a 2007	d amount.
	SES, SALA oyer name:	RIES AND	IIPS	2007 Amount	2006 Amount
				Attach Forms W-2	
	REST INC	OME			
				Attach Forms 1099-INT	
	DEND INCO	OME			
				Attach Forms 1099-DIV	
	SIONS, IRA	A AND GAN	IBLING INCOME	- Attach Forms - 1099-R & W-2G	
	Total gamblin	g losses			
	Form 1099-B Form 1099-M	- Sales of sto ISC - Miscella	DRMS - INCOME ck (also include transaction history) neous income	Attach Fo	rms 1099
	Form 1099-G	- State tax re	funds	Attach Forms 1099	
	Form SSA-10		curity benefits	Allach Forms 1099	
Spous	se: Form SSA-10	99 - Social se	ent compensation	Attach Forms 1099	
MISC Other	Spouse: Ali	Alimony receivenmony received	<b>E</b> ed		

07	1040	US	Tax Organizer		
RETI	IREMENT P	LAN CON	TRIBUTIONS	2007 Amount	2006 Amount
Тахра	yer: Tradition	al IRA contri	butions (1=maximum)		
	Roth IRA	contribution	s (1=maximum)		
	Self-emp	loyed health	insurance premiums		
Spous			butions (1=maximum)	-	
	Roth IRA	contribution	s (1=maximum)		
	Self-emp	loyed health	insurance premiums		
ОТН	ER GOVER	NMENT F	ORMS - DEDUCTIONS		
Fo	orm 1098-E - :	Student Ioan	interest	Attach Forms 1098	
Fo	orm 1098-T - <sup>-</sup>	Tuition and re	elated expenses	Attach Forms 1050	
ADJI	USTMENTS	TO INCO	ME		
Тахра	yer:				
Se	elf-employed SEP,	SIMPLE, & qual	lified plan contributions (1=maximum)		
Εc	ducator expen	ses			
E	xpenses from	rental of per	sonal property		
Ot	ther adjustme	nts to income	<del>)</del> :		
				_	
Al	limony paid - l	Recipient nai	me & SSN		
				-	
Spous					
•		SIMPLE & mual	lified plan contributions (1=maximum)		
			sonal property		
	ther adjustme				
	,				
ΑI	limony paid - I	Recipient nai	me & SSN		
_					
	ICAL AND				
	•	_	S		
	*				
		-			
	•		ayer		
			JSE		
			portation expenses.		
Other:					
TAXE	ES PAID				
State	income taxes	- 1/07 paym	ent on 2006 state estimate		
State	income taxes	- paid with 2	2006 state extension		
State	income taxes	- paid with 2	2006 state return		
	income taxes	- naid for nri	ior years and/or to other states		
State	moonic taxes	paid for pri	ioi years and/or to other states		

07	1040	US	Tax Organizer		
TAX	ES PAID (co	ontinued)		2007 Amount	2006 Amount
	•	•	ayment on 2006 city/local estimate		
-		•	ith 2006 city/local extension		
-		•	ith 2006 city/local return		
			to and singuist		
			pats, and aircraft		
			es		
	•		turn		
			idence		
			d for investment		
Foreig	gn income taxe:	S			
P	ersonal propert	ty taxes (inc	cluding automobile fees in some states)	Attach Tax Notice	
INTE	REST PAID				
Home	mortgage inter	rest and po	ints paid:		
				Attach Forms 1098	
				Attach Forms 1098	
Home n	nortgage interest no	ot on Form 109	8 (include name, SSN, & address of payee):		
_					
Points	s not reported o	on Form 109	98:		
	·				
_					
Morta	age insurance	premiums o	n post 12/31/06 contracts		
-	-		margin accounts):		
			a.g accountej.		
_					
Pacci	ve interest				
1 4331	ve interest				
CAS	H CONTRIB	SUCITIONS			
			for cash or check contributions unless the d	onor maintains a hank record or	a written communication
11012	from the don	ee, showing	the name of the organization, contribution	date(s), and contribution amount	(s).
\/al		/ak a4a.al			
	•	•	ket)		
Numb	er of charitable	e miles			
		<b>TDIDIIT</b>	2112		
	CASH CON				
NOTE	: No deduction	is allowed	for contributions of clothing and household with minimal monetary value may be denie	items that are not in good used co	ondition or better, in addition,
	a academon i	ioi arry item	with millinal monetary value may be define	u.	
MISC	CELLANEOU	JS DEDU	CTIONS		
Union	and profession	nal dues			
Tax re	eturn preparatio	on fee			
	mbursed emplo			L	
Inrair	mourseu emplo	yee expens	co.		
Unreir					
Unreir					
					_
	:				

2007	1040	US	Client Information		1
McGovern, Spencer & Swatland, LLC  786 Mountain Boulevard, Suite 100 Watchung, NJ 07069-6268  Telephone number: (908) 668-1040  Time:					
	Fax nun		(908) 668-1042 contact@mcssllc.com	Location:	
OL IEA			er will assist you in gathering information tax return. Please add, change, or	nation necessary for the prepara delete information as appropriat	ation e.
CLIEN	IT INFOR	INIA I ION			
Filing Status	1=married f	iling separate	and lived with spouse		
			ifying widow(er) (2005 or 2006)	·L	Filing Status
		and initial			
	Last name.			1 = 3	Single Married filing joint
					Married filing separate
Taxpayer	Social security number  Occupation				Head of household
. ,				5 = 0	Qualifying widow(er)
		h (m/d/y)			
	Date of dea	ith (m/d/y)			
		and initial			
	Last name.				
Spouse		rity number			
·					
	Date of birth	h (m/d/y)	• • •		
	Date of dea	ith (m/d/y)			
		ess			
Address		number			
Foreign	-				
Address		<b>)</b>			
	Country		•••		

1

2007	1040	US	Client Information (continued)		<b>1</b> p2
			Please add, change or delete information for 2007.		
CLIEI	NT INFOI	RMATION			
Taxpayer Contact Information	Work phone Work exten Daytime phone Mobile phone Pager number	sionone (table) neber		2 =	e <b>Phone</b> Work Home Mobile
Spouse Contact Information	E-mail address				
					1 <sub>p2</sub>

		_	_	
2007	1040	US	Dependents	2

## Please add, change or delete information for 2007.

### **DEPENDENTS**

<u> </u>	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
	Dependent	Dependent
First name	·	·
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
	Dependent	Dependent
First name.		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
eramieu byr i taripuyer, 2 epeace	Dependent	Dependent
First name		
Last name.		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Months lived at home		

## **Type of Dependent**

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

#### **Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

2

2007	1040	US	Miscellaneous Questions			
	If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.					
YES	NO	_	ONAL INFORMATION marital status change during the year?			
		Did your	address change during the year?			
		Could you	u be claimed as a dependent on another person's tax return for 2007?			
			NDENTS re any changes in dependents?			
		Were any	of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2007?			
			have any children under age 18 on January 1, 2008 with interest and dividend income in excess of \$850,or total nt income in excess of \$1,700?			
			eceive unreported tip income of \$20 or more in any month?			
			ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?			
		Did you re	eceive any disability income?			
		Did you h	nave any foreign income or pay any foreign taxes?			
		Did you s corporation Did you p	HASES, SALES AND DEBT start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership,S on, trust, or REMIC? ourchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any assets to business use?			
		·	buy or sell any stocks, bonds or other investment property in 2007?			
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?			
		Did you a	add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your 2007?			
		Did you p	ourchase a new hybrid vehicle in 2007?			
		Did you h	nave any debts cancelled or forgiven?			
		Did anyor	ne owe you money which had become uncollectible?			

Series: Miscellaneous Questions

2007	1040	US	Miscellaneous Questions (continued)
	16.	over at the second	Illouding thems marketing to you any your species for 2007 who so the shall be
	If ar	ny of the fo app	ollowing items pertain to you or your spouse for 2007, please check the ropriate box and provide additional information if necessary.
YES	NO	RETIR	REMENT PLANS
		Did you r	eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you r	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you o	convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		_	ATION
		Did you r	eceive a distribution from an Education Savings Account or a Qualified Tuition Program?
		Did you, yocationa	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or al school?
			ZED DEDUCTIONS
		Did you i	ncur a loss because of damaged or stolen property?
		Did you v	vork out of town for part of the year?
		Did you ι	use your car on the job (other than to and from work)?
		_	NATED TAXES
		Did you a	apply an overpayment of 2006 taxes to your 2007 estimated tax (instead of being refunded)?
	Ш	If you hav refunded)	ve an overpayment of 2007 taxes, do you want the excess applied to your 2008 estimated tax (instead of being )?
		Do you e	xpect your 2008 taxable income and withholdings to be different from 2007?
	_	MISCE	ELLANEOUS
	Ш	Do you w	vant to electronically file your tax return?
		Do you w	vant to allocate \$3 to the Presidential Election Campaign Fund?
		Does you	r spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the I	RS discuss your tax return with your preparer?
		-	have an interest in or signature or other authority over a financial account in a foreign country, such as a bank securities account, or other financial account?

2007	1040	US	Miscellaneous Questions (continued)
	lf ar	ny of the fo app	ollowing items pertain to you or your spouse for 2007, please check the ropriate box and provide additional information if necessary.
YES	NO		ELLANEOUS (continued) eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
			or someone on your behalf, including your employer) make contributions to a health savings account (HSA)? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account ry?
		Medicare	have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received a under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life e policy?
		Did you ir	ncur moving expenses due to a change of employment?
		Did you e	engage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you o	or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust?

2007	1040	US	Miscellaneous Questions
	lf ar	ny of the fo	ellowing items pertain to you or your spouse for 2007, please check the ropriate box and provide additional information if necessary.
YES	NO	Did your	marital status change during the year?
		Did your	address change during the year?
		Could you	u be claimed as a dependent on another person's tax return?
		Were the	re any changes in dependents?
		Did you re	eceive unreported tip income of \$20 or more in any month?
		Did you r	eceive any disability income?
		Did you b	ouy or sell any stocks, bonds or other investment property?
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you a	add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your 2007?
		Did you p	ourchase a new hybrid vehicle in 2007?
		Did you r	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
		Did you, y	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or al school?
		Did you ir	ncur a loss because of damaged or stolen property?
		Did you u	se your car on the job (other than to and from work)?
		Do you w	ant to electronically file your tax return?
		May the I	RS discuss your tax return with your preparer?
		Was your	home rented out or used for business?
		Were you	notified or audited by either the IRS or the State taxing agency?

007	1040	US	Dire	ct Depo	sit & Esti	nates (F	orm 1040	ES	)	3, 6
			F	Please ente	er all pertinen	t 2007 info	mation.			
DIRE	CT DEPC	SIT OF F	REFUN	D / ELEC	CTRONIC PA	AYMENT	(3)			
1=electr	ronic payment	t of balance d	ue					- -		
	K INFORI			Percent to Deposit (xx.xx)	Routing Num		Account Numb	oer	Type of Account (Table 1)	Type of Invest. (Table 2)
				<b>(</b>					(13,010-1)	(100000 = )
	ESTIMA	TED TAX	/ 1040	-ES (6)					2007	
Federa	<b>al</b> yment applied	from 2006		Ame	ount Paid	Da	ate Paid	TS	Voucher Am	ount
	rter payment									
	arter payment									
	rter payment rter payment									
rtii quai	rtor payment	(446 1715766).				1				
								Н		
	Additional Estimated Tax Payments							+		
Paid wit	th extension (	not later than	4/15/08)							
ala mi	ar oxtorioion (	not later than	11 10/00)							
State				Λm	ount Paid	D:	ate Paid	TS	2007 Voucher Am	ount
	yment applied	l from 2006		Am	ount i aiu		ate i aiu		Voucher Am	lount
	rter payment									
	arter payment									
	rter payment									
		(****		<u> </u>						
								+		
	Additional E Tax Payr							+		
Paid wit	th extension (	not later than	4/15/08)							
	1	Type of Ac	count		2	Туре	of Investment			
		1 = Savings 2 = Checking	1		1 = Checking or sa 2 = Taxpayer's IRA 3 = Spouse's IRA 4 = Health savings 5 = Archer MSA	A (next year limits) (next year limits)	6 = Coverdell san 7 = Other 8 = Taxpayer's IF 9 = Spouse's IRA	RA (curr	ent year limits)	
									<u>'</u>	
							Hash Total			3.6

2007	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2007 information.	
APPI	LICATION	I OF 2007	OVERPAYMENT (7.1)	
	ave an overpa olease explair		7 taxes, do you want the excess refunded?. or applied to 2008 estimate?	
2008	ESTIMA <sup>-</sup>	TED TAX	INFORMATION	
			ncome to be different from 2007?	No
Do you	ovnost vour 2	008 withholdin	ng to be different from 2007?	No 🗍
			ig to be different from 2007	
			Hash Total	7.1

ORGANIZER Wages, Pensions, Gambling Winnings US 10, 13.1, 13.2 2007 1040 Please enter all pertinent 2007 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Tax Withheld 1=retirement Wages, Tips, Other plan (Box 13) 2006 Social No. Name of Employer (Box c) Federal Medicare State Local Compensation (Box 1) Wages Security (Box 4) 1=spouse (Box 17) (Box 19) (Box 2) (Box 6) PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of all IRAs Distribution code #1 Gross Taxable 2006 Name of Payer 1=IRA/SEP/SIMPLE Distribution Amount (Box 2a) State Federal Distribution at 12/31/07 (Box 1) (Box 10) (Box 4) 1=spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld 2006 No. Name of Payer 1=spouse **Gross Winnings** Federal State Winnings Withholding Withholding **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2007 Amount 2006 Amount 

10, 13.1, 13.2

Winnings not reported on Form W-2G.....

2007	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2007 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

## **INTEREST INCOME (11)**

	N (B	1_townswar		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2006 Interest

# **DIVIDEND INCOME (12)**

				Dividend	Income		Tax-Exem	pt Interest		
No.	Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2006 Dividends

	4040			
2007	10 <b>4</b> 0	US	Miscellaneous Income	14.1

Please enter all pertinent 2007 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2007 A	mount	2006 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Fier 1 RR retirement benefits (RRB-1099, box 5)				
=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
ncome from rental of personal property				
ncome subject to S/E tax:			•	
Other income (1099-MISC, box 3)				
TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

No.	Please add, change or delete 2007 inform Be sure to attach all 1099-G  D LOCAL TAX REFUNDS / YMENT COMPENSATION (Form 1099-G)  Name of payer.  1=spouse Unemployment compensation:     Total received (Box 1).     2007 Overpayment repaid.  State and local refunds:     State and local income tax refund, credit or offsets (Box 2)     1=city or local income tax refund.     Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants:     Federal taxable amount (Box 6).	2007 1099-G Amount	
No.	Name of payer.  1=spouse  Unemployment compensation:  Total received (Box 1).  2007 Overpayment repaid.  State and local refunds:  State and local income tax refund, credit or offsets (Box 2)  1=city or local income tax refund.  Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants:  Federal taxable amount (Box 6).		
No.	1=spouse Unemployment compensation: Total received (Box 1)		
No.	Unemployment compensation: Total received (Box 1)		
No.	Total received (Box 1)		
No.	2007 Overpayment repaid.  State and local refunds: State and local income tax refund, credit or offsets (Box 2) 1=city or local income tax refund.  Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants: Federal taxable amount (Box 6).		
No.	State and local refunds:  State and local income tax refund, credit or offsets (Box 2)  1=city or local income tax refund.  Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants:  Federal taxable amount (Box 6).		
	1=city or local income tax refund.  Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants:  Federal taxable amount (Box 6).		
	Tax year for box 2 if not 2006 (Box 3).  Federal income tax withheld (Box 4).  Taxable grants:  Federal taxable amount (Box 6).		
	Federal income tax withheld (Box 4)  Taxable grants:  Federal taxable amount (Box 6)		
	Taxable grants:  Federal taxable amount (Box 6)		
	Federal taxable amount (Box 6)		
	Clata tavalala amaavust if sliffarant		
•	State taxable amount, if different		
	Agriculture payments: Agriculture payments (Box 7)		
	Number of farm		
	1=box 2 is trade or business income (Box 8)		
	State income tax withheld		
		•	
	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2007 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
No.	1=city or local income tax refund		
	Federal income tax withheld (Box 4).		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Agriculture payments:		
	Agriculture payments (Box 7)		
	Number of farm		
	1=box 2 is trade or business income (Box 8)		
	State income tax withheld		

2007	1040	US	Education Distributions (ESA's and QTP's)	14.3
------	------	----	---	------

Please enter all pertinent 2007 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

	AND QTP'S (Form 1099-Q)	2007 Amount	2006 Amount
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Farnings (Pov 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2007 contributions to this ESA		
	Value of this account at 12/31/07 (plus outstanding rollovers)		
	Books in this ESA as of 19/21/06		
			<u> </u>
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
No.	Farnings (Roy 2)		
NO.	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2007 contributions to this ESA		
	Basis in this ESA as of 12/31/06		
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
. —	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2007 contributions to this ESA		
	Value of this account at 12/31/07 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/06		

07	1040	US	Business Income (Schedule	(C)	No	16
	Please ei	nter all pe	rtinent 2007 amounts. Last year's amoui	nts are provided fo	r your reference.	
GEN	IERAL IN	FORMA <sup>1</sup>	ΓΙΟΝ			
Princin	oal business/p	rofession				
Busine	ess name, if d	ifferent from	Form 1040			
Busine	ess address, if	f different fro	m Form 1040			
-			from Form 1040.			
Other	accounting me	ethod				
			accrual			
			ver c/m, 3=other			
			ousiness			
			ployee			
			t tax			
1=min	ister's Schedu	ıle C				
INC	OME			2007 Amount	2006 Amou	ınt
Gross	receipts or sa	les (Form 10	99-MISC, box 7)	2007 Amount	2000 Amou	
Other	income:					
_						
_						
-						
-						
-						
-						
-						
COS	ST OF GO	ODS SO	II D			
			ir			
Cost o	of items for pe	rsonal use				
Cost o	f labor					
Materia	als and suppli	es				
Othor	costs:					
Other						
Other -						
-						
- - -						
- - - -						
- - - - -						
- - - - -	ory at end of t	the year				

Business Income (Schedule C)

2007	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

Please enter all pertinent 2007 amounts. I	Last year's amounts are p	provided for your reference
--	---------------------------	-----------------------------

EXPENSES	2007 Amount	2006 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions.		
Contract labor.		
Delivery and freight.		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services.		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other.		
Repairs		
Security.		
· · · · · · · · · · · · · · · · · · ·		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere).		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Uniforms		
Utilities		
Wages		
Other expenses:		<u> </u>

 $\hbox{NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.}\\$ 

2007	1 <i>\\1</i> \\	llc	Capital Gains & Losses (Schedule D)	17
2007	1040	03	Capital Gaills & E033C3 (3Clicuale D1	

If you sold any stocks, bonds, or other investment property in 2007, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
			ı	1	1			17

IOR	YEAR INSTA	ALLMENT SALE	2007 Amount	2006 Amount
	·	of property		
No.		ed (m/d/y) n/d/y)		
NO		ratio (.xxxx).		
		principal payments (-1 if none)		
	·		•	
		of property		
		ed (m/d/y)		_
No.		n/d/y)		
		ratio (.xxxx)		
	ourrent year	principal payments ( 1 il none)	••••	
	· ·	of property		
_		ed (m/d/y)		
No.		n/d/y)		
		ratio (.xxxx)		
	Current year	principal payments (-1 il none)		1
	Description of	of property		
	Date acquire	ed (m/d/y)		
No.	Date sold (m	n/d/y)		
		ratio (.xxxx)		
	Current year	principal payments (-1 if none)		
	Dagawintin	of property		
	· ·	of propertyed (m/d/y)		
No.		n/d/v)		
		ratio (.xxxx).		
		principal payments (-1 if none)		
	· ·	of property		
No.		ed (m/d/y) n/d/y)		
10.		ratio (.xxxx).		
	·	principal payments (-1 if none)		
		· · · · · · · · · · · · · · · · · · ·	·	•
	· ·	of property		1
		ed (m/d/y)		
No.		n/d/y)		
		ratio (.xxxx)		
	Current year	principal payments (-1 if none)		

007	1040	US	Sale of Home & Moving Expenses	17, 27
	lf F	you sold y or the sal	your home or moved in 2007, please complete the information belo le of home, please provide Form 1099-S and closing statements fro the purchase and sale of your home.	w. m
SALE	OF HON	ЛЕ (17)		
		• •		
		•		
1=owne	d and used p	roperty as ma	ain home for at least 2 of 5 years before sale	
1=busin	ess use in ye	ar of sale		
Adjus	ted Basis			
-				
Improve	ements:			
Adius	tod basis			
Adjus	ted basis			
•				
•				
•				
•				
•				
Exper	ses of Sal	Commission	ions, advertising fees, legal fees, and loan charges paid by the seller)	
Experior Total ex	penses of sal	e	ions, advertising fees, legal fees, and loan charges paid by the seller)	
Total ex	penses of sal	e (Commission	ions, advertising fees, legal fees, and loan charges paid by the seller)	
Experior Total experior Reduce Please	spenses of sal	eion	ormation if due to a change in health, place of employment, or unforseen circumstance	es you either:
Total ex Reduce Please a) Did r	spenses of sale	eion	ormation if due to a change in health, place of employment, or unforseen circumstance d use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.	es you either:
Total ex  Reduce Please a) Did n If excl.	spenses of sale ced Exclusic complete the otymeet the orgain from and	eion following info	ormation if due to a change in health, place of employment, or unforseen circumstance d use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.  fter May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).	es you either:
Total ex  Reduce Please a) Did n If excl. 1=sale	spenses of sale ced Exclusion complete the otimeet the orgain from another to change	e  following informership and ther home af a in health, er	ormation if due to a change in health, place of employment, or unforseen circumstance d use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.  fter May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).  employment or unforseen circumstances.	es you either:
Total ex  Reduce Please a) Did n If excl. 1=sale Days us	spenses of sale ced Exclusion complete the otimeet the origan from another to change the day main h	e (Commission  e  ion  following information and the inhealth, erome - taxpay	ormation if due to a change in health, place of employment, or unforseen circumstance d use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.  fter May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).	es you either:
Total ex  Reduce Please a) Did n If excl. 1=sale of Days us Days us	spenses of sale ced Exclusic complete the ot meet the orgain from another the organ from t	e  following infownership and ther home after in health, erome - taxpayome - spouse	ormation if due to a change in health, place of employment, or unforseen circumstance d use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.  fter May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).  employment or unforseen circumstances.	es you either:

(\* owned and used property as main home for at least 2 of 5 years before sale)

Miles from old home to new work place..... Miles from old home to old work place..... Expenses for transportation and storage of household goods and personal effects.....

Lodging and travel (excluding automobile)..... Parking fees and tolls..... Gas and oil ..... Miles driven to new home .....

Lodging and travel (excluding meals):

07	1040	US	Rental & Royalty Income (S	chedule E)	No.	18
	Please e	nter all pe	rtinent 2007 amounts. Last year's amou	nts are provided for	your reference	).
GEN	NERAL IN	FORMA <sup>-</sup>	TION			
Kind c	of property					
	on of property.					
Percei	ntage of owne	rship if not 1	00% (.xxxx)			
Percei	ntage of tenar	nt occupancy	if not 100% (.xxxx)			
1=spo	use, 2=joint					
			e royalty		_	
		•				
					_	
INC	OME			2007 Amount	2006 Amo	ount
			C, box 1)			
Royalt	ties received (	Form 1099-N	/IISC, box 2)			
DIR	ECT EXP	ENSES				
NOTE	: Direct exper rental agend	nses are relaty by fees, adve	ted only to the rental activity. These include rtising, and office supplies.			
Advert	tising					
Assoc	iation dues					
Auto a	and travel (not	entered else	ewhere)			
Cleani	ing and mainte	enance				
Comm	nissions					
Garde	ning					
-	•					
			, etc.)			
			vhere)			
Plumb	ing and electr	ical				
Repair	rs					
			de area			
			/here)			
Other:					1	
-						
-						
-						
-						
_						
· <del>-</del>						

40 U	S Rental & Roy	alty Income (Sch	ı. E) (cont.)	No	18 p2
iter all perti se column	inent 2007 amounts. Las should only be used for	st year's amounts are p vacation homes or less	rovided for your re than 100% tenant	ference. The inc occupied rental	direct ls.
GAS			2007 Amount	2006 Amoun	nt
ondepletion rate epletion, if diff	or amounterent (-1 if none)			2007 / 111001	
ON HOME	<u> </u>				
ays personal ι	use				
T EXPEN	ISES				
ect expenses a e include repa	are related to operating or main airs, insurance, and utilities.	taining the dwelling unit.			
dues vel (not entered maintenance s ofessional fee d permits t fees erest (paid to st (not entered decorating d electrical estate r (not entered	banks, etc.) elsewhere).				
salaries					
	ter all pert se column  OGAS  ype (preparer on	ter all pertinent 2007 amounts. Lasse column should only be used for OGAS  OGAS  Ope (preparer use only).  On.  Depletion rate or amount.  Depletion, if different (-1 if none).  Deletion rate or amount, if different (-1 if none).  ON HOME  Any rented at fair market value.  Any owned (if optional method elected).  CT EXPENSES  Bect expenses are related to operating or maine include repairs, insurance, and utilities.  Deletion rate or amount, if different (-1 if none).  CI EXPENSES  Bect expenses are related to operating or maine include repairs, insurance, and utilities.  Deletion rate or amount.  Deletion rat	nter all pertinent 2007 amounts. Last year's amounts are pose column should only be used for vacation homes or less of the column should be used for vacation homes or less of the column should be used for vacation homes or less of the column should be used for vacation homes or less of the column should be used for vacation homes or les	terrall pertinent 2007 amounts. Last year's amounts are provided for your rese column should only be used for vacation homes or less than 100% tenant  OGAS  yee (preparer use only)	ther all pertinent 2007 amounts. Last year's amounts are provided for your reference. The interest column should only be used for vacation homes or less than 100% tenant occupied renta 2005 Amount 2

18 p2

2007	1040	US	Farm Income (Schedule F/Form 4835)	No.	19
	Please e	nter all pe	rtinent 2007 amounts. Last year's amounts are provided for	your reference	<b>:</b> .
GEI	NERAL IN	FORMA	TION		
Princi	pal product				
Emplo	oyer ID numbe	r			
Account 1=spoint 1=croint 1=did 1=rea	unting method: puse, 2=joint m rental (Form p insurance pr not "materially not actively pa l estate profes	1=cash, 2= 1 4835) coceeds elec y participate articipate (Formal (Formal)	tion.  " (Schedule F only) orm 4835 only) 1 4835 only) xx) (Form 4835 only).		
	RM INCON	•	AA) (LOHIII 4000 OHII9)		
	method:	<del></del>	2007 Amount	2006 Amo	ount
S C S Accru S In Other To To To To To To To To	ales of livestor ost or basis of ales of livestor al method: ales of livestor overtory of live ost of livestock overtory of live farm income: otal cooperative axable agricultura axable agricultura ommodity crecotal commodity crecotal commodity axable commo otal crop insuraxable	livestock, etc., etc., produce, estock, etc. ack, etc. purch estock, etc. ack, etc. ack et distribution ative distribution ative distributions report y credit loans dity credit loans ance proceesurance proceesurance procesurance procesuran	the for resale.  tc. bought for resale.  grains, etc.  tt beginning of year.  ased.  tt end of year.  tions.  ayments.  n payments.  orted under election.  s forfeited or repaid.  tans forfeited or repaid.  ds received in 2007.  ceeds deferred from 2006.  in income.	ZUUO AIIIC	
Other	income:				
				_1	

07	1040	US	Farm Income (Sch. F/Form	4835) (cont.)	No.	19
	Please e	ater all ne	ertinent 2007 amounts. Last year's amo	unts are provided for	vour reference	
		_	tillent 2007 amounts. Last year 3 amo	dinis are provided for	your reference.	
FAR	M EXPE	ISES		2007 Amount	2006 Amou	unt
			tered elsewhere)			
	•	•				
Gasoli	ne, fuel, and	oil				
	`	,				
			s, etc.)			
	`		where)			
			tributions			
	•	-	s - admin. and education costs			
			equipment (not entered elsewhere)			
		-	equipment (not ontored elsewhere)			
Seeds	and plants pu	ırchased				
Storag	je and wareho	using				
	•					
			:			
	nary, breeding expenses:	i, and medic	ine			-
Other	expenses.					
=						
-			-			
-						
_						
-						
-						
-						
-						
-						
-						
-						
-						
=						
_	_	-				
_						
-						
-						

# PREPRODUCTIVE PERIOD EXPENSES (also enter above)

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

19 p2

20	007 104	10 US	Partnersh	ip and S corporat	tion Information	20.1,20.2
		_			te. Be sure to attach all s	Schedule K-1s.
•	PARTNER:	SHIP INFOR	MATION (20.1	)		
No.	Name of Partnership			Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
			ORMATION (2	Employer	Tax Shelter	Additional Amounts
No.	ſ	Name of S corpora	ation	Identification Number	Registration Number	Invested in S corporation
						20 1 20 2

ORG	ANIZER		1			
20	007	1040	US	Estate or Trust and REM	IIC Information	20.3,20.4
	ESTA	TE OR T		ase add, change or delete 2007 info Be sure to attach all Schedule K-1 FORMATION (20.3)	ormation as appropriate. s and Schedule Qs.	
No.			Nam	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	REMI	C INFOR	RMATION	(20.4)		
No.				Name of REMIC		Employer Identification Number
						20.3,20.4

200	7 104	40	US	Asset Dispo	sition List				22
	lf you dis	pose For r	d of any b eal estate	usiness assets in 2 transactions, be su	2007, please en ire to attach all	ter date sold, 1099-S forms	sales price, a and closing	nd expenses o statements.	f sale.
No.		Descri	ption of Prop	perty (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
								Т	
									22

Series: 61 Asset Disposition List

2007	1040	US	Asset Acquisition List	<b>22</b> p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2007, please enter all pertinent information below.

		Polatod	1 10	parer Use	Unity I		Cost	Preparer U	Se Offig
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Metho

2007	1040	US	Vehicle Expenses		No.	<b>22</b> p3
	Please e	nter all pe	rtinent 2007 amounts. Last year's amo	unts are provided for	vour reference	
GEN	IERAL IN	•	•	2007 Amount	2006 Amoi	
1=no e 1=no e 1=veh 1=no e 1=veh	. evidence to su written eviden icle is availab other vehicle i icle used prim	upport your once to supportule for off-duties available for arily by mor	leduction. t your deduction. y personal use. or personal use. e than 5% owner. uired a vehicle (if not 12 months).			
AUT	OMOBIL	E MILEA	AGE			
Busine Comm	ess mileage nuting mileage		te			
АСТ	UAL EXF	PENSES				
Gasoli Repair Tires . Insura Miscel Auto li Persor Interes Vehicl Inclus	ne, lube, oil. rs nce llaneous icense (other nal property ta st (car loan) ( e rent or leas ion amount (e	than persona axes (based for Schedule e payments. enter as posit	portion only).			

2007	1040	US	Adjustmen	ts to Income	•		2
	Please en	ter all per	tinent 2007 inforr	nation. Last year'	s amounts are provi	ided for your refe	rence.
TRAI	DITIONAL	. IRA CO	NTRIBUTIONS	2007 A Taxpayer	lmount Spouse	2006 A Taxpayer	mount Spouse
IRA con	tributions you	made or ex	pect to make 0 or older)				
			1				
			5/08				
ROTI	HIRA CO	NTRIBU	TIONS				
Roth IR	A contribution	s vou made	or expect to				
make (1	=maximum) (	(\$4,000/\$5,0	00 if 50 or older).				
Contribu	utions made to	o date					
SEP,	SIMPLE	AND QU	ALIFIED PLAN	IS (KEOGH)			
	naring (25%/1 r expect to ma		ntions you mum)				
made o	•	ake (1=maxir	ributions you mum)				
			ontributions you				
			mum)				
Plan co	ntribution rate	if not .25 (.:	xxxx)				
		•	pt Roth) (1=max.)				
	•		outions (1=max.)				
	contributions						
	f-employed SI te or expect to		butions you naximum)				
	•	-	: .03 (.xxxx)				
1=n	onelective cor	ntributions (2	2%)				
Contribu	utions made to	o date					
ADJU	JSTMENT	S TO IN	COME				
Self-em	ployed health	insurance:					
			ng-term care)				
Lon	g-term care p	remiums					
			E, box 1)				
Educato	or expenses (k	indergarten	thru grade 12)				
Tuition a	and related ex ary institutions	penses (acc (1098-T, b	credited post ox 1) *				
Jury dut	ty pay given to	employer					
Expense	es from rental	of personal	property				

Alimony paid: Taxpayer Spouse Recipient's first name. . . . Recipient's last name.... Recipient's SSN..... 2006 amt: 2006 amt: Amount paid.....

24

Other adjustments to income:

2007 1040 US Itemized Deductions 25

Please enter all pertinent 2007 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

OTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2007 Amount	TS	2006 Amount
rescription medicines and drugs			
octors, dentists and nurses			
lospitals and nursing homes			
surance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars).			
ong-term care premiums - taxpayer			
ong-term care premiums - spouse			
nsurance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:		I	
		l L	
TAXES PAID (State and local withholding and 2007 estimates are automa	atic.)		
tate income taxes - 1/07 payment on 2006 state estimate			
tate income taxes - paid with 2006 state extension			
tate income taxes - paid with 2006 state return.			
tate income taxes - paid for prior years and/or to other state			
ity/local income taxes - 1/07 payment on 2006 city/local estimate			
ity/local income taxes - paid with 2006 city/local extension			
city/local income taxes - paid with 2006 city/local return			
ntyriocal income taxes - paid with 2000 cityriocal return		l I	
SALES AND USE TAXES PAID			
tate and local sales taxes.			
se taxes paid on 2007 purchases.			
se taxes paid with 2006 state return			
axes paid on vehicles, boats, and aircraft			
axes paid on vehicles, boats, and aircraft			
OTHER TAXES PAID			
leal estate taxes - principal residence:			
principal residence.			
leal estate tayes - property held for investment			
leal estate taxes - property held for investment			
ersonal property taxes (including automobile fees in some states. Provide a copy of tax notice).			
oreign income taxes			
ther taxes:			
		1	

Please ente	er all ned					
	or an DCI	tinent 2007 amo	unts. Last year's am	ounts are provide	d for vo	ur reference.
	-		, , , , , , , , , , , , , , , , , , , ,			
Home mortgage interes		and points (Box 2) re	ported on Form 1098:	2007 Amount	TS	2006 Amount
Home mortgage i Payee's name		reported on Form 1				
Payee's SSN or F						
Payee's street ad						
Payee's city, state						
Points not reported on		:				
Martaga includes as			acts (Day 4)			
Mortgage insurance pre Investment interest (int		•	acis (box 4)			
		arg accounter.				
Certain home mortgage NOTE: Points paid on For these types	e interest ir loans other s of loans a	ncluded above (6251) than to buy, build, on the dates				ne mortgage.
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is	e interest in loans others of loans a	ncluded above (6251)  Than to buy, build, or liso provide the dates  IS  or cash or check con	)	e are deductible over th	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main homs and lives of the loans.	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
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Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos	e interest in loans others s of loans a BUTION s allowed for e, showing the spitals, and	r than to buy, build, or laso provide the dates  IS  or cash or check contained the name of the organishment of the organism of th	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	
Certain home mortgage NOTE: Points paid on For these types  CASH CONTRII  NOTE: No deduction is from the donee Churches, schools, hos Contributions by ca	e interest ir loans others of loans a BUTION s allowed for e, showing the spitals, and ash or check the spitals of the company of the spitals	r than to buy, build, or laso provide the dates  IS  or cash or check conthe name of the orgatic other charitable orgatic.	or improve your main home and lives of the loans.  tributions unless the dono inization, contribution date	e are deductible over the are deductible over the are deductible over the area of the area	ne life of th	

	2007	1040	US	Itemized Deductions (continued)	<b>25</b> p3
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NOTE: Use Sheet 26 if total noncash contributions are over \$500. No de that are not in <i>good</i> used condition or better. In addition, a dedu	eduction is allowed for contribut action for any item with minimal	ions of clo monetary	value may be denied.
50% limitation (see above):	2007 Amount	TS	2006 Amount
80% limitation (see above):			
to to capital gain property (gine of capital gain property to constitutions.	5.).		
20% capital gain property (gifts of capital gain property to non-50% limit	orgs.):		
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues			
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. expenses  Investment expense:	ng, (penses):		
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. establishment expense:  Investment expense:  Invest	ig, (penses):		
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. est a certain expense:  Tax return preparation fee.  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,	ig, (penses):		
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. establishment expense:  Investment expense:  Fax return preparation fee.  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,	ig, (penses):		
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. establishment expense:  Investment expense:  Fax return preparation fee.  Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,	ig, (penses):		
MISCELLANEOUS DEDUCTIONS (subject to 2% AGI lin Union and professional dues Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. e.  Investment expense:  Tax return preparation fee. Safe deposit box rental  Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):	ig, (penses):		
Union and professional dues  Other unreimbursed employee expenses (uniforms and protective clothin professional subscriptions, employment agency fees, and certain edu. expenses  Investment expenses:  Tax return preparation fee.  Safe deposit box rental.  Miscellaneous deductions (2% AGI) (certain legal and accounting fees,	ig, (penses):		

2007	1040	US	Itemized Deductions (continued)	25 n4
	1 4 7 4		I IICIIIIZCU DCUUCIIOII3 ICOIIIIIIUCU <i>I</i>	<b>L</b> J 114

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS	2007 Amount	TS	2006 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			
	_		
	_		
	-		
	_		
	_		
	-		
	-		
	-		
<del>-</del>	<u> </u>	++	
	-		
	_	++	
	_	+	
	_	+	
	_		
-	_		
	_		
	_		
	_		
	_	+	
	-		

2007 1040 US Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2007, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY I	KIL / 1121N/LA 1 1/18	۸I
11111111111111111111111111111111111111		v

	D FROFERTT INFORMATION			
	Name of charitable organization (donee)			
	Street address			
	City, state, ZIP code			
	1=spouse, 2=joint			
	Property description			
No.	Date of contribution (m/d/y) *			
<u></u>	Date acquired by donor (m/y) *			
	How acquired by donor (Table 1 or describe)			
	Donor's cost or basis.			
	Fair market value			
	Method used to determine FMV (Table 2 or describe)			
	Name of charitable organization (donee).			
	Street address			
	City, state, ZIP code			
	1=spouse, 2=joint			
	Property description			
No.	Date of contribution (m/d/y) *			
	Date acquired by donor (m/y) *			
	How acquired by donor (Table 1 or describe).			
	Donor's cost or basis.			
	Fair market value			
	Method used to determine FMV (Table 2 or describe)			
	modified dood to dotomino rimi (rabio 2 or doodingo)			
	Name of charitable organization (donee)			
	Street address			
	City, state, ZIP code			
	1=spouse, 2=joint.			
	Property description.			
No.	Date of contribution (m/d/y) *			
	Date acquired by donor (m/y) *			
	How acquired by donor (Table 1 or describe)			
	Donor's cost or basis.			
	Fair market value			
	Method used to determine FMV (Table 2 or describe)			
	medias sees to setermine this (rabio E or decombo)			

### How Property was Acquired

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

# 2 Method Used to Determine FMV

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

26

07	1040	US	Business Use of Home (Fo	orm 8829)	No.	2
	Please	e enter 200 Bu	07 indirect expenses in full. Nonbusine esiness percentage will be applied to in	ess portion will carry ndirect expenses onl	to Schedule A. y.	
BUS	SINESS U	SE OF H	IOME	2007 Amount	2006 Amoui	nt
Form						
Numb	er of form (e.	g., enter 2 fo	r Schedule C number 2)			
Busin	ess use area	square foota	nge)			
Total	area of home	(square foot	age)			
Total	hours facility	used (for day	care facilities only)			
Total	hours availabl	e (if not 8,76	50)			
% (.x	x) or amount of	of gross inco	me from home if not 100% (-1 if none)			
% (.x	x) or amount of	of expenses t	from home if not 100% (-1 if none)			
IND	IRECT EX	(PENSE	S			
NOTE	: Indirect exp They benefi	enses are fo t both the bu	r keeping up and running your entire home. siness and personal parts of your home.			
	. 3					
	,					
Misce	llaneous					
Rent.						
Repai	irs and mainte	nance				
	indirect expe					
			-			
	-					
NOTE		nses benefit repairs made	only the business part of your home. They include to specific areas or rooms used for business.	9		
			······			
	-					
			·····			
	-					
Allow	,					
	direct expens	es.				
Other	an out expens	00.				
Other						
Other						

2007	1040	US	Employee/Vehicle Bus. E	Exp. (Form 2106)	No.	30
	Please e	enter all pe	ertinent 2007 amounts. Last year's ar	nounts are provided for y	our reference.	
GEN	NERAL IN	-	•			
Occup	ation, if differ	rent from For	rm 1040			
			le C, 2=second, etc.)			
1=spo	use		apped, 3=fee-basis government official			
			SS EXPENSES	2007 Amount	2006 Amoi	unt
Reimb 1=Dep Local Travel	oursements for partment of Tr transportation I expenses wh	or meals and or ransportation n (bus, taxi, to nile away fron	es	2007 Amount	ZUUG AIIIOI	
	business exp					
-						
-						
-						
-						
					<u> </u>	
						30

007	1040	US	Vehicle Expenses (Form 2	106) (cont.)	No	<b>30</b> p
	Please e	nter all pe	rtinent 2007 amounts. Last year's amo	ounts are provided for	your reference.	
VEH	IICLE INF	ORMAT	ION	2007 Amount	2006 Amou	ınt
1=veh	icle used prim	arily by mor	e than 5% owner			
			y personal use			
			or personal use			
			leduction			
1=no \	written eviden	ce to suppor	t your deduction			
VEH	IICLE 1					
Descri	ntion of vehic	le				
	•					
	· ·					
	•					
					-	
			te			
			siness use (if not 12)			
		iis (business	portion only)			
	expenses:				1	
	•					
In	surance					
Mi	iscellaneous.					
Αι	uto license (ot	her than per	sonal property taxes)			
Pe	ersonal proper	ty taxes (ba	sed on car's value)			
In	terest (car loa	n) (for Sche	dule C, E & F)			
Ve	ehicle rent or l	ease payme	nts			
Inc	clusion amour	nt (enter as p	positive)			
Va	alue of employ	er-provided	vehicle on Form W-2 (2106)			
VEH	IICLE 2					
Descri	ption of vehic	le				
Date p	blaced in servi	ce (m/d/v)				
	· ·					
	•					
			te		7	
-	-	•	siness use (if not 12).			
			portion only).			
	expenses:	iis (busiiicss	portion only).			
		oil			1	
	•				+	
					+	
					+	
					+	
			sonal property taxes)		+	
			sed on car's value)			
			dule C, E and F)		+	
Ve			nts			
	clusion amour	nt (enter as p	oositive)			
			vehicle on Form W-2 (2106)			

Please enter all pertinent 2007 information.  SENERAL INFORMATION  Spouse origin address of taxpayer, if different from Form 1040:  Street address of taxpayer, if different from Form 1040:  Street address origin and taxpayer, if different from Form 1040:  Street address origin miles or taxpayer, if different from Form 1040:  Street address origin miles origin origin from Foreign prete address origin and taxpayer origin origin foreign country.  Employer (ps. 1—foreign entity, 2—U.S. company, 5—other Employer (ps. 1—foreign affiliate or U.S. company, 5—other Employer	07	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1			
response or taxpayer, if different from Form 1040; Street address	Please enter all pertinent 2007 information.									
oriegn address of taxpayer, if different from Form 1040;  Street address.  City.  Region.  Postal code  Country.  Manne.  U.S. street address.  U.S. statel address.  U.S. statel address.  U.S. statel address.  Foreign street address.  Foreign gregion.  Foreign gregion.  Foreign gregion.  Foreign gregion.  Foreign gregion.  Foreign gregion fittied of U.S. company,  3-self, 4-efforg affittied of U.S. company,  3-self, 4-efforg affitied of U.S. company,  3-self, 4-efforg affittied of U.S. company,  3-self, 4-efforg affitied	GEN	NERAL IN	IFORMA <sup>*</sup>	TION						
Street address. City. Region. Postat code Country.  INJOURCE U.S. street address. U.S. street address. U.S. street address. U.S. street address. Foreign street address. Foreign onty Foreign postal code. Foreign code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse living conditions (if applicable):  Number of data data code foreign residence if maintained due to deverse l	1=spo	ouse								
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Region	St	treet address.								
Postal code Country Imployer: Name. U.S. city U.S. street address U.S. city U.S. state U.S. city U.S. state U.S. crode Foreign street address Foreign country Foreign region Foreign country Employer type: I=foreign entity, 2=U.S. company, 3-self, 4=foreign affiliate of U.S. company, 3-self, 4=foreign affiliate of U.S. company, 5-other Employer type, if other.  Lipy and country of citizenship.  Lity and country of separate foreign residence if maintained due to diverse Inving conditions (if applicable):  Dates tax homes(s) during tax year:	Ci	ity								
Country miployer:  Name.  U.S. street address  U.S. street address  U.S. street address  Foreign street address  Foreign city.  Foreign country  Foreign country  Employer type:  =foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other  Employer type:   other  Uxype of exclusion revoked if revoked in earlier year (if applicable):  Tax year revocation was effective    Variety of citizenship.		· ·								
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diverse living conditions (if applicable):    Total address (lapplicable)   Integral address (lapplicable)										
Dates tax homes(s) were established (m/d/y)  Tax homes(s) during tax year:  Dates tax home(s) were established (m/d/y)	City a	nd country of	separate fore	eign residence if maintained due to	Number of days during tax year at separate					
	auvers	se living cond	itions (ii appi	icabic).	Toreign address (II applicable)					
					L					
	Tax h	omes(s) durin	ıq tax year:		Dates tax home(s) were established (m/d/y)					
			<u> </u>							
							21 1			

	1040	US	Foreign In	come Exclus	sion (2555)		No.	<u> </u>
			Please er	nter all pertinent	2007 information	1.		
TRA	VEL INFO	ORMATI	ON					
			or 2007 as well as trav					
Trave	el Type (table)	Name o	of country (if not Unite	ed States) Da	ate arrived	Date let	ft Days	n U.S. on business
<u> </u>								
BOI	JΔ FIDE F	RESIDEN	NCE TEST ANI	D PHYSICAL F	PRESENCE TE	ST		
			sidence (m/d/y)	Г	TEOLITOL IL	-01		
Endin	g date for bon	a fide reside	ence (m/d/y)					
Living or apa	quarters in fo artment, 3=ren	reign countr ted room, 4	ry: 1=purchased home =quarters furnished b	e, 2=rented house y employer				
Names	s of family livi	ng abroad w	vith taxpayer (if applic	:able):	F	Period family	lived abroad	
			ry of bona fide reside country of bona fide	F				
Contra	actual terms re	elating to ler	ngth of employment a	F				
	-	tered foreigr	1 1					
	uuli wily visa ililli	ted stay or emp	-	icable)				
Addres	ss of home in	U.S. mainta	n country under	icable)	Names of occupan			of occupants in
Addres	•	U.S. mainta	ployment in country (if appli	icable)	Names of occupan home (if applic			of occupants in if applicable)
Addres	ss of home in	U.S. mainta	ployment in country (if appli ained while living	icable)				
Addres	ss of home in d (if applicable	U.S. mainta	oloyment in country (if appli ained while living	1=U.S. home rented (if applicable)				
Addres abroad	ss of home in d (if applicable	U.S. mainta	ployment in country (if appli ained while living	1=U.S. home rented (if applicable)				
Addres abroad	ss of home in d (if applicable	U.S. mainta	oloyment in country (if appli ained while living	1=U.S. home rented (if applicable)	home (if applic	cable)	U.S. home (	if applicable)
Addres abroad Princip	ss of home in d (if applicable	U.S. mainta	oloyment in country (if appli ained while living	1=U.S. home rented (if applicable)		cable)	U.S. home (	
Addres abroad Princip  FOR Qualifi	ss of home in d (if applicable	U.S. mainta	oloyment in country (if appliance while living	1=U.S. home rented (if applicable)	home (if applic	nount	U.S. home (	if applicable)
Address abroad Princip	ss of home in d (if applicable pal country of REIGN HC	U.S. mainta	oloyment in country (if appliance while living	1=U.S. home rented (if applicable)	home (if applic	nount	U.S. home (	if applicable)
Addres abroad Princip  FOR Qualifi	ss of home in d (if applicable pal country of REIGN HC	U.S. mainta	oloyment in country (if appliance while living	1=U.S. home rented (if applicable)	home (if applic	nount	U.S. home (	if applicable)
Addres abroad Princip  FOR Qualifi	ss of home in d (if applicable pal country of REIGN HC	U.S. mainta	oloyment in country (if appliance while living	1=U.S. home rented (if applicable)	home (if applic	nount	U.S. home (	if applicable)
Address abroad Princip	ss of home in d (if applicable pal country of REIGN HC	U.S. mainta	eloyment in country (if appliance while living	1=U.S. home rented (if applicable)	home (if application of the property of the pr	nount	U.S. home (	if applicable)

**31.1** p2

2007	1040	US	Foreign Income Exclu	usion (Form 2555)	No.	31.2
	Please Enter	enter all pe	ertinent 2007 amounts and atta in U.S. dollars only. Last year's	ch all W-2 forms, or other wag amounts are provided for you	e statements. Ir reference.	
FORE	EIGN WA	GES, SA	LARIES, TIPS	2007 Amount	2006 Amo	ount
Name o	r number			2007 7 1111001111		
•						
		•				
			Box 1)			
			2)			
			)			
		` ,				
			)			
FORE	EIGN ALL	OWANC	ES, REIMBURSEMENTS A	AND OTHER EARNED INC	OME	
	sh Income		ſ		Τ	
•	0 0,					
	roperties or fa				L	
					<u> </u>	
		Reimburse	Ī			
	-		ntial			
,						
Home le	eave					
Other po	urposes:		1			
Meals a	nd lodging pr	ovided for the	convenience of the		T	
Employe	er (excludable	e under sectio	n 119)			
Other	Foreign Ea	arned Inco	me			
					I	
2007 [	Days Work	ed Allocati	on Information			
Total nu	ımber of days	worked (if no	ot 240)			
			foreign assignment			
Foreign	days worked	before and af	fter foreign assignment		<u> </u>	
						31.2

2007 | 1040 | US | Health Savings Accounts (8889) | 32.1

Please enter all pertinent 2007 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

### **HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2007, a high deductible health plan is one with a minimum annual deductible of \$1,100 for self-only coverage, or \$2,200 for family coverage.

	2007 A	mount	2006 Amount	
_	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

32.1

07	1040	US	Child and Deper	ndent Care Expenses (l	Form 2441)	33.1,33
lease	enter all	pertinent 2	2007 information. Last ye	ar's amounts are provided for yo bling you to work or attend scho	our reference. You	must have
			·	2007 Amount	2006 Amo	
DEP	PENDEN	T CARE	EXPENSES (33.1)	Taxpayer Spouse	Taxpayer	Spouse
		•	rred but not paid in 2007			
PER	RSONS	AND EXP	ENSES QUALIFYING	FOR DEPENDENT CARE	CREDIT	
No.	La Da	ast name ate of birth (m	n/d/y)n/d/y)			
110.	Qi	ualified deper curred and pa	ndent care expenses aid in 2007.		2006 amt:	
			int			
No.	La Da	ast name ate of birth (m	n/d/y)number			
110.[	Qi in 1=	ualified deper curred and pa -disabled	ndent care expenses aid in 2007		2006 amt:	
		-spouse, 2=jo	int			
No.	La Da	ast name ate of birth (m	n/d/y)number			
	in	curred and pa	ndent care expenses aid in 2007		2006 amt:	
PER	1=	-spouse, 2=jo	ANIZATIONS PROVID	ING CARE (33.2)		
No.	St Ci	reet address. ty, state, ZIP	code			
	Aı	mount paid to	care provider in 2007 int.		2006 amt:	
No.	St	reet address.	code			
ΝО. [	Id Ar	entification no mount paid to	umber (SSN or EIN)		2006 amt:	
			int		2000 amt.	

33.1,33.2

<b>07</b> 1	1040 US Qualified Adoption Expenses (Form 8839)				
Please enter all pertinent 2007 information. Last year's amounts are provided for your reference.					
ELIGIE	BLE C	HILDRE	N	2007 Amount	2006 Amount
No.	La: Ide Da 1= 1= 1= 1=	entification note of birth (roborn before special need foreign child adoption was paid in the same and paid in the	number		2000 Amount
No.	La: Ide Da 1= 1= 1= 1=	entification note of birth (roborn before special need foreign child adoption was paid in the same and paid in the	number.  1990 and was disabled.  ds child.  Is not final in 2007.  2006 for adoption not finalized by end of 2007.  2006 and 2007 for adoption finalized in 2007.  2007 for adoption finalized before 2007.		
No.	La: Ide Da 1= 1= 1= 1= (	st name entification n te of birth (r born before special need foreign child adoption wa Qualified Adoption Expenses Paid in	number.  m/d/y).  1990 and was disabled.  ds child.  Is not final in 2007.  1006 for adoption not finalized by end of 2007.  1097-2001 for adoption of foreign child finalized in 2007.  1006 and 2007 for adoption finalized in 2007.  1007 for adoption finalized before 2007.		

2007 1040 US Education Credits / Tuition Deduction

38

Please complete the information below if you paid qualified education expenses in 2007 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

## PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED

				2007 Amount	2006 Amount
			1=taxpayer, 2=spouse	2007 7411104114	20007111104111
		Student	First name		
		Info.	Last name		
No.			Social security number		
		1=hope cred	it, 2=lifetime learning credit		
		Qualified tuit (net of refun	ion and fees paid in 2007 d or assistance and not entered elsewhere)		
		Amount of p	rior year refund or assistance*		
U				•	
			1=taxpayer, 2=spouse		
		Student Info.	First name.		
No.			Social security number.		
		1=hope cred	it, 2=lifetime learning credit		
		·			
		(net of refun	ion and fees paid in 2007 d or assistance and not entered elsewhere)		
		Amount of p	rior year refund or assistance*		
			<u> </u>	<u>.</u>	
			1=taxpayer, 2=spouse		
		Student Info.	First name		
			Last name		
No.			Social security number		
		1=hope cred	it, 2=lifetime learning credit		
		Qualified tuit	ion and fees paid in 2007 d or assistance and not entered elsewhere)		
		`	rior year refund or assistance*		
		r o. p.	To your reland or decictained	<u> </u>	
			1=taxpayer, 2=spouse		
		Student Info.	First name		
			Last name		
No.			Social security number		
		1=hope cred	it, 2=lifetime learning credit		
		Qualified tuit	ion and fees paid in 2007 d or assistance and not entered elsewhere)		
			rior year refund or assistance*		
1		, p.			
			1=taxpayer, 2=spouse		
		Student	First name		
		Info.	Last name		
No.			Social security number		
		1=hope cred	it, 2=lifetime learning credit		
		Qualified tuit	ion and fees paid in 2007 d or assistance and not entered elsewhere)		
		'	rior year refund or assistance*		
		Amount of b	ioi year returiu or assistance		

<sup>\*</sup>Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2007	1040	US	Household Employment Taxes (Schedule H)	42

Please enter all pertinent 2007 information. Last year's amounts are provided for your reference.

### **HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,500 or more in 2007; withheld federal income tax during 2007 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to household employees, please complete the following:

Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2007 Amount	2006 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/08		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
State reporting number	·	_
Contributions paid to state unemployment fund		

2007 Amount	2006 Amo	ount
	2006 Amo	bunt
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount	2006 Amo	ount
2007 Amount		Junt
	·	
	1	
	1	

### ORGANIZER

2007	1040	US	Additional Information		
Plea	Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.				