

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	—	—
	Yes	No
Dependent Information		
Were there any changes in dependents from the prior year?	—	—
If yes, explain: _____		
Do you have any children under age 18 with unearned income in excess of \$1700?	—	—
Did you pay for child care while you worked or looked for work?	—	—
	Yes	No
Purchases, Sales, and Debt Information		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you purchase a new hybrid or alternative motor vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	Yes	No
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any disability income during the year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	Yes	No
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—
Did you have any educational expenses during the year?	—	—
Did you have any expenses related to seeking a new job during the year?	—	—
Did you make any major purchases during the year (cars, boats, etc.)?	—	—
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	—	—
	Yes	No
Miscellaneous Information		
Did you make gifts of more than \$12,000 to any individual?	—	—
Did you make any contributions to an education savings or 529 Plan account?	—	—
Did you pay long-term health care premiums for yourself or your family?	—	—
Did you engage in any bartering transactions?	—	—
Are you covered by a pension or retirement plan?	—	—
Did you retire or change jobs this year?	—	—
Did you incur moving costs because of a job change?	—	—

Please check the appropriate box and include all necessary details.

Miscellaneous Information, Continued

	Yes	No
Did you make energy efficient improvements to your main home this year?	—	—
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	—	—
Did you receive correspondence from the State or Internal Revenue Service?	—	—
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?	—	—
If you check yes, it will not change your tax or reduce your refund.		

Client Organizer Topical Index

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

Topic	Page	Topic	Page
Advance earned income credit payments	8	Fuel tax credit	66, 67, 68
Adoption expenses	65	Gambling winnings	6, 15, 16
Alaska Permanent Fund dividends	15, 60	Gambling losses	47
Alimony paid	40	Health savings account (HSA)	36
Alimony received	16	Household employee taxes	61
Annuity payments received	6, 14	Installment sales	30, 31
Automobile information -		Interest income	7, 9
Business or profession	57	Interest paid	46
Employee business expense	50	Investment expenses	47
Farm	57	Investment interest expenses	46
Farm rental	57	IRA contributions	35
Rent and royalty	57	IRA distributions	6, 14
Bank account information	2	Like-kind exchange of property	32
Business income	19	Long-term care services and contracts (LTC)	39
Business expenses	20	Medical and dental expenses	45
Business use of home	56	Medical savings account (MSA)	39
Casualty and theft losses, business	52, 54	Minister earnings and expenses	8, 19, 49
Casualty and theft losses, personal	53, 55	Miscellaneous income	15, 15a
Child and dependent care expenses	62	Miscellaneous adjustments	40
Children's interest and dividend	60	Miscellaneous itemized deductions	47
Charitable contributions	47, 51	Mortgage interest expense	46, 48
Contracts and straddles	18	Moving expenses	37
Dependent care benefits received	8	Partnership income	6, 27
Dependent information	1, 4	Payments from Qualified Education Programs (1099-Q)	6, 44
Depreciable asset acquisitions and dispositions -		Pension distributions	6, 14
Business or profession	73, 74	Personal property taxes paid	45
Employee business expense	73, 74	Railroad retirement benefits	15
Farm	73, 74	Real estate taxes	45
Farm rental	73, 74	REMIC's	12
Rent and royalty	73, 74	Rent and royalty income and expenses	21
Direct deposit information	2	Residential energy credit	64
Disability income	14, 63	Roth IRA contributions	35
Dividend income	7, 10	S corporation income	6, 17, 27
Email address	1	Sale of business property	30, 31
Early withdrawal penalty	9	Sale of personal residence	29
Education Credits and tuition and fees deduction	42	Sale of stock, securities, and other capital assets	13, 13a
Education Savings Account & Qualified Tuition Programs	43	Self-employed health insurance premiums	19, 23
Electronic filing	3	Self-employed Keogh and SEP plan contributions	38
Employee business expenses	49	Seller-financed mortgage interest received	11
Estate income	6, 28	Social security benefits received	15
Farm income	23	State and local income tax refunds	15
Farm expenses	24	State & local estimate payments	5
Farm rental income	25	State & local withholding	8, 14, 16
Farm rental expenses	26	Statutory employee	8, 19
Federal estimate payments	4	Student loan interest paid	42
Federal withholding	8, 14, 16	Taxes paid	45
Foreign dividend income	10	Trust income	28
Foreign earned income	33, 34	Unemployment compensation	15
Foreign housing deduction	33, 34	Unreported tip or unreported wage income	58
Foreign interest income	9	U.S. savings bonds educational exclusion	41
Foreign taxes paid	69	Wages and salaries	6, 8

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

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

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

Present Mailing Address

Address [30]
Apartment number [31]
City [32]
State postal code [33]
Zip code [34]
Home/evening telephone number [35]
Email address [36]
In care of addressee [37]

Dependent Information

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

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months lived in your home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [39]
Social security number of qualifying person [40]

Dependent Codes

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Client Contact Information

Preparer - Enter on Screen Contac

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

NOTES/QUESTIONS:

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[5]

Enter the minimum refund amount here _____[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[2]

Spouse self-selected Personal Identification Number (PIN) _____[3]

NOTES/QUESTIONS:

If you have an overpayment of 2007 taxes, do you want the excess:

Refunded _____ [38]

Applied to 2008 estimated tax liability _____ [39]

Do you expect a considerable change in your 2008 income? (1 = Yes, 2 = No) _____ [40]

If yes, please explain any differences:

_____ [41]

_____ [42]

_____ [43]

_____ [44]

Do you expect a considerable change in your deductions for 2008? (1 = Yes, 2 = No) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in the amount of your 2008 withholding? (1 = Yes, 2 = No) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a change in the number of dependents claimed for 2008? (1 = Yes, 2 = No) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

2007 Federal Estimated Tax Payments

2006 overpayment applied to 2007 estimates + _____ [1]

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/17/07	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/07	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/17/07	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/08	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)
State postal code

[1]
[2]

Amount paid with 2006 return + [3]
2006 overpayment applied to '07 estimates + [4]
Treat calculated amounts as paid [8]

Table with 3 columns: Date Paid, Amount Paid, Calculated Amount. Rows include 1st, 2nd, 3rd, 4th quarter payments and Additional payment.

2007 City Estimated Tax Payments

City #1 City #2
City name [28] [49]
Amount paid with 2006 return + [31] [51]
2006 overpayment applied to '07 estimates + [32] [52]
Treat calculated amounts as paid [36] [56]

Table with 4 columns: Date Paid, Amount Paid for City #1 and City #2. Rows include 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #1 with rows for 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #2 with rows for 1st, 2nd, 3rd, 4th quarter payments.

City #3 City #4
City name [72] [94]
Amount paid with 2006 return + [75] [97]
2006 overpayment applied to '07 estimates + [76] [98]
Treat calculated amounts as paid [80] [102]

Table with 4 columns: Date Paid, Amount Paid for City #3 and City #4. Rows include 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #3 with rows for 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #4 with rows for 1st, 2nd, 3rd, 4th quarter payments.

Please provide all copies of 1099-INT and 1099-DIV that you receive.

Below is a list of forms as reported in last year's tax return. If a particular item no longer applies, mark the box to indicate this.

Form	T/S/J	Description	Mark if Foreign	Mark if no longer applicable
_____	---	_____	---	---
_____	---	_____	---	---
_____	---	_____	---	---
_____	---	_____	---	---
_____	---	_____	---	---
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_____	---	_____	---	---
_____	---	_____	---	---
_____	---	_____	---	---

Wages and Salaries #1

Please provide all copies of Form W-2.

2007 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name _____	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Both 1 & 2, 4 = National Guard)	_____	[4]
Mark if this is your current employer	_____	[5]
Federal wages and salaries (Box 1)	+ _____	[8]
Federal tax withheld (Box 2)	+ _____	[10]
Social security wages (Box 3) (If different than federal wages)	+ _____	[12]
Social security tax withheld (Box 4)	+ _____	[14]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[16]
Medicare tax withheld (Box 6)	+ _____	[18]
SS tips (Box 7)	+ _____	[20]
Allocated tips (Box 8)	+ _____	[22]
Advanced EIC (Box 9)	+ _____	[24]
Dependent care benefits (Box 10)	+ _____	[26]
Box 13 -		
Statutory employee	_____	[28]
Retirement plan	_____	[29]
Third-party sick pay	_____	[30]
State postal code (Box 15)	_____	[31]
State wages (Box 16) (If different than federal wages)	+ _____	[33]
State tax withheld (Box 17)	+ _____	[35]
Local wages (Box 18)	+ _____	[37]
Local tax withheld (Box 19)	_____	[39]
Name of locality (Box 20) _____	_____	[42]

	Control Totals +	
--	-------------------------	--

Wages and Salaries #2

Please provide all copies of Form W-2.

2007 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name _____	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Both 1 & 2, 4 = National Guard)	_____	[4]
Mark if this your current employer	_____	[5]
Federal wages and salaries (Box 1)	+ _____	[8]
Federal tax withheld (Box 2)	+ _____	[10]
Social security wages (Box 3) (If different than federal wages)	+ _____	[12]
Social security tax withheld (Box 4)	+ _____	[14]
Medicare wages (Box 5) (If different than federal wages)	+ _____	[16]
Medicare tax withheld (Box 6)	+ _____	[18]
SS tips (Box 7)	+ _____	[20]
Allocated tips (Box 8)	+ _____	[22]
Advanced EIC (Box 9)	+ _____	[24]
Dependent care benefits (Box 10)	+ _____	[26]
Box 13 -		
Statutory employee	_____	[28]
Retirement plan	_____	[29]
Third-party sick pay	_____	[30]
State postal code (Box 15)	_____	[31]
State wages (Box 16) (If different than federal wages)	+ _____	[33]
State tax withheld (Box 17)	+ _____	[35]
Local wages (Box 18)	+ _____	[37]
Local tax withheld (Box 19)	_____	[39]
Name of locality (Box 20) _____	_____	[42]

	Control Totals +	
--	-------------------------	--

Interest Income

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

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

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

	Control Totals +	
--	------------------	--

Dividend Income

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

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

*Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2007	+ _____ [1]	

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____[1]

Name of activity _____

Employer identification number _____

State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____[1]

Name of activity _____

Employer identification number _____

State postal code _____

NOTES/QUESTIONS:

Please provide copies of all Forms 1099-B and 1099-S

- Did you have any securities become worthless during 2007? (1 = Yes; 2 = No) __[9]
- Did you have any debts become uncollectible during 2007? (1 = Yes; 2 = No) __[10]
- Did you have any commodity sales, short sales, or straddles? (1 = Yes; 2 = No) __[11]
- Did you exchange any securities or investments for something other than cash? (1 = Yes; 2 = No) __[13]

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis
				(Less expenses of sale)	
---	_____	_____	_____	+ _____ [1]	+ _____ [2]
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
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---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____
---	_____	_____	_____	+ _____	+ _____

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis
				(Less expenses of sale)	
				+ _____ [1]	+ _____ [2]
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
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				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2007 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [4]
 Gross distributions received (Box 1) + _____ [5]
 Taxable amount received (Box 2a) + _____ [7]
 Federal withholding (Box 4) + _____ [9]
 Distribution code (Box 7) _____ [11]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [12]
 State withholding (Box 10) + _____ [13]
 Local withholding (Box 13) + _____ [15]
 Amount of rollover + _____ [17]
 Mark if distribution was due to a pre-retirement age disability _____ [19]
 Mark if distribution was from an inherited IRA _____ [20]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2007 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [4]
 Gross distributions received (Box 1) + _____ [5]
 Taxable amount received (Box 2a) + _____ [7]
 Federal withholding (Box 4) + _____ [9]
 Distribution code (Box 7) _____ [11]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [12]
 State withholding (Box 10) + _____ [13]
 Local withholding (Box 13) + _____ [15]
 Amount of rollover + _____ [17]
 Mark if distribution was due to a pre-retirement age disability _____ [19]
 Mark if distribution was from an inherited IRA _____ [20]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2007 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [4]
 Gross distributions received (Box 1) + _____ [5]
 Taxable amount received (Box 2a) + _____ [7]
 Federal withholding (Box 4) + _____ [9]
 Distribution code (Box 7) _____ [11]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [12]
 State withholding (Box 10) + _____ [13]
 Local withholding (Box 13) + _____ [15]
 Amount of rollover + _____ [17]
 Mark if distribution was due to a pre-retirement age disability _____ [19]
 Mark if distribution was from an inherited IRA _____ [20]

Control Totals +

Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income reported on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____	[6]
Rents (Box 1)	+ _____	[8]
Royalties (Box 2)	+ _____	[10]
Other income (Box 3)	+ _____	[12]
Federal income tax withheld (Box 4)	+ _____	[14]
Fishing boat proceeds (Box 5)	+ _____	[16]
Medical and health care payments (Box 6)	+ _____	[18]
Nonemployee compensation (Box 7)	+ _____	[20]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[22]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[24]
Crop Insurance proceeds (Box 10)	+ _____	[26]
Excess golden parachute payments (Box 13)	+ _____	[28]
Gross proceeds paid to an attorney (Box 14)	+ _____	[30]
Section 409A deferrals (Box 15a)	+ _____	[32]
Section 409A income (Box 15b)	+ _____	[34]
State tax withheld (Box 16)	+ _____	[36]
State/Payer's state no. (Box 17)	_____	[38]
State income (Box 18)	+ _____	[39]

	Control Totals +		
--	-------------------------	--	--

Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income reported on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____	[6]
Rents (Box 1)	+ _____	[8]
Royalties (Box 2)	+ _____	[10]
Other income (Box 3)	+ _____	[12]
Federal income tax withheld (Box 4)	+ _____	[14]
Fishing boat proceeds (Box 5)	+ _____	[16]
Medical and health care payments (Box 6)	+ _____	[18]
Nonemployee compensation (Box 7)	+ _____	[20]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[22]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[24]
Crop Insurance proceeds (Box 10)	+ _____	[26]
Excess golden parachute payments (Box 13)	+ _____	[28]
Gross proceeds paid to an attorney (Box 14)	+ _____	[30]
Section 409A deferrals (Box 15a)	+ _____	[32]
Section 409A income (Box 15b)	+ _____	[34]
State tax withheld (Box 16)	+ _____	[36]
State/Payer's state no. (Box 17)	_____	[38]
State income (Box 18)	+ _____	[39]

	Control Totals +		
--	-------------------------	--	--

Gambling Winnings #1

Please provide all copies of Form W-2G.

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____ [3]	
State postal code	_____ [4]	
Mark if professional gambler	__ [7]	
Gambling winnings (Box 1)	+ _____ [9]	
Federal withholding (Box 2)	+ _____ [11]	
Type of wager (Box 3)	_____ [13]	
Date won (Box 4)	_____ [15]	
Transaction (Box 5)	_____ [17]	
Race (Box 6)	_____ [19]	
Identical wager winnings (Box 7)	+ _____ [21]	
Cashier (Box 8)	_____ [23]	
Taxpayer identification number (Box 9)	_____ [25]	
Window (Box 10)	_____ [26]	
First ID (Box 11)	_____ [28]	
Second ID (Box 12)	_____ [29]	
Payer's state ID no. (Box 13)	_____ [30]	
State withholding (Box 14)	+ _____ [31]	
Name of locality	_____ [34]	
Local withholding	_____ [35]	

	Control Totals +	
--	-------------------------	--

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____ [3]	
State postal code	_____ [4]	
Mark if professional gambler	__ [7]	
Gambling winnings (Box 1)	+ _____ [9]	
Federal withholding (Box 2)	+ _____ [11]	
Type of wager (Box 3)	_____ [13]	
Date won (Box 4)	_____ [15]	
Transaction (Box 5)	_____ [17]	
Race (Box 6)	_____ [19]	
Identical wager winnings (Box 7)	+ _____ [21]	
Cashier (Box 8)	_____ [23]	
Taxpayer identification number (Box 9)	_____ [25]	
Window (Box 10)	_____ [26]	
First ID (Box 11)	_____ [28]	
Second ID (Box 12)	_____ [29]	
Payer's state ID no. (Box 13)	_____ [30]	
State withholding (Box 14)	+ _____ [31]	
Name of locality	_____ [34]	
Local withholding	_____ [35]	

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [7]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [9]	
Section 1202 gain (Box 1c)	+ _____ [11]	
Qualifies for 60% exclusion	_____ [13]	
Collectibles (28%) gain (Box 1d)	+ _____ [15]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [17]	
Control Totals +		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [7]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [9]	
Section 1202 gain (Box 1c)	+ _____ [11]	
Qualifies for 60% exclusion	_____ [13]	
Collectibles (28%) gain (Box 1d)	+ _____ [15]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [17]	
Control Totals +		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [7]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [9]	
Section 1202 gain (Box 1c)	+ _____ [11]	
Qualifies for 60% exclusion	_____ [13]	
Collectibles (28%) gain (Box 1d)	+ _____ [15]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [17]	
Control Totals +		

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]		Mixed straddle account election __[3]
Straddle-by-straddle identification election __[4]		Net section 1256 contracts loss election __[5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____ [8]
 Description of Property B _____
 Description of Property C _____
 Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [9]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

	2007 Information		Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	[2]	
Employer identification number	_____	[3]	
Business code/name _____ [10]	_____	[5]	
Principal business/profession	_____	[6]	
Business address, if different from home address on Organizer Form ID:1040			
Address	_____	[12]	
City	_____	[13]	
State postal code/Zip code	_____ [14]	[15]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	[16]	—
If other:	_____	[18]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	[19]	—
If other enter explanation:	_____	[21]	

Enter an explanation if there was a change in determining your inventory:	_____	[22]	

Did you "materially participate" in this business? (1 = Yes, 2 = No)	_____	[23]	—
If not, number of hours you did significantly participate	_____	[25]	—
Mark if you began or acquired this business in 2007	_____	[27]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	[28]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	[29]	—
Medical insurance premiums paid by this activity	+ _____	[31]	
Long-term care premiums paid by this activity	+ _____	[33]	
Amount of wages received as a statutory employee	+ _____	[35]	

Business Income

	2007 Information		Prior Year Information
Gross receipts or sales	+ _____	[40]	
Returns and allowances	+ _____	[42]	
Other income:			
_____	+ _____	[44]	
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		

Cost of Goods Sold

	2007 Information		Prior Year Information
Beginning inventory	+ _____	[46]	
Purchases	+ _____	[48]	
Labor:			
_____	+ _____	[50]	
_____	+ _____		
Materials	+ _____	[52]	
Other costs:			
_____	+ _____	[54]	
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Ending inventory	+ _____	[56]	

Control Totals +

Preparer use only

Principal business or profession _____

	2007 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		_____
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 75% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		_____
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [63]	+ _____ [64]
Schedule D - Short-term	+ _____ [65]	+ _____ [66]
Schedule D - Long-term	+ _____ [67]	+ _____ [68]
Schedule D - 28% rate	+ _____ [69]	+ _____ [70]
Form 4797 - Part I	+ _____ [71]	+ _____ [72]
Form 4797 - Part II	+ _____ [73]	+ _____ [74]
Section 179	+ _____ [61]	_____

Control Totals +

Preparer use only

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__ [2]	
Description:	_____ [3]	
	_____ [4]	
	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	__ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2007 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2007 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto and travel	+ _____ [25]	_____ [26]	
Cleaning and maintenance	+ _____ [28]	_____ [29]	
Commissions:			
_____	+ _____ [31]	_____ [33]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [37]	_____ [38]	
Management fees			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Mortgage interest	+ _____ [43]	_____ [44]	
Other interest:			
_____	+ _____ [46]	_____ [48]	
_____	+ _____	_____	
Repairs	+ _____ [49]	_____ [50]	
Supplies	+ _____ [52]	_____ [53]	
Taxes:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [58]	_____ [59]	
Depreciation	+ _____ [61]	_____ [62]	
Depletion	+ _____ [64]	_____ [65]	
Other expenses:			
_____	+ _____ [70]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____		
Total points paid/Current amort (Prep use only)	_____ + _____	_____ [72]	
Date of Refinance	Total # Payments	Reported on 1098 in 2007	

Control Totals +

Preparer use only
Description _____

Vacation Home Information

Preparer - Enter on Screen Rent

	2007 Information	
Number of days home was used personally	_____ [75]	
Number of days home was rented	_____ [77]	
Number of day home owned, if not 365	_____ [79]	
Carryover of disallowed operating expenses into 2007	+ _____ [81]	
Carryover of disallowed depreciation expenses into 2007	+ _____ [82]	

Prior Year Information

Passive and Other Information

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[10]	+	[11]
Schedule D - Short-term	+	[12]	+	[13]
Schedule D - Long-term	+	[14]	+	[15]
Schedule D - 28% rate	+	[16]	+	[17]
Form 4797 - Part I	+	[18]	+	[19]
Form 4797 - Part II	+	[20]	+	[21]
Comm revitalization	+	[22]	+	[23]
Section 179	+	[24]		

NOTES/QUESTIONS:

Preparer use only

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (1 = Yes, 2 = No)	_____ [11]	_____
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [13]	_____
Medical insurance premiums paid by this activity	+ _____ [15]	_____
Long-term care premiums paid by this activity	+ _____ [17]	_____

Cash or Accrual Income Items

	2007 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		
_____	+ _____ [25]	_____
_____	+ _____	_____
_____	+ _____	_____
Cost or other basis of livestock and other items you bought for resale	+ _____ [27]	_____
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____ [29]	_____
_____	+ _____	_____
_____	+ _____	_____
Taxable crop insurance proceeds received in 2007	+ _____ [31]	_____
Mark if electing to defer crop insurance proceeds to 2008	_____ [33]	_____
Crop insurance proceeds deferred from 2006	+ _____ [35]	_____
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____ [37]	_____
_____	+ _____	_____
_____	+ _____	_____
Beginning inventory of livestock and other items	+ _____ [39]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	_____
Ending Inventory of livestock and other items	+ _____ [43]	_____

Cash and Accrual Income Items

	2007 Information	Prior Year Information
Total cooperative distributions you received	+ _____ [45]	_____
Taxable cooperative distributions you received	+ _____ [47]	_____
Total agricultural program payments	+ _____ [49]	_____
Taxable agricultural program payments	+ _____ [51]	_____
Commodity credit loans reported under election:		
_____	+ _____ [53]	_____
_____	+ _____	_____
_____	+ _____	_____
Total commodity credit loans forfeited	+ _____ [55]	_____
Taxable commodity credit loans forfeited	+ _____ [57]	_____
Total crop insurance proceeds you received in 2007	+ _____ [59]	_____
Custom hire (machine work) income	+ _____ [61]	_____
Other income:		
_____	+ _____ [63]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only

Description

	2007 Information	Prior Year Information
Car and truck expenses	+ _____ [6]	
Chemicals	+ _____ [8]	
Conservation expenses	+ _____ [10]	
Custom hire (machine work)	+ _____ [12]	
Depreciation	+ _____ [14]	
Employee benefit programs	+ _____ [16]	
Feed purchased	+ _____ [18]	
Fertilizers and lime	+ _____ [20]	
Freight and trucking	+ _____ [22]	
Gasoline, fuel, and oil	+ _____ [24]	
Insurance (Other than health)	+ _____ [26]	
Mortgage interest (Paid to banks, etc.)	+ _____ [28]	
Other interest	+ _____ [30]	
Labor hired (Less employment credit)	+ _____ [32]	
Pension and profit sharing	+ _____ [34]	
Rent - vehicles, machinery, and equipment	+ _____ [36]	
Rent - other	+ _____ [38]	
Repairs and maintenance	+ _____ [40]	
Seed and plants purchased	+ _____ [42]	
Storage and warehousing	+ _____ [44]	
Supplies purchased	+ _____ [46]	
Taxes:		
_____	+ _____ [48]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [50]	
Veterinary, breeding, and medicine	+ _____ [52]	
Other expenses:		
_____	+ _____ [54]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [56]	

Preparer use only Carryovers		Regular		AMT	
Operating	+	_____ [64]	+	_____ [65]	
Schedule D - Short-term	+	_____ [66]	+	_____ [67]	
Schedule D - Long-term	+	_____ [68]	+	_____ [69]	
Schedule D - 28% rate	+	_____ [70]	+	_____ [71]	
Form 4797 - Part I	+	_____ [72]	+	_____ [73]	
Form 4797 - Part II	+	_____ [74]	+	_____ [75]	
Section 179	+	_____ [76]			

Preparer use only

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (1 = Yes, 2 = No)	_____ [6]	

Income Items

	2007 Information	Prior Year Information
Income from production of livestock and other items	+ _____ [12]	
Total cooperative distributions you received	+ _____ [14]	
Taxable cooperative distributions you received	+ _____ [16]	
Total agricultural program payments	+ _____ [18]	
Taxable agricultural program payments	+ _____ [20]	
Commodity credit loans reported under election:		
_____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [24]	
Taxable commodity credit loans forfeited	+ _____ [26]	
Total crop insurance proceeds you received in 2007	+ _____ [28]	
Taxable crop insurance proceeds received in 2007	+ _____ [30]	
Mark if electing to defer crop insurance proceeds to 2008	_____ [32]	
Crop insurance proceeds deferred from 2006	+ _____ [34]	
Other income:		
_____	+ _____ [36]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

NOTES/QUESTIONS:

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____[2]
 Employer identification number _____[3]
 Name of entity _____[4]
 State postal code _____[5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) ___[10]
 Tax shelter registration number _____[11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) _____[2]
 Employer identification number _____[3]
 Name of entity _____[4]
 State postal code _____[5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) ___[10]
 Tax shelter registration number _____[11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) _____[2]
 Employer identification number _____[3]
 Name of entity _____[4]
 State postal code _____[5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) ___[10]
 Tax shelter registration number _____[11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [6]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [6]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [6]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [6]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [4]
 Date former residence was acquired _____ [6]
 Date former residence was sold _____ [7]
 Selling price of former residence + _____ [8]
 Expenses related to the sale of your old home + _____ [9]
 Original cost of home sold including capital improvements + _____ [10]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [13]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [15]	_____ [16]
Number of days each person owned property used as main home	_____ [17]	_____ [18]
Number of days between date of sale of the other home and date of sale of this home	_____ [19]	_____ [20]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [22]
 Total current year payments received + _____ [23]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [24]
 Address _____ [25]
 City, State and Zip _____ [26] _____ [27] _____ [28]
 Identifying number of related party _____ [29]
 Was the property sold as a marketable security? (1 = Yes, 2 = No) _____ [30]
 Enter date of second sale if more than 2 years after the first sale _____ [31]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [32]
 Selling price of property sold by a related party + _____ [34]

NOTES/QUESTIONS:

Preparer use only

Preparer use only

2007 Information

Prior Year Information

Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[7]
State postal code		[8]
Date acquired		[15]
Date sold		[16]
Gross sales price of property sold	+	[17]
Mortgage and other debts the buyer assumed	+	[19]
Cost or other basis	+	[21]
Commissions and other expenses of the sale	+	[23]
Gross profit percentage		[25]
Total current year principal payments received	+	[31]
Prior year principal payments received	+	[33]
Total ordinary income to recapture	+	[35]
Total ordinary income previously recaptured	+	[37]

Prior Year Information grid

Control Totals +

Prior Year Installment Sale

Preparer use only

Preparer use only

2007 Information

Prior Year Information

Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[7]
State postal code		[8]
Date acquired		[15]
Date sold		[16]
Gross sales price of property sold	+	[17]
Mortgage and other debts the buyer assumed	+	[19]
Cost or other basis	+	[21]
Commissions and other expenses of the sale	+	[23]
Gross profit percentage		[25]
Total current year principal payments received	+	[31]
Prior year principal payments received	+	[33]
Total ordinary income to recapture	+	[35]
Total ordinary income previously recaptured	+	[37]

Prior Year Information grid

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Description _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____ [10]
 Mark if disposition is due to casualty or theft _____ [11]
 Mark if disposition was to a related party _____ [13]

Sale Information

Date acquired _____ [17]
 Date sold _____ [18]
 Gross sales price or insurance proceeds received + _____ [19]
 Cost or other basis + _____ [20]
 Commissions and other expenses of sale + _____ [21]
 Depreciation allowed or allowable + _____ [22]

Form 4797, Part III - Recapture

Depreciation allowed or allowable (Section 1245) + _____ [24]
 Additional depreciation after 1975 (Section 1250) + _____ [25]
 Applicable percentage (if not 100%) (Section 1250) _____ [26]
 Additional depreciation after 1969 (Section 1250) + _____ [27]
 Soil, water and land clearing expenses (Section 1252) + _____ [28]
 Applicable percentage (if not 100%) (Section 1252) _____ [29]
 Intangible drilling and development costs (Section 1254) + _____ [30]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [31]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [32]
 Total current year payments received + _____ [33]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [34]
 Address _____ [35]
 State, City and Zip _____ [36] _____ [37] _____ [38]
 Identifying number of related party _____ [39]
 Was the property sold as a marketable security? (1 = Yes, 2 = No) _____ [40]
 Enter date of second sale _____ [41]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [42]
 Selling price of property sold by a related party + _____ [44]

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [8]
 _____ [9]

Date Information

Date the like-kind property given up was acquired _____ [14]
 Date you transferred your property to the other party _____ [15]
 Date the like-kind property received was identified _____ [16]
 Date you received the like-kind property from the other party _____ [17]

Gain and Basis Information

Fair market value of other property given up + _____ [18]
 Adjusted basis of other property given up + _____ [19]
 Cash, and fair market value of other property received + _____ [20]
 Fair market value of like-kind property you received + _____ [21]
 Fair market value of non-section 1245 property you received + _____ [22]
 Liabilities, including mortgages, assumed by you + _____ [23]
 Cash paid + _____ [24]
 Adjusted basis of like-kind property given up + _____ [25]
 Liabilities, including mortgages, assumed by the other party + _____ [26]
 Exchange expenses incurred by you + _____ [27]

Related Party Exchange Information

Name of related party _____ [30]
 Address of related party _____ [31]
 City _____ [32]
 State _____ [33]
 Zip code _____ [34]
 Identifying number of related party _____ [35]
 Relationship to you _____ [36]
 During this tax year, did the related party sell or dispose of the property received? (1 = Yes, 2 = No) _____ [37]
 During this tax year, did you sell or dispose of the like-kind property you received? (1 = Yes, 2 = No) _____ [38]
 Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [39]
 Mark if this exchange is a prior year like-kind exchange _____ [41]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) ___[1] State postal code ___[3]
 Employer's name _____[2]
 Foreign street address _____[4] City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 U.S. address _____[5] City _____
 State postal code _____ Zip code _____
 Foreign street address _____[6] City _____
 State/Province _____
 Country _____ Postal code _____
 Employer type (A = A foreign entity, B = A U.S. company, C = Self, D = A foreign affiliate of a U.S. company, E = Other) ___[7]
 If you marked employer as other, please specify type _____[8]
 Country of citizenship _____[11]
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country _____[12] Days _____
 City/Country _____ Days _____
 List tax home(s) during the tax year and dates established:
 Tax home _____[13] Date _____
 Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
---	_____	_____	_____	_____
---	_____	_____	_____	_____
---	_____	_____	_____	_____
---	_____	_____	_____	_____
---	_____	_____	_____	_____
---	_____	_____	_____	_____

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment ___[18]
 Total number of days worked during year (defaults to 240) ___[19]

Bona Fide Residence Test

Date foreign residence began _____[21] Date foreign residence ended _____[22]
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) ___[23]
 If any family members lived abroad with you during any part of tax year, list who and for what period:
 Relationship _____ Period abroad _____[24]
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country ___[25]
 Mark if required to pay income tax to that country ___[26]
 List any contractual terms or other conditions relating to length of employment abroad _____[27]

 Type of visa used to enter foreign country _____[28]
 Explanation if visa limited length of stay or employment _____[29]

 If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
 Address _____[30]
 Rented ___ Occupant _____ Relationship _____
 Address _____[30]
 Rented ___ Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____[31]

Foreign name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] ___[11]	+ _____ [12]
Meals _____	[13] ___[14]	+ _____ [15]
Car _____	[16] ___[17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___[19]	+ _____ [20] + _____ + _____ + _____ + _____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___[21]	+ _____ [22]
Family _____	___[23]	+ _____ [24]
Education _____	___[25]	+ _____ [26]
Home leave _____	___[27]	+ _____ [28]
Quarters _____	___[29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___[31]	+ _____ [32] + _____ + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___[33]	+ _____ [34] + _____ + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	___[36]	+ _____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____	+ _____	[46]
---------------------------------	---------	------

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2007	+ _____[5]	+ _____[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2007	+ _____[9]	+ _____[10]
Enter the nondeductible contribution amount made in 2008 for use in 2007	+ _____[11]	+ _____[12]
Traditional IRA basis	+ _____[13]	+ _____[14]
Value of all your traditional IRA's on December 31, 2007:	+ _____[15]	+ _____[16]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2006 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[25]	__[26]
Enter the total Roth IRA contributions made for use in 2007	+ _____[27]	+ _____[28]
Enter the total amount of Roth IRA conversion recharacterizations for 2007	+ _____[33]	+ _____[34]
Enter the total contribution Roth IRA basis on December 31, 2006	+ _____[37]	+ _____[38]
Enter the total Roth IRA contribution recharacterizations for 2007	+ _____[39]	+ _____[40]
Enter the Roth conversion IRA basis on December 31, 2006	+ _____[41]	+ _____[42]
Value of all your Roth IRA's on December 31, 2007:	+ _____[43]	+ _____[44]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Please provide all Forms 1099-R, 1099-SA, 5498-SA

Taxpayer/Spouse (T, S) _____[1]

State postal code _____[2]

Indicate taxpayer coverage under high deductible health plan (1 = Self-Only, 2 = Family) _____[3]

Health Savings Account Contributions and Deduction

Total Health Savings Account (HSA) contributions made for 2007 + _____[4]

Qualified HSA funding distribution from health flexible spending arrangement + _____[5]

Qualified HSA funding distribution from health reimbursement arrangement + _____[6]

Number of months in high deductible health plan in 2007 _____[7]

High deductible health plan coverage in effect for the month of December 2007 (1 = Yes, 2 = No) _____[8]

Amount of annual deductible for the high deductible health plan + _____[9]

Health Savings Account Distributions

Enter total Health Savings Account (HSA) distributions received for 2007 + _____[12]

Amount of total HSA distributions that were rolled over or excess withdrawn + _____[13]

Enter the total unreimbursed qualified medical expenses for 2007 + _____[14]

Maintenance of Coverage

High deductible health plan coverage started in 2007 and in effect for the month of December 2007 (1 = Yes, 2 = No) _____[16]

High deductible health plan coverage ended before 12/31/08 (1 = Yes, 2 = No) _____[17]

Death of HSA Account Holder

Mark if acquired interest in HSA after death of account holder _____[25]

Fair market value of HSA at date of death + _____[26]

Qualified medical expenses of account holder paid by taxpayer + _____[27]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2007 + _____ [8]
 Enter the total amount of contributions made to a 401(k) plan in 2007 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2007 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2007 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2007 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2007 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2007 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2007 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2007 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a 401(k) or SARSEP in 2007 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2007 + _____ [18]

Elective Deferrals

Enter the total contributions to a 401(k) or SARSEP made through elective deferrals in 2007 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2007 + _____ [20]

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____[1]
 State postal code _____[2]
 Did you or your employer establish a new Medical Savings Account (MSA) in 2007? (1 = Yes, 2 = No) _____[3]
 If yes, were you a previously uninsured account holder? (1 = Yes, 2 = No) _____[4]
 Indicate coverage under your high deductible health plan (1 = Self-Only, 2 = Family) _____[5]
 If married, did spouse or employer make contributions to spouse's MSA for 2007? (1 = Yes, 2 = No) _____[6]
 If yes, was your spouse a previously uninsured account holder? (1 = Yes, 2 = No) _____[7]
 Indicate coverage under high deductible health plan (1 = Self-Only, 2 = Family) _____[8]

Medical Savings Account Deduction

Total Medical Savings Account (MSA) contributions made for 2007 + _____[9]
 Amount of annual deductible for the high deductible health plan + _____[10]
 Number of months in high deductible health plan for 2007 _____[11]
 Enter compensation from employer maintaining the high deductible plan + _____[13]
 If self-employed, enter the earned income from business under which the high deductible plan was established + _____[16]

Medical Savings Account Distributions

Enter total Medical Savings Account (MSA) distributions received for 2007 + _____[17]
 Amount of total MSA distributions that were rolled over or excess withdrawn + _____[18]
 Enter the total unreimbursed qualified medical expenses for 2006 + _____[19]

Medicare Advantage MSA

Enter total Medicare Advantage MSA distributions received for 2006 + _____[21]
 Enter the total unreimbursed qualified medical expenses for 2007 + _____[22]
 Value of Medicare Advantage MSA account on 12/31/06 + _____[24]

Death of MSA Account Holder

Mark if acquired interest in MSA after death of account holder _____[25]
 Fair market value of MSA at date of death + _____[26]
 Qualified medical expenses of account holder paid by taxpayer + _____[27]

Long Term Care (LTC) Service and Contracts

Name of the insured chronically ill individual _____[28]
 Social security number of insured _____[29]
 Are there other individuals who received LTC payments during 2007? (1 = Yes, 2 = No) _____[30]
 Is the insured individual considered terminally ill? (1 = Yes, 2 = No) _____[31]
 If yes, were the payments received for the insured on account of them being terminally ill? (1 = Yes, 2 = No) _____[32]
 Gross long-term care (LTC) benefits received for insured for 2007 + _____[33]
 Qualified long-term care (LTC) benefits received for insured for 2007 + _____[34]
 Accelerated death benefits received for 2007 + _____[35]
 Number of days during the long-term care period _____[36]
 Cost incurred for qualified long-term care services during the long-term care period + _____[37]
 Total reimbursements received for qualified long-term services provided during 2007 + _____[38]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2007 Information	Prior Year Information
			+ [1]	
Address				
			+ [1]	
Address				
			+ [1]	
Address				

	2007 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ [3]	+ [4]	
	+ [3]	+ [4]	
Self-employed health insurance premiums: (Not entered elsewhere)	+ [6]	+ [7]	
	+ [6]	+ [7]	
Self-employed long-term care premiums: (Not entered elsewhere)	+ [9]	+ [10]	
	+ [9]	+ [10]	
Other adjustments:	+ [12]	+ [13]	

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. savings bonds in 2007 that were issued after 1989, and you paid qualified higher education expenses in 2007 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2007 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2007 for person listed above + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2007 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2007 for person listed above + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2007 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2007 for person listed above + _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2007 + _____ [3]

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2007 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid ^[1]	2007 Information	Prior Year Information
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2007.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

Important: You cannot claim the following for the same student in the same year:

- Hope credit and Lifetime learning credit
- Tuition and fees deduction and either the Hope credit or the Lifetime learning credit

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 2 years of post-secondary education
- have no drug convictions in 2007
- not have claimed the Hope credit in more than one prior tax year

*Education Expense Code
1 = Hope credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Taxpayer

Spouse

Mark if you want to waive exclusion for qualified higher education expenses

__[1]

__[2]

Enter designated beneficiary information below for any child under age 18 for whom you made contributions to an ESA:

TSJ	Beneficiary SSN ^[5]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

State Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

Private Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

NOTES/QUESTIONS:

Payments from Qualified Education Programs #1

Please provide all copies of Form 1099Q

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%; background-color: #e0e0e0;"></div>
Payer name	_____ [3]	
State postal code	_____ [4]	
Gross distribution (Box 1)	+ _____ [7]	
Earnings (Box 2)	+ _____ [9]	
Basis (Box 3)	+ _____ [11]	
Trustee-to-trustee rollover (Box 4)	_____ [13]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [14]	
Check if from a Private Section 529 program (Box 5)	_____ [16]	
Check if from a State Section 529 program (Box 5)	_____ [17]	
Check if from a Coverdell ESA (Box 5)	_____ [18]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [19]	
Control Totals +		

Payments from Qualified Education Programs #2

Please provide all copies of Form 1099Q

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%; background-color: #e0e0e0;"></div>
Payer name	_____ [3]	
State postal code	_____ [4]	
Gross distribution (Box 1)	+ _____ [7]	
Earnings (Box 2)	+ _____ [9]	
Basis (Box 3)	+ _____ [11]	
Trustee-to-trustee rollover (Box 4)	_____ [13]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [14]	
Check if from a Private Section 529 program (Box 5)	_____ [16]	
Check if from a State Section 529 program (Box 5)	_____ [17]	
Check if from a Coverdell ESA (Box 5)	_____ [18]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [19]	
Control Totals +		

Payments from Qualified Education Programs #3

Please provide all copies of Form 1099Q

	2007 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%; background-color: #e0e0e0;"></div>
Payer name	_____ [3]	
State postal code	_____ [4]	
Gross distribution (Box 1)	+ _____ [7]	
Earnings (Box 2)	+ _____ [9]	
Basis (Box 3)	+ _____ [11]	
Trustee-to-trustee rollover (Box 4)	_____ [13]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [14]	
Check if from a Private Section 529 program (Box 5)	_____ [16]	
Check if from a State Section 529 program (Box 5)	_____ [17]	
Check if from a Coverdell ESA (Box 5)	_____ [18]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [19]	
Control Totals +		

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J	2007 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received	
__ [1]	+ _____ [2]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [4]	+ _____ [5]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [7]	+ _____ [8]	
__	+ _____	
__	+ _____	
__	+ _____	
__ [10]	+ _____ [11]	
__	+ _____	
__	+ _____	
__	+ _____	
__ [13] Miles driven for medical items	_____ [14]	
*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J	2007 Information	Prior Year Information
	State/local income taxes paid:	
__ [16]	+ _____ [17]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [19]	+ _____ [20]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [22]	+ _____ [23]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [25]	+ _____ [26]	
__	+ _____	
__	+ _____	
__	+ _____	
__ [28]	+ _____ [29]	
__	+ _____	
__	+ _____	
__	+ _____	
__	+ _____	
__ [34]	+ _____ [35]	
__	+ _____	
__	+ _____	
__	+ _____	
__ [37]	+ _____ [38]	
__	+ _____	
__	+ _____	
__	+ _____	

Interest Expenses

T/S/J	2007 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	+	[2]		+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2007 Information	Prior Year Information
[4]			+	[5]
	Address			
			+	
	Address			
			+	
	Address			
			+	
	Address			
			+	
	Address			

Refinancing Points paid in 2007:

Taxpayer/Spouse/Joint (T, S, J) [7]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2007 (Preparer use only) _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2007 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2007 (Preparer use only) _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2007 _____

T/S/J	2007 Information	Prior Year Information
	Investment interest expense, other than on K-1s:	
[10]	+	[11]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J		2007 Information	Prior Year Information
	Contributions made by cash or check		
__ [1]	_____	+ _____ [2]	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
__ [4]	Volunteer miles driven _____	_____ [5]	
	Noncash items, such as: Goodwill, Salvation Army		
__ [7]	_____	+ _____ [8]	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	

Miscellaneous Deductions

T/S/J		2007 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [10]	_____	+ _____ [11]	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
	Union dues:		
__ [13]	_____	+ _____ [14]	
--	_____	+ _____	
__ [16]	Tax preparation fees _____	+ _____ [17]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [19]	_____	+ _____ [20]	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
__ [22]	Safe deposit box rental _____	+ _____ [23]	
	Investment expenses, other than on K1s:		
__ [25]	_____	+ _____ [26]	
--	_____	+ _____	
--	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
__ [29]	_____	+ _____ [30]	
--	_____	+ _____	
--	_____	+ _____	
--	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
__ [32]	_____	+ _____ [33]	
--	_____	+ _____	

Home Mortgage Interest Subject To Limitations

Complete this section if you have home acquisition debt over \$1,000,000 or debt over \$100,000 not used to buy or improve your home.

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	____[1]	____
Interest paid during 2007	+ _____[3]	_____
Points reported on Form 1098 for 2007	+ _____[5]	_____
Average balance in 2007 of grandfather debt	+ _____[7]	_____
Average balance in 2007 of home acquisition debt	+ _____[9]	_____
Average balance for 2007 all types of debt	+ _____[11]	_____
Fair market value of home	+ _____[13]	_____
Principal paid in 2007	+ _____[15]	_____
Number of months loan was outstanding in 2007, if not 12	____[17]	____
Home equity debt as of December 31, 2006 - investment	+ _____[19]	_____
Home equity debt as of December 31, 2006 - other	+ _____[21]	_____
Grandfather debt as of December 31, 2006	+ _____[23]	_____
Home acquisition debt as of December 31, 2006	+ _____[25]	_____
Home equity debt borrowed in 2007 - investment	+ _____[27]	_____
Home equity debt borrowed in 2007 - other	+ _____[29]	_____
Grandfather debt borrowed in 2007	+ _____[31]	_____
Home acquisition debt borrowed in 2007	+ _____[33]	_____

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2007 Information	Prior Year Information
Was another vehicle available for personal use? (1 = Yes, 2 = No)	___[8]	_____
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No, Blank = Not applicable)	___[10]	_____
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___[12]	_____

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [16]
 Comments _____
 Vehicle 2 description _____ [43]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]	_____	_____ [46]	_____
Total mileage	_____ [21]	_____	_____ [48]	_____
Business mileage	_____ [23]	_____	_____ [50]	_____
Average daily round trip commuting mileage	_____ [25]	_____	_____ [52]	_____
Total commuting mileage	_____ [27]	_____	_____ [54]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [29]	_____	+ _____ [56]	_____
Vehicle rentals	+ _____ [31]	_____	+ _____ [58]	_____
Inclusion amount (Preparer use only)	+ _____ [33]	_____	+ _____ [60]	_____
Value of employer-provided vehicle	+ _____ [39]	_____	+ _____ [66]	_____
Depreciation	+ _____ [41]	_____	+ _____ [68]	_____

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [72]
 Comments _____
 Vehicle 4 description _____ [99]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [75]	_____	_____ [102]	_____
Total mileage	_____ [77]	_____	_____ [104]	_____
Business mileage	_____ [79]	_____	_____ [106]	_____
Average daily round trip commuting mileage	_____ [81]	_____	_____ [108]	_____
Total commuting mileage	_____ [83]	_____	_____ [111]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [85]	_____	+ _____ [112]	_____
Vehicle rentals	+ _____ [87]	_____	+ _____ [114]	_____
Inclusion amount (Preparer use only)	+ _____ [89]	_____	+ _____ [116]	_____
Value of employer-provided vehicle	+ _____ [95]	_____	+ _____ [122]	_____
Depreciation	+ _____ [97]	_____	+ _____ [124]	_____

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [11]
 Description of casualty or theft - Property B _____ [24]
 Description of casualty or theft - Property C _____ [37]
 Description of casualty or theft - Property D _____ [50]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [14]	___ [27]	___ [40]	___ [53]
Date acquired	_____ [18]	_____ [31]	_____ [44]	_____ [57]
Cost or other basis of property	+ _____ [19] +	+ _____ [32] +	+ _____ [45] +	+ _____ [58]
Insurance or other reimbursement	+ _____ [20] +	+ _____ [33] +	+ _____ [46] +	+ _____ [59]
Fair market value before casualty	+ _____ [21] +	+ _____ [34] +	+ _____ [47] +	+ _____ [60]
Fair market value after casualty	+ _____ [22] +	+ _____ [35] +	+ _____ [48] +	+ _____ [61]

Business/Income Use Replacement Information

Description of replacement property A _____ [62]
 Description of replacement property B _____ [66]
 Description of replacement property C _____ [70]
 Description of replacement property D _____ [74]

	A	B	C	D
Mark if property was acquired from a related party	___ [63]	___ [67]	___ [71]	___ [75]
Date acquired	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Cost of replacement property	+ _____ [65] +	+ _____ [69] +	+ _____ [73] +	+ _____ [77]

NOTES/QUESTIONS:

--	--

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [21]
 Description of casualty or theft - Property C _____ [32]
 Description of casualty or theft - Property D _____ [43]

	A	B	C	D
Date acquired	_____ [16]	_____ [27]	_____ [38]	_____ [49]
Cost or other basis of property	+ _____ [17]	+ _____ [28]	+ _____ [39]	+ _____ [50]
Insurance or other reimbursement	+ _____ [18]	+ _____ [29]	+ _____ [40]	+ _____ [51]
Fair market value before casualty	+ _____ [19]	+ _____ [30]	+ _____ [41]	+ _____ [52]
Fair market value after casualty	+ _____ [20]	+ _____ [31]	+ _____ [42]	+ _____ [53]

Personal Use Replacement Information

Description of replacement property A _____ [54]
 Description of replacement property B _____ [58]
 Description of replacement property C _____ [62]
 Description of replacement property D _____ [66]

	A	B	C	D
Mark if property was acquired from a related party	_____ [55]	_____ [59]	_____ [63]	_____ [67]
Date acquired	_____ [56]	_____ [60]	_____ [64]	_____ [68]
Cost of replacement property	+ _____ [57]	+ _____ [61]	+ _____ [65]	+ _____ [69]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A		B		C		D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [9]		__ [18]		__ [27]		__ [36]
Date acquired	_____ [12]		_____ [21]		_____ [30]		_____ [39]
Cost or other basis of property	+ _____ [13] +		+ _____ [22] +		+ _____ [31] +		+ _____ [40]
Insurance or other reimbursement	+ _____ [14] +		+ _____ [23] +		+ _____ [32] +		+ _____ [41]
Fair market value before casualty	+ _____ [15] +		+ _____ [24] +		+ _____ [33] +		+ _____ [42]
Fair market value after casualty	+ _____ [16] +		+ _____ [25] +		+ _____ [34] +		+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A		B		C		D
Date acquired	_____ [45]		_____ [51]		_____ [57]		_____ [63]
Prior year cost of replacement property	+ _____ [46] +		+ _____ [52] +		+ _____ [58] +		+ _____ [64]
Cost of replacement property	+ _____ [47] +		+ _____ [53] +		+ _____ [59] +		+ _____ [65]
Postponed gain	+ _____ [48] +		+ _____ [54] +		+ _____ [60] +		+ _____ [66]
Adjusted basis of replacement property	+ _____ [49] +		+ _____ [55] +		+ _____ [61] +		+ _____ [67]

NOTES/QUESTIONS:

Control Totals +

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]

Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [6]
 Description of casualty or theft - Property B _____ [13]
 Description of casualty or theft - Property C _____ [20]
 Description of casualty or theft - Property D _____ [27]

	A		B		C		D
Date acquired	_____ [8]		_____ [15]		_____ [22]		_____ [29]
Cost or other basis of property	+ _____ [9]	+	_____ [16]	+	_____ [23]	+	_____ [30]
Insurance or other reimbursement	+ _____ [10]	+	_____ [17]	+	_____ [24]	+	_____ [31]
Fair market value before casualty	+ _____ [11]	+	_____ [18]	+	_____ [25]	+	_____ [32]
Fair market value after casualty	+ _____ [12]	+	_____ [19]	+	_____ [26]	+	_____ [33]

Personal Use Replacement Information

Description of replacement property A _____ [34]
 Description of replacement property B _____ [40]
 Description of replacement property C _____ [46]
 Description of replacement property D _____ [52]

	A		B		C		D
Date acquired	_____ [35]		_____ [41]		_____ [47]		_____ [53]
Prior year cost of replacement property	+ _____ [36]	+	_____ [42]	+	_____ [48]	+	_____ [54]
Cost of replacement property	+ _____ [37]	+	_____ [43]	+	_____ [49]	+	_____ [55]
Postponed gain	+ _____ [38]	+	_____ [44]	+	_____ [50]	+	_____ [56]
Adjusted basis of replacement property	+ _____ [39]	+	_____ [45]	+	_____ [51]	+	_____ [57]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2007 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2007 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Casualty losses	+ _____ [18]	+ _____ [19]	_____
Mortgage interest	+ _____ [21]	+ _____ [22]	_____
Real estate taxes	+ _____ [24]	+ _____ [25]	_____
Excess mortgage interest	+ _____ [27]	+ _____ [28]	_____
Insurance	+ _____ [30]	+ _____ [31]	_____
Rent	+ _____ [33]	+ _____ [34]	_____
Repairs & maintenance	+ _____ [36]	+ _____ [37]	_____
Utilities	+ _____ [39]	+ _____ [40]	_____
Other expenses, such as: Supplies & Security system	+ _____ [42]	+ _____ [43]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [45]	_____
Carryovers:			
Operating expenses		+ _____ [46]	_____
Casualty losses		+ _____ [47]	_____
Depreciation		+ _____ [49]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [50]	_____
Depreciation		+ _____ [54]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____
 Vehicle 2 - Date placed in service _____ [40]
 Description _____ [41]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [45]	_____
Commuting miles	_____ [12]	_____	_____ [47]	_____
Business miles	_____ [14]	_____	_____ [49]	_____
Vehicle use questions:				
Was another vehicle available for personal use? (1 = Yes, 2 = No)	_____ [16]	_____	_____ [51]	_____
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	_____ [18]	_____	_____ [53]	_____
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	_____ [20]	_____	_____ [55]	_____
Is this evidence written? (1 = Yes, 2 = No)	_____ [22]	_____	_____ [57]	_____
Parking, fees and tolls	+ _____ [24]	_____	+ _____ [59]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]	_____	+ _____ [61]	_____
Interest	+ _____ [28]	_____	+ _____ [63]	_____
Registration	+ _____ [30]	_____	+ _____ [65]	_____
Property taxes	+ _____ [32]	_____	+ _____ [67]	_____
Vehicle rentals	+ _____ [34]	_____	+ _____ [69]	_____
Inclusion amount (Preparer use only)	+ _____ [36]	_____	+ _____ [71]	_____
Depreciation	+ _____ [38]	_____	+ _____ [73]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [75]
 Description _____ [76]
 Comments _____
 Vehicle 4 - Date placed in service _____ [110]
 Description _____ [111]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [80]	_____	_____ [115]	_____
Commuting miles	_____ [82]	_____	_____ [117]	_____
Business miles	_____ [84]	_____	_____ [119]	_____
Vehicle use questions:				
Was another vehicle available for personal use? (1 = Yes, 2 = No)	_____ [86]	_____	_____ [121]	_____
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	_____ [88]	_____	_____ [123]	_____
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	_____ [90]	_____	_____ [125]	_____
Is this evidence written? (1 = Yes, 2 = No)	_____ [92]	_____	_____ [127]	_____
Parking, fees and tolls	+ _____ [94]	_____	+ _____ [129]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [96]	_____	+ _____ [131]	_____
Interest	+ _____ [98]	_____	+ _____ [133]	_____
Registration	+ _____ [100]	_____	+ _____ [135]	_____
Property taxes	+ _____ [102]	_____	+ _____ [137]	_____
Vehicle rentals	+ _____ [104]	_____	+ _____ [139]	_____
Inclusion amount (Preparer use only)	+ _____ [106]	_____	+ _____ [141]	_____
Depreciation	+ _____ [108]	_____	+ _____ [143]	_____

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2007.

	2007 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips rec'd in 2007	Total tips reported in 2007
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	1099-MISC received (1=Yes, 2=No)	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
Spouse information [7]	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____

Reason Codes **

- A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
- B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.
- C = I received other correspondence from the IRS that states I am an employee.
- D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.
- E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.
- F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.
- G = I filed Form SS-8 with the IRS and have not received a reply.

Enter parent's information with children under age 18 ON January 1, 2008 who have investment income of more than \$1,700.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]
 Parent's first name _____ [5]
 Parent's last name _____ [6]
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child who is under 18 ON January 1, 2008 with investment income of more than \$1,700.

Child #1 social security number _____ [22]
 Child #1 first name _____ [23]
 Child #1 last name _____ [24]
 Child #1 birthdate (mm/dd/yyyy) _____ [25]

Child #2 social security number _____ [35]
 Child #2 first name _____ [36]
 Child #2 last name _____ [37]
 Child #2 birthdate (mm/dd/yyyy) _____ [38]

Child #3 social security number _____ [48]
 Child #3 first name _____ [49]
 Child #3 last name _____ [50]
 Child #3 birthdate (mm/dd/yyyy) _____ [51]

Child #4 social security number _____ [61]
 Child #4 first name _____ [62]
 Child #4 last name _____ [63]
 Child #4 birthdate (mm/dd/yyyy) _____ [64]

Child #5 social security number _____ [74]
 Child #5 first name _____ [75]
 Child #5 last name _____ [76]
 Child #5 birthdate (mm/dd/yyyy) _____ [77]

Child #6 social security number _____ [87]
 Child #6 first name _____ [88]
 Child #6 last name _____ [89]
 Child #6 birthdate (mm/dd/yyyy) _____ [90]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
Complete a separate Organizer Form ID:8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest ^[6] Income	Tax Exempt Income	U.S. Obligations Tax Exempt Percent	Percent	Prior Year Information
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____

**Interest Codes
Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)	Ordinary ^[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
1	Payer									
	Amounts +									
2	Payer									
	Amounts +									
3	Payer									
	Amounts +									
4	Payer									
	Amounts +									
5	Payer									
	Amounts +									
6	Payer									
	Amounts +									

**Dividend Codes
Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

	+		2007 Information ^[10]	Prior Year Information
	+			

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
 Total cash wages subject to Medicare taxes + _____ [5]
 Federal income tax withheld + _____ [6]
 State disability plan social security & Medicare withheld + _____ [7]
 Advance earned income credit (EIC) payments + _____ [8]

Did you:
 (A) pay any household employee cash wages of \$1,500 or more in 2007? (1 = Yes, 2 = No) _____ [9]
 (B) withhold Federal income tax for any household employee? (1 = Yes, 2 = No) _____ [10]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2006 or 2007? (1 = Yes, 2 = No) _____ [11]

Federal Unemployment (FUTA) Tax

**If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable
 as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax * + _____ [12]
 Did you pay all state unemployment contributions for 2007 by 4/15/08? (1 = Yes, 2 = No) * _____ [13]

State #1 information

State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return * _____ [15]
 Taxable wages (as defined in state act) + _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * + _____ [20]

State #2 information

State postal code where you have to pay unemployment contributions _____ [21]
 State reporting number as shown on state unemployment tax return _____ [22]
 Taxable wages (as defined in state act) + _____ [23]
 State experience rate period:
 From _____ [24]
 To _____ [25]
 State experience rate (xxx.xx) _____ [26]
 Contributions paid to state unemployment fund + _____ [27]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2007 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2006 employer-provided dependent care benefits used during 2007 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2007	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2007		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (1 = Yes, 2 = No)		_____ [12]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____ [7]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Control Totals +

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2007, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2007	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2007	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, adding more insulation, energy efficient exterior windows, skylights, circulating fans, hot water boilers, heat pumps, energy efficient central air conditioners, and natural gas, propane, or oil furnaces.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (1 = Yes, 2 = No)		__	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[3]
Enter the total amount of costs for exterior doors	+	_____	[4]
Enter the total amount of costs for qualified metal roofs	+	_____	[5]
Enter the total amount of cost for exterior windows	+	_____	[6]
Enter the total amount of costs for energy-efficient building property	+	_____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[9]
Enter the total amount of costs for qualified photovoltaic property	+	_____	[10]
Enter the total amount of costs for qualified solar water heating property	+	_____	[11]
Enter the total amount of costs for qualified fuel cell property	+	_____	[12]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[13]

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2007 AND the adoption was final in or before 2007.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.

Child 1 [1] Child 2 Child 3
Taxpayer/Spouse/Joint (T, S, J)
First name
Last name
Child's date of birth
Mark if this child was:
born before '90 and was disabled
a child with special needs
a foreign child
Child's identifying number
Total qualified adoption expenses paid in 2006 for this child
Employer-provided benefits received in 2006 for this child
Total qualified adoption expenses paid in 2007 for this child
Employer-provided benefits received in 2007 for this child
Adoption final in (1 = '07, 2 = Pre '07)

Child 4 Child 5 Child 6
Taxpayer/Spouse/Joint (T, S, J)
First name
Last name
Child's date of birth
Mark if this child was:
born before '90 and was disabled
a child with special needs
a foreign child
Child's identifying number
Total qualified adoption expenses paid in 2006 for this child
Employer-provided benefits received in 2006 for this child
Total qualified adoption expenses paid in 2007 for this child
Employer-provided benefits received in 2007 for this child
Adoption final in (1 = '07, 2 = Pre '07)

Adoption credit carryover from 2002 + [2]
Adoption credit carryover from 2003 + [3]
Adoption credit carryover from 2004 + [4]
Adoption credit carryover from 2005 + [5]
Adoption credit carryover from 2006 + [6]

If the adoption was incomplete or unsuccessful please provide information below:
[10]
[11]
[12]

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

Type of Use*	Prior to 10/1/07		Full Year or After 9/30/07	
	Rate	Gallons	Rate	Gallons
Nontaxable use of gasoline -				
Off-highway business use			\$0.183	+ _____ [1]
Use on a farm			0.183	+ _____ [2]
Other nontaxable use _____ [3]			0.183	+ _____ [4]
Exported			0.184	+ _____ [5]
Nontaxable use of aviation gasoline -				
Commercial aviation	0.15	+ _____ [6]		
Other nontaxable use _____ [7]	0.193	+ _____ [8]	0.043	+ _____ [9]
Exported	0.194	+ _____ [10]	0.044	+ _____ [11]
Nontaxable use of undyed diesel fuel -				
Explanation of evidence of dyes:				_____ [12]

Other nontaxable use _____ [13]			0.243	+ _____ [14]
Use on a farm			0.243	+ _____ [15]
Trains			0.243	+ _____ [16]
Intercity / local bus			0.17	+ _____ [17]
Exported			0.244	+ _____ [18]
Nontaxable use of undyed kerosene (other than aviation) -				
Explanation of evidence of dyes:				_____ [19]

Other nontaxable use _____ [20]			0.243	+ _____ [21]
Use on a farm			0.243	+ _____ [22]
Intercity / local buses			0.17	+ _____ [23]
Exported			0.244	+ _____ [24]
Other nontaxable use taxed at \$.044 _____ [25]			0.243	+ _____ [26]
Other nontaxable use taxed at \$.219 _____ [27]			0.243	+ _____ [28]
Kerosene used in aviation -				
Kerosene taxed at \$.244			0.17	+ _____ [29]
Kerosene taxed at \$.219	0.244	+ _____ [30]		
Other nontaxable use taxed at \$.244 _____ [31]			0.243	+ _____ [32]
Other nontaxable use taxed at \$.219/.044 _____ [33]	0.243	+ _____ [34]	0.243	+ _____ [35]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

Type of Use*	Prior to 10/1/07		Full Year or After 9/30/07	
	Rate	Gallons	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -				
Registration Number				_____ [1]
Explanation of evidence of dyes:				_____ [2]
_____				_____ [3]
State / local government			0.243 +	_____ [3]
Intercity / local buses			0.17 +	_____ [4]
Sales by registered ultimate vendors of undyed kerosene -				
Registration Number				_____ [5]
Explanation of evidence of dyes:				_____ [6]
_____				_____ [7]
Use by state/local government			0.243 +	_____ [7]
Sales from a blocked pump			0.243 +	_____ [8]
Intercity / local buses			0.17 +	_____ [9]
Sales by registered ultimate vendors of kerosene in aviation -				
Registration Number				_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]		
Commercial aviation taxed at \$.244 (Other than foreign trade)			0.200 +	_____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]	0.200 +	_____ [14]
Other nontaxable uses taxed at \$.244 _____ [15]			0.243 +	_____ [16]
Other nontaxable uses taxed at \$.219/.044 _____ [17]	0.218	+ _____ [18]	0.043 +	_____ [19]
Alcohol fuel mixture credit -				
Registration Number				_____ [21]
Mixtures containing ethanol			0.51 +	_____ [22]
Mixtures containing alcohol (Other than ethanol)			0.60 +	_____ [23]
Biodiesel or renewable diesel mixture credit -				
Registration Number				_____ [24]
Biodiesel mixtures			0.50 +	_____ [25]
Agri-biodiesel mixtures			1.00 +	_____ [26]
Renewable diesel mixtures			1.00 +	_____ [27]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

		Prior to 10/1/07		Full Year or After 9/30/07	
Type of Use*	Rate	Gallons	Rate	Gallons	
Nontaxable use of alternative fuel -					
Liquified petroleum gas (LPG) _____[1]			0.183	+	_____ [2]
"P Series" fuels _____[3]			0.183	+	_____ [4]
Compressed natural gas (CNG) _____[5]			0.183	+	_____ [6]
Liquified hydrogen _____[7]			0.183	+	_____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process _____[9]			0.243	+	_____ [10]
Liquid hydrocarbons derived from biomass _____[11]			0.243	+	_____ [12]
Liquified natural gas (LNG) _____[13]			0.243	+	_____ [14]
Alternative fuel credit and alternative fuel mixture credit -					
Registration Number _____					_____ [15]
Liquified petroleum gas (LPG) _____			0.50	+	_____ [16]
"P Series" fuels _____			0.50	+	_____ [17]
Compressed natural gas _____			0.50	+	_____ [18]
Liquified hydrogen _____			0.50	+	_____ [19]
Any liquid fuel derived from coal through the Fischer-Tropsch process _____			0.50	+	_____ [20]
Liquid hydrocarbons derived from biomass _____			0.50	+	_____ [21]
Liquified natural gas (LNG) _____			0.50	+	_____ [22]
Registered credit card users -					
Registration Number _____					_____ [23]
Diesel for state / local government _____			0.243	+	_____ [24]
Kerosene for state / local government _____			0.243	+	_____ [25]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044 _____	0.218	+			_____ [26] 0.043 + _____ [27]
Nontaxable use of a diesel-water fuel emulsion -					
Other nontaxable use _____[28]			0.197	+	_____ [29]
Exported _____			0.198	+	_____ [30]
Diesel-water fuel emulsion blending -					
Registration Number _____					_____ [31]
Blender credit _____			0.046	+	_____ [32]
Exported dyed fuels -					
Exported dyed diesel fuel _____			0.046	+	_____ [33]
Exported dyed kerosene _____			0.046	+	_____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2007.

Preparer use only

Description _____ [2]
 Taxpayer/Spouse (T, S) _____ [3]
 Taxes claimed (1 = Paid, 2 = Accrued) _____ [6]
 Category of income* _____ [7]
 Country of residence _____ [8]
 Description of income _____ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A		B		C
Name of country	_____		_____		_____
Foreign gross income	+ _____	[8] +	_____	[9] +	_____ [10]
Definitely related expenses	+ _____	[11] +	_____	[12] +	_____ [13]
Foreign source losses	+ _____	[14] +	_____	[15] +	_____ [16]

NOTES/QUESTIONS:

Instructions

Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created, rather than as utilizations in carryback years.

Indefinite Carryovers

2006 to 2007 Amounts

Excess section 179 for Sch A	+	_____	[1]
Minimum tax credit	+	_____	[2]
Investment interest	+	_____	[3]
Investment interest - AMT	+	_____	[4]
Short-term capital loss	+	_____	[5]
Short-term capital loss - AMT	+	_____	[6]
Long-term capital loss	+	_____	[7]
Long-term capital loss - AMT	+	_____	[8]
Residential energy credit	+	_____	[9]

5 Year Carryover Items

Prior C/O Year	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses	50% Contributions	30% Contributions	30% Cap Gain Property to 50% Org	20% Contributions
2002	+ _____ [10]	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [35]
2003	+ _____ [11]	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [36]
2004	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [37]
2005	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [33]	+ _____ [38]
2006	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [34]	+ _____ [39]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
1992	+ _____ [40]	+ _____ [55]		
1993	+ _____ [41]	+ _____ [56]		
1994	+ _____ [42]	+ _____ [57]		
1995	+ _____ [43]	+ _____ [58]		
1996	+ _____ [44]	+ _____ [59]		
1997	+ _____ [45]	+ _____ [60]		
1998	+ _____ [46]	+ _____ [61]		
1999	+ _____ [47]	+ _____ [62]		
2000	+ _____ [48]	+ _____ [63]		
2001	+ _____ [49]	+ _____ [64]		
2002	+ _____ [50]	+ _____ [65]		
2003	+ _____ [51]	+ _____ [66]		
2004	+ _____ [52]	+ _____ [67]		
2005	+ _____ [53]	+ _____ [68]		
2006	+ _____ [54]	+ _____ [69]	+ _____ [71]	+ _____ [73]

NOTES/QUESTIONS:

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit
1992	+ _____ [1]			
1993	+ _____ [2]			
1994	+ _____ [3]	+ _____ [18]		
1995	+ _____ [4]	+ _____ [19]		
1996	+ _____ [5]	+ _____ [20]		
1997	+ _____ [6]	+ _____ [21]		
1998	+ _____ [7]	+ _____ [22]		
1999	+ _____ [8]	+ _____ [23]		
2000	+ _____ [9]	+ _____ [24]		
2001	+ _____ [10]	+ _____ [25]		
2002	+ _____ [11]	+ _____ [26]		
2003	+ _____ [12]	+ _____ [27]		
2004	+ _____ [13]	+ _____ [28]		+ _____ [58]
2005	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]
2006	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (1 = Yes, 2 = No)	_____	_____

General: 1040

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Mark if provider is a tax-exempt organization	_____	_____
Amount paid to care provider in 2007	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

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

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedule K-1s

Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-Int.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____
 Payer's address _____ Payer's social security number _____
 Amount received in 2007 _____ Amount received in 2006 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Inc **Other Income**

Please provide copies of all supporting documentation.

	2007 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____
Other Income:			
T/S/J		2007 Information	Prior Year Information
_____		_____	_____
_____		_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2007 -

If you want to contribute the maximum allowable traditional IRA contribution amount,
enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2007

Taxpayer

Spouse

Roth IRA Contributions for 2007 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2007

Educate: Educ2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2007 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2007 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2007.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 2 years of post-secondary education; has had no drug convictions in 2007 and has not claimed the Hope credit in more than one prior tax year.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: Other

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2007 Information	Prior Year Information
___	_____	_____	_____	_____
___	Address _____	City _____	State _____	Zip code _____

	Taxpayer	Spouse	Prior Year Information
--	----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J	2007 Information	Prior Year Information
— Medical and dental expenses	_____	_____
— Medical insurance premiums you paid	_____	_____
— Long-term care premiums you paid	_____	_____
— Prescription medicines and drugs	_____	_____
— Miles driven for medical items	_____	_____

Itemized: A1

Tax Expenses

T/S/J	2007 Information	Prior Year Information
— State/local income taxes paid	_____	_____
— 2006 state and local income taxes paid in 2007	_____	_____
— Sales tax paid on actual expenses	_____	_____
— Real estate taxes paid	_____	_____
— Personal property taxes	_____	_____
— Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J	2007 Information	Prior Year Information
— Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals		
T/S/J	Name	SSN
—	_____	_____
—	Address _____	_____

T/S/J	2007 Information	Prior Year Information
— Investment interest expense, other than on K-1s:	_____	_____
	Refinance #1	Refinance #2
Refinancing Information:		
T/S/J	—	—
Description	_____	_____
Total points paid	_____	_____
Date of refinance	_____	_____
Total number of payments	_____	_____
Reported on Form 1098 in 2007	_____	_____

Itemized: A3

Charitable Contributions

T/S/J	2007 Information	Prior Year Information
— Contributions made by cash or check	_____	_____
— Volunteer miles driven	_____	_____
— Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J	2007 Information	Prior Year Information
— Unreimbursed expenses	_____	_____
— Union dues	_____	_____
— Tax preparation fees	_____	_____
— Other expenses, subject to 2% AGI limitation:		
— _____	_____	_____
— _____	_____	_____
— Safe deposit box rental	_____	_____
— Investment expenses, other than on K1s:		
— Other expenses, not subject to the 2% AGI limitation:		
— _____	_____	_____
— _____	_____	_____
— Gambling losses: (Enter only if you have gambling income)	_____	_____

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	2007 Model T - (EXAMPLE ASSET) Comments: 22,500 job-related miles, 25,000 total miles	03/09/07	25,750
1	Comments:		
2	Comments:		
3	Comments:		
4	Comments:		
5	Comments:		
6	Comments:		
7	Comments:		
8	Comments:		
9	Comments:		
10	Comments:		
11	Comments:		
12	Comments:		
13	Comments:		
14	Comments:		
15	Comments:		
16	Comments:		
17	Comments:		
18	Comments:		
19	Comments:		
20	Comments:		
21	Comments:		
22	Comments:		
23	Comments:		
24	Comments:		
25	Comments:		

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason: _____ [4]

Use Tax

Enter the total out-of-state purchases _____ [5]
 Enter the sales tax paid on out-of-state purchases _____ [6]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	____ [7]	____ [8]

Charitable Contributions

Neighbors Helping Neighbors	_____ [9]	Foster Care Trust Fund	_____ [17]
Senior Services Trust Fund	_____ [10]	Mental Health	_____ [18]
Arts Development Fund	_____ [11]	Breast and Cervical Cancer Program	_____ [19]
Nongame Wildlife Fund	_____ [12]	4-H Club Foundation	_____ [20]
Child Abuse Trust Fund	_____ [13]	Organ Center Donor Awareness	_____ [21]
Veterans' Program	_____ [14]	National Guard Foundation	_____ [22]
Indian Children's Scholarship Fund	_____ [15]	Cancer Research Institute	_____ [23]
Penny Trust Fund	_____ [16]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama.

Part-year residency dates:
 From _____ [24]
 To _____ [25]
 If a nonresident of Alabama, enter state of legal residence _____ [26]

Credits

Basic Skills Education Credit:
 Dept of Education certification number _____ [27]
 Name of sponsoring employer or firm _____ [28]
 Name of approved provider _____ [29]
 Location of provider _____ [30]
 Total expenses _____ [31]

Rural Physician Credit:
 Hospital where services provided _____ [32]
 Community where services provided _____ [33]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona.

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political gift _____ [9]

Name of party (1 = Democratic, 2 = Libertarian, 3 = Republican) _____ [10]

Citizens Clean Election Fund _____ [11]

Aid to Education Fund (Entire refund only) _____ [12]

Arizona Wildlife Fund _____ [13]

Child Abuse Prevention Fund _____ [14]

Domestic Violence Shelter Fund _____ [15]

National Guard Relief Fund _____ [16]

Neighbors Helping Neighbors Fund _____ [17]

Special Olympics Fund _____ [18]

Veterans Donation Fund _____ [19]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [20]

Mark if you:

Received Title 16, SSI payments _____ [21]

Lived alone _____ [22]

Property taxes paid through rent payments _____ [23]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [24] Social security number _____ [25]

Address _____ [26] Apartment number _____ [27]

City _____ [28] State _____ [29] Zip code _____ [30]

Income earned by other household residents _____ [31]

NOTES/QUESTIONS:

Arkansas General Information

Taxpayer deaf _____ [1]

Spouse deaf _____ [2]

Early childhood program - certificate number _____ [3]

State political contributions:

Candidate/Organization	Office Sought	Amount
_____	_____	_____ [4]
_____	_____	_____
_____	_____	_____

Contributions to a long-term intergenerational trust	Taxpayer	Spouse
	_____ [5]	_____ [6]

Contributions

Amount of charitable contributions you wish to make to:

- Disaster Relief Program _____ [7]
- US Olympic Committee Program _____ [8]
- School for the Blind and Deaf _____ [9]
- Baby Sharon's Children Catastrophic Illness Program _____ [10]
- Organ Donor Awareness Education Program _____ [11]
- Area Agency on Aging _____ [12]
- Military Family Relief _____ [13]
- Newborn Umbilical Cord Blood Initiative _____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas.

Part-year residency dates:

From _____ [15]

To _____ [16]

State of residency if nonresident of Arkansas _____ [17]

NOTES/QUESTIONS:

California General Information

Mark if different from prior year return:

Prior year last name		Social security number(s)	____[3]
Taxpayer	_____ [1]	Address	_____[4]
Spouse	_____ [2]	Filing status	_____[5]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	_____ [6]	Firefighters' Memorial Fund	_____ [12]
Alzheimer's Disease/Related Disorders Fund	_____ [7]	Emergency Food Assistance Program Fund	_____ [13]
Fund for Senior Citizens	_____ [8]	Peace Officer Memorial Foundation Fund	_____ [14]
Rare and Endangered Species Preservation Program	_____ [9]	Military Family Relief Fund	_____ [15]
Children's Trust Fund for the Prevention of Child Abuse	_____ [10]	Sea Otter Fund	_____ [16]
Breast Cancer Research Fund	_____ [11]		

Homeowner or Renter Information

Number of months rented principal residence in California in 2007	_____ [17]
Lived with person claiming dependency exemption for more than 6 months (dependent of another only)	_____ [18]
Property rented was exempt from property tax in 2007	_____ [19]
Taxpayer claimed homeowner's property tax exemption in 2007	_____ [20]
Spouse claimed homeowner's property tax exemption during 2007	_____ [21]

Addresses if more than one or different than mailing address

Address	_____ [22]	
City	_____	_____
State	_____	_____
Zip Code	_____	_____
Date Rented From	_____	_____
Date Rented To	_____	_____

Landlord information

Name	_____ [23]	
Address	_____	_____
City	_____	_____
State	_____	_____
Zip Code	_____	_____
Telephone	_____	_____

Net or full value of property _____ [24]

Percentage of property not used for rental and/or business (If less than 100%) _____ [25]

Name and relationship of others listed on property tax bill

First Name	_____ [26]	
Last Name	_____	_____
Relationship	_____	_____
Person Lived in Home	_____	_____

Received Temporary Assistance for Needy Families (Formerly AFDC) _____ [27]

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	_____ [3]	_____ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	_____ [7]	_____ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	_____ [11]	_____ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [13]	_____ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [25]	_____ [26]
Enter the state where you were stationed	_____ [27]	_____ [29]
Enter the country where stationed if not the USA	_____ [28]	_____ [30]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	_____ [37]
Spouse	_____ [38]	_____ [38]

NOTES/QUESTIONS:

Colorado Contributions

Nongame and Endangered Wildlife Fund	_____ [1]
Domestic Abuse Fund	_____ [2]
Homeless Prevention Activities Fund	_____ [3]
Special Olympics Colorado Fund	_____ [4]
Western Colorado State Veterans Cemetery Fund	_____ [5]
Pet Overpopulation Fund	_____ [6]
Watershed Protection Fund	_____ [7]
Family Resources Center Fund	_____ [8]
Alzheimer's Association Fund	_____ [9]
Dropout Prevention Activity Grant Fund	_____ [10]
Military Family Relief Fund	_____ [11]
Colorado Easter Seals Fund	_____ [12]
Multiple Sclerosis Fund	_____ [13]
Breast and Women's Reproductive Cancer Fund	_____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado.

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____ [15]	_____ [16]
Nonresident	_____ [17]	_____ [18]
Part-year resident	_____ [19]	_____ [20]
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

NOTES/QUESTIONS:

Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year

____[1]

Amount of contributions you wish to make to:

AIDS Research	_____ [2]
Organ Transplant	_____ [3]
Endangered Species/Wildlife Fund	_____ [4]
Breast Cancer Research	_____ [5]
Safety Net Services	_____ [6]
Military Family Relief	_____ [7]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____ [8]		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____
Purchase 2	Description _____		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____
Purchase 3	Description _____		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only)	_____ [9]
Auto 1 Description (Enter year, make and model)(Resident only)	_____ [10]
Auto 2 Description (Enter year, make and model)(MFJ Resident only)	_____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into CT, 2 = Moved out of CT)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (1 = Yes, 2 = No)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	_____ [33]
Working days (or other basis) outside Connecticut	_____ [34]
Working days (or other basis) inside Connecticut	_____ [35]
Nonworking days (holidays, weekends, etc)	_____ [36]
Total income being apportioned	_____ [37]

NOTES/QUESTIONS:

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Children's Trust Fund	_____ [11]	_____ [12]
Breast Cancer Education	_____ [13]	_____ [14]
Organ Donor	_____ [15]	_____ [16]
Diabetes Education	_____ [17]	_____ [18]
Veteran's Home	_____ [19]	_____ [20]
Delaware National Guard	_____ [21]	_____ [22]
Juvenile Diabetes Fund	_____ [23]	_____ [24]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information**If renting, enter rental information below: (Residents only)**

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) _____ [1]
 Landlord's name _____ [2]
 Landlord address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City, state, zip code _____ [6] _____ [7] _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below:

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]
 Purchases of certain tobacco products _____ [18]

Contribution**Amount of contribution you wish to make to:**

DC Statehood Delegation Fund (Political Contribution) _____ [19]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia**

Part-year residency dates:
 From _____ [21]
 To _____ [22]

Disability Information

	Name of Employer	Payer, if other than employer	No. of weeks
Taxpayer	_____ [23]	_____ [24]	_____ [25]
Spouse	_____ [26]	_____ [27]	_____ [28]

Mark if physician's certification previously filed _____ [29]

Otherwise, enter:

Physician's name _____ [30] _____ [31] _____ [32]
 Address, apartment number _____ [33] _____ [34]
 City, state, zip code _____ [35] _____ [36] _____ [37]
 Telephone number _____ [38]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability

[1]

[2]

Date of disability

[3]

[4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund

[5]

Children and Elderly Fund

[6]

Cancer Research Fund

[7]

Greenspace Trust Fund

[8]

National Guard Foundation

[9]

Dog and Cat Sterilization Fund

[10]

Save the Cure Fund

[11]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer

Spouse

Part-year residency dates:

From

[12]

[14]

To

[13]

[15]

NOTES/QUESTIONS:

Hawaii General Information

- Mark if first time filer _____ [1]
- Mark if address has changed from prior year _____ [2]
- Mark if tax forms/instructions/booklet needed _____ [3]
- If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? _____ [4]
Special disability exemption: T = Taxpayer, S = Spouse, B = Both
- Current year distributions from an individual housing account not used for home purchase _____ [5]
- Reservist or National Guard pay included in W-2 income _____ [6]
- Payments to an individual housing account _____ [7]
- Political contributions _____ [8]

Contributions

Amount of contributions you wish to make to:

- Election campaign fund - taxpayer (1 = Yes, 2 = No) _____ [9]
- Election campaign fund - spouse (1 = Yes, 2 = No) _____ [10]
- \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [11]
- \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [12]
- \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____ [13]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year.

- Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy .. _____ [14]
- Address _____
- City, State, Zip _____
- Owner Information: Name _____
- Address _____
- City, State, Zip _____
- Tax ID # _____
- Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

- Part-year residency dates:
- From _____ [15]
- To _____ [16]

NOTES/QUESTIONS:

Idaho General Information

Mark if:

- Tax forms, instructions and booklet needed _____[1]
- On public assistance _____[2]
- Taxpayer or spouse is a disabled veteran _____[3]

Use Tax

Purchases subject to use tax _____[4]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

	Taxpayer	Spouse
Election campaign fund	____[5]	____[6]

1 = Constitution, 2 = Democratic, 3 = Libertarian, 4 = Republican, 5 = United, 6 = No specific party

Charitable Contributions

Nongame Wildlife Conservation Fund	_____	[7]
Children's Trust Fund and Child Abuse Prevention	_____	[8]
Idaho Guard and Reserve Family Support Fund	_____	[9]
American Red Cross of Greater Idaho Fund	_____	[10]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	[11] _____[13]
To	_____	[12] _____[14]
State of residence	____[15]	____[16]
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	____[17]	____[18]

Adjustments and Credits

Insulation - residence	_____	[19]
Adoption expenses	_____	[20]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)		____[21]
Income earned on reservation by Native American	_____	[22]

NOTES/QUESTIONS:

Illinois General Information

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation	_____ [1]	Military Family Relief	_____ [7]
Child Abuse Prevention	_____ [2]	Illinois Veteran's Home	_____ [8]
Alzheimer's Disease Research	_____ [3]	Diabetes	_____ [9]
Assistance to the Homeless	_____ [4]	Autoimmune	_____ [10]
Breast Cancer Research	_____ [5]	Lung Cancer	_____ [11]
Multiple Sclerosis	_____ [6]		

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]
_____ [17]	_____ [18]	_____ [19]	_____ [20]	_____ [21]
_____ [22]	_____ [23]	_____ [24]	_____ [25]	_____ [26]
_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]
_____ [32]	_____ [33]	_____ [34]	_____ [35]	_____ [36]
_____ [37]	_____ [38]	_____ [39]	_____ [40]	_____ [41]
_____ [42]	_____ [43]	_____ [44]	_____ [45]	_____ [46]
_____ [47]	_____ [48]	_____ [49]	_____ [50]	_____ [51]
_____ [52]	_____ [53]	_____ [54]	_____ [55]	_____ [56]
_____ [57]	_____ [58]	_____ [59]	_____ [60]	_____ [61]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From	_____ [62]	_____ [64]
To	_____ [63]	_____ [65]

Mark if you were a resident of any of the following states during the tax year: IA ___ [66] KY ___ [67] MI ___ [68] WI ___ [69]

In what states other than above did you reside and/or file a tax return during the tax year? [70]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

Indiana General Information

School corporation name (as of January 1 of tax year) _____ [1]
 School corporation code (as of January 1 of tax year) _____ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contribution

Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse(T,S) ___	Eligible institution name #1 _____	_____ [9]
Date of contribution _____	Amount of contribution _____	_____
Taxpayer, Spouse(T,S) ___	Eligible institution name #2 _____	_____
Date of contribution _____	Amount of contribution _____	_____
Taxpayer, Spouse(T,S) ___	Eligible institution name #3 _____	_____
Date of contribution _____	Amount of contribution _____	_____

Renter's Information

Taxpayer, Spouse, Joint(T,S,J) ___	Principal address #1 _____	_____ [10]
Landlord name and address _____		_____
Number of months rented _____	Total rent paid _____	_____
Taxpayer, Spouse, Joint(T,S,J) ___	Principal address #2 _____	_____
Landlord name and address _____		_____
Number of months rented _____	Total rent paid _____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Indiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [11]	_____ [12]	_____ [13]
To _____ [12]	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident) _____ [15]

Taxpayer, Spouse(T,S)	State postal code	From date	To date
Taxpayer, Spouse(T,S)	State postal code	From date	To date
Taxpayer, Spouse(T,S)	State postal code	From date	To date
Taxpayer, Spouse(T,S)	State postal code	From date	To date

	Taxpayer	Spouse
State of residence (Nonresidents only)	_____ [16]	_____ [17]

NOTES/QUESTIONS:

Iowa General Information

Mail booklet information to taxpayer next year (Not available for electronically filed returns) _____[1]
 Mark if name or address different from last year _____[2]
 County of residence as of December 31st _____[3]
 School district _____[4]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contribution

Political checkoff (D = Democratic Party, R = Republican Party, C = Campaign Fund) **Spouse** _____[5] **Taxpayer** _____[6]

Charitable Contributions

Fish and Wildlife Fund _____[7]
 State Fairground Renovation _____[8]
 Keep Iowa Beautiful and Firefighters Fund _____[9]
 Veterans Trust Fund _____[10]

Cow-Calf Refund

Breeding bulls, bred cows, and bred heifers in inventory **Spouse** _____[11] **Taxpayer** _____[12]
 Mark to request separate checks for taxpayer and spouse _____[13]

Residency Information

Residency code _____[14]

Residency Code

Blank = Both spouses have the same residency status	4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

Part-year residency dates: **Spouse** **Taxpayer**

Moved into Iowa _____[15] _____[17]
 Moved out of Iowa _____[16] _____[18]

Nonresident Information

Mark to indicate military personnel **Spouse** _____[19] **Taxpayer** _____[20]

Illinois residents: _____[21]

 Iowa wages or salary only _____[21]
 Wages/salary and other Iowa source income _____[22]

NOTES/QUESTIONS:

Kansas General Information

County of residence _____ [1]
 School district number _____ [2]
 Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
 Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee checkoff _____ [6]
 Senior citizens meals on wheels program _____ [7]
 Breast cancer research _____ [8]
 Military emergency relief _____ [9]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [10]	_____ [12]
To	_____ [11]	_____ [13]

NOTES/QUESTIONS:

Kentucky General Information

Mark if tax forms, instructions and booklet are needed _____[1]
 Number of additional credits for National Guard members _____[2]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[3]

Use Tax

Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller		_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse _____ [5]	Taxpayer _____ [6]
---	------------------	--------------------

Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victim's Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:

From	_____ [11]
To	_____ [12]
State moved from	_____ [13]
State moved to	_____ [14]
Lived in Kentucky 183 days or less	_____ [15]

Nonresident Information

Kentucky prior year income tax return was filed (1 = Yes, 2 = No) _____ [16]

Mark if:

Commuted daily to Kentucky employment (VA resident)	_____ [17]
All Kentucky income is from salaries or wages only	_____ [18]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [19]

Resident of state(s) IL ___ [20] IN ___ [21] MI ___ [22] OH ___ [23] VA ___ [24] WV ___ [25] WI ___ [26]

NOTES/QUESTIONS:

Louisiana General Information

Mark if address has changed _____[1]

Mark if name has changed _____[2]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____[3]

Spouse _____[4]

Dependents:

Code	Disability	First Name	Last Name
_____	_____	_____	_____ [5]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Value of computer or other technological equipment donated _____[6]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____[7]

Contributions

Amount this year's refund you wish to contribute to:

Wildlife Habitat and Natural Heritage Fund _____[8] Housing Trust Fund _____[11]

Cancer Trust Fund - Prostate Cancer _____[9] Comm Based Primary Health Care Fund _____[12]

Animal Welfare Commission _____[10] Military Family Assistance Fund _____[13]

Student Tuition Assistance and Revenue Trust (START):

Account Description	Amount
_____	_____ [14]
_____	_____
_____	_____
_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Louisiana

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [19]	_____ [20]
Louisiana teacher	_____ [21]	_____ [22]
Federal employee	_____ [23]	_____ [24]

Other retirement information:	Retirement System Name	Date Retired
_____	_____	_____ [25]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maine General Information

Tax forms, instructions and booklet needed _____[1]
 Property tax and rent refund application needed next year _____[2]

Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____[3]
 Out of state purchases (Enter total if not using table or enter purchases > \$999 per purchase if also using table) _____[4]
 Use tax already paid to another jurisdiction _____[5]

Contributions

Amount of contribution you wish to make to: (\$1, \$5, \$10, or Other, unless otherwise stated)

Political contributions allowed for residents only**Political Contributions**

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____[6]
 Democratic party _____[7]
 Green party _____[8]
 Republican party _____[9]

Charitable Contributions

Endangered and nongame wildlife fund _____[10]
 Children's trust incorporated fund _____[11]
 Human leukocyte antigen fund _____[12]
 Companion animal sterilization fund _____[13]
 Maine military family relief fund _____[14]
 Veterans' memorial cemetery maintenance fund _____[15]
 Asthma and lung research fund _____[16]

State Park Passes

Number of individual park passes (Limited to 9 or fewer) _____[17]
 Number of vehicle passes _____[18]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [19]	_____ [21]
To	_____ [20]	_____ [22]
State where stationed	_____ [23]	_____ [24]
State of prior residency	_____ [25]	_____ [26]
Nonresident state of residence	_____ [27]	_____ [28]
Number of days in Maine for any reason	_____ [29]	_____ [30]
Maine property owners only:		
Municipality where owned, taxpayer	_____	_____ [31]
Municipality where owned, spouse	_____	_____ [32]

NOTES/QUESTIONS:

Maryland General Information

	Taxpayer	Spouse, if different
County of residence	_____ [1]	_____ [3]
City of residence	_____ [2]	_____ [4]
Mark if either you or your spouse is totally disabled (Resident and Part-year resident only)		_____ [5]

Contributions

Amount of political and charitable contributions you wish to make to:

Fair Campaign Financing Fund	_____ [6]
Chesapeake Bay and Endangered Species Fund	_____ [7]
Maryland Cancer Fund	_____ [8]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From	_____ [9]
To	_____ [10]
State of legal residence (Other than MD)	_____ [11]
If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident)	_____ [12]
Mark if taxpayer or spouse in military (Nonresident only)	_____ [13]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____[1]

Mark if noncustodial parent _____[2]

In care of address or address of legal residence or domicile:

Street _____[3]

City, state, zip code _____[4] _____[5] _____[6]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____[7]

Out of state purchases _____[8] Sales tax paid to other state _____[9]

Contributions**Amount of political and charitable contributions you wish to make to:**

		Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund		_____[10]	_____[11]
Organ Transplant Fund	_____ [12]		_____ [15]
Endangered Wildlife Conservation	_____ [13]	United States Olympic Fund	_____ [15]
AIDS Fund	_____ [14]	Military Family Relief Fund	_____ [16]

Adjustments**Rental Deduction**

Residence #1 rented address _____[17]

Landlord's name and address _____

Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____

Landlord's name and address _____

Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Federal identification number	_____ [18]	_____ [19]
Subscriber number	_____ [20]	_____ [21]
Name of insurance company (Taxpayer)	_____ [22]	
Name of insurance company (Spouse)	_____ [23]	

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts**

Part-year residency dates:

From _____[24]

To _____[25]

NOTES/QUESTIONS:

Michigan General Information

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (1 = Yes, 2 = No)	_____ [4]	_____ [5]

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Paraplegic, quadriplegic or hemiplegic	_____ [6]	_____ [7]
Totally and permanently disabled	_____ [8]	_____ [9]
Deaf	_____ [10]	_____ [11]

Expenses qualifying for Historic Preservation Credit _____ [12]

Use Tax

Purchases subject to use tax:

Total all purchases less than \$1000 per purchase	_____ [13]
Total all purchases exceeding \$1000 per purchase	_____ [14]

Contributions

Amount of charitable contribution you wish to make to:

Military Family Relief fund (\$1 minimum)	_____ [15]
Children's Trust fund (\$5 minimum)	_____ [16]
Children of Veteran's Tuition Grant Program (\$2 minimum)	_____ [17]

Public Contributions*

Name of Organization	Amount
_____ [18]	_____ [19]
_____ [20]	_____ [21]

Homeless Shelter/Food Bank cash contributions*

Name of Organization	Amount
_____ [22]	_____ [23]
_____ [24]	_____ [25]

Community Foundations*

Name of Organization	Amount
_____ [26]	_____ [27]
_____ [28]	_____ [29]

***Electronic Organizer Information Only: Preparer - Note these contribution fields are provided to assist you in gathering additional information necessary to complete the tax return. They will not transfer automatically to Screen MI Cr.**

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan.

	Taxpayer	Spouse
From	_____ [30]	_____ [32]
To	_____ [31]	_____ [33]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [34]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]
 Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5) _____ [4]
 Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):
 Street address _____ [5] Taxable value _____ [9]
 City _____ [6] Number of days occupied _____ [10]
 State _____ [7] Zip code _____ [8] Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:
 Street address _____ [12] Taxable value _____ [16]
 City _____ [13] Number of days occupied _____ [17]
 State _____ [14] Zip code _____ [15] Property taxes levied for the year _____ [18]

Rental Information

Rental #1 address	city	zip code	No. months	Monthly rent	Mobile home	
Landlord #1 name		address				city/zip code
Rental #2 address	city	zip code	No. months	Monthly rent	Mobile home	
Landlord #2 name		address				city/zip code

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support _____ [20]
 Worker's compensation and/or Veteran's benefits _____ [21]
 Family Independence Agency and other public assistance payments _____ [22]
 Other nontaxable income (Gifts/expenses paid on your behalf, inheritances, etc):
 _____ [23]

College Tuition Tax Credit Information

Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

- Disabled
- Deaf

___[1] ___[2]
___[3] ___[4]

Mark if tax forms/instructions/booklet are not needed

___[5]

NOTES/QUESTIONS:

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund _____ [3] _____ [4]
Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Democratic Farmer-Labor 12 = Independence	13 = Republican 14 = Green	15 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits/Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name	_____ [34]	_____ [35]	_____ [36]
Class type	_____ [37]	_____ [38]	_____ [39]
Ind. instr name	_____ [40]	_____ [41]	_____ [42]
Ind. instr type	_____ [43]	_____ [44]	_____ [45]
Music ins type	_____ [46]	_____ [47]	_____ [48]
Musical ins cost	_____ [49]	_____ [50]	_____ [51]
Type of school attended	_____ [52]	_____ [53]	_____ [54]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [55]	_____ [57]
To	_____ [56]	_____ [58]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [59]	_____ [60]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____

[1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund _____

[2]

Wildlife Heritage Fund _____

[3]

Educational Trust Fund _____

[4]

Commission for Volunteer Service Fund _____

[5]

Mississippi Burn Care Fund _____

[6]

Wildlife Fisheries and Parks Foundation _____

[7]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]
 School district name _____ [3]
 School district number _____ [4]

Taxpayer **Spouse**

Mark if professional entertainer or athlete _____ [5] _____ [6]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [7]
 Veterans Trust Fund _____ [8]
 Elderly Home Delivered Meals Trust Fund _____ [9]
 Missouri National Guard Trust Fund _____ [10]
 Workers' Memorial Fund _____ [11]
 Childhood Lead Testing Fund _____ [12]
 Missouri Military Family Relief Fund _____ [13]
 General Revenue Trust Fund _____ [14]
 Trust Fund _____ [15] _____ [16]
 Trust Fund _____ [17] _____ [18]

Trust Fund Codes

01 = American Cancer Society	07 = Muscular Dystrophy Association
02 = American Diabetes Association	08 = March of Dimes
03 = American Heart Association	09 = National Arthritis Foundation
04 = American Lung Association	10 = National Multiple Sclerosis Society
05 = ALS (Lou Gehrigs Disease)	12 = Cervical Cancer Fund

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From _____ [19]	_____ [19]	_____ [20]
To _____ [21]	_____ [21]	_____ [22]
Other state residency dates:		
From _____ [23]	_____ [23]	_____ [24]
To _____ [25]	_____ [25]	_____ [26]
Other state of residency _____ [27]	_____ [27]	_____ [28]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [29]
 Spouse _____ [30]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [31]
 Mark if you are disabled per section 135.010(2), RSMo _____ [32]
 Mark if surviving spouse social security benefits were received during the tax year _____ [33]

NOTES/QUESTIONS:

Montana General Information

Mark if tax forms, instructions and booklet are not needed

____[1]

Family education savings account

Taxpayer**Spouse**

____[2]

____[3]

Contributions**Amount of contributions you wish to make to:**

Nongame Wildlife Program

Taxpayer**Spouse**

____[4]

____[5]

Child Abuse and Neglect Prevention Program

____[6]

____[7]

Agriculture in Montana Schools Program

____[8]

____[9]

End-stage Renal Disease

____[10]

____[11]

Political Contributions

____[12]

____[13]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in Montana**

Part-year residency dates:

From

____[14]

To

____[15]

State moved to

____[16]

State moved from

____[17]

Elderly Homeowner or Renter Credit**Please provide copies of property tax bills**

Mark if owned or rented a Montana residence for 6 months or more during the current tax year

____[18]

Taxpayer, Spouse, Joint

____[19]

Renters:

Rent paid

____[20]

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Nebraska campaign finance contribution _____ [3]
Wildlife Conservation Fund _____ [4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:
From _____ [5]
To _____ [6]

NOTES/QUESTIONS:

New Hampshire General Information

Taxpayer Spouse

Mark if disabled on the last day of the tax year

____[1]

____[2]

DP-10 BT-Summary

Name change since last filing

____[3]

____[4]

Mark if address for estimated Interest and Dividends tax vouchers differs from previous year

____[5]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From

_____ [6]

To

_____ [7]

Business Tax Summary

Mark to indicate final return

____[8]

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if/to:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
Mark if:		
Disabled (Social security guidelines)	____ [6]	____ [9]
Contributed to the Social Security Fund (Eligible to receive benefits)	____ [7]	____ [10]
You want to designate \$1 to the gubernatorial election campaign fund	____ [8]	____ [11]

Use tax due on out-of-state purchases (Resident and part-year residents) _____ [12]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund		_____ [13]
Children's Trust Fund to prevent child abuse		_____ [14]
New Jersey Vietnam Veterans' Memorial Fund		_____ [15]
Breast Cancer Research Fund		_____ [16]
USS New Jersey Educational Museum Fund		_____ [17]
Other	_____ [18]	_____ [19]

01 = Drug Abuse Ed Fund, 02 = Korean Veterans' Fund, 03 = Organ Donor, 04 = AIDS Services, 05 = Literacy Vol, 06 = Prostate Cancer Fund, 07 = World Trade Center Fund

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street			_____ [20]
City			_____ [21]
Block number	_____ [22]	Lot number	_____ [25]
Qualifier number (Condos)	_____ [26]	Number of days as an owner	_____ [27]
Your share of property owned	_____ [28]	Share used as principle residence	_____ [29]
Total property taxes paid	_____ [30]	Your share of property taxes	_____ [31]

Renter Information:

Street			_____ [32]
Apt #	_____ [33]	City	_____ [34]
Days as a tenant	_____ [35]	Total number of tenants	_____ [36]
Total rent paid	_____ [37]	Your share of rent paid	_____ [38]

Tenant Information:

First Name of Other Tenant		Middle Initial of Other Tenant	
Last Name of Other Tenant	_____ [39]	SSN of Other Tenant	_____ [40]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:	
From	_____ [40]
To	_____ [41]
State of residency (Nonresidents only)	_____ [42]

NOTES/QUESTIONS:

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident _____[1]

From

To

Part-year residency dates:

Taxpayer _____[2] _____[3]

Spouse _____[4] _____[5]

Do NOT have a commercial domicile in New Mexico _____[6]

Contributions**Amount of political and charitable contributions you wish to make to:
Political Contributions**

Indicate the New Mexico Political Party you wish to contribute \$2.00 to:

Taxpayer

____[7]

Spouse

____[8]

Political Party**1 = Democratic Party of New Mexico****2 = Republican Party of New Mexico****Charitable Contributions**

Share with Wildlife _____[9]

Veteran's National Cemetery Fund _____[10]

Substance Abuse Education Fund _____[11]

Forest Re-Leaf Program _____[12]

National Guard Member and Family Assistance _____[13]

Kids in Parks Education Program _____[14]

Amyotrophic Lateral Sclerosis Research Fund _____[15]

Additions and Deductions

Income of an Indian _____[16]

Name of the taxpayer's Indian nation, tribe, or pueblo _____[17]

Name of the spouse's Indian nation, tribe, or pueblo _____[18]

Deduction for Contributions to New Mexico 529 Plan _____[19]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[20]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[21]

Supplemental security income (SSI) _____[22]

Amount of rent paid during the tax year on principal place of residence _____[23]

Mark if rent includes amount paid on your behalf by a government entity _____[24]

Mark if you were a Los Alamos County resident during the tax year _____[25]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	____[1]	____[3]
Mark if you were a resident of Yonkers at any time during the current tax year	____[2]	____[4]
Mark if tax forms, instructions and booklet are not needed		____[5]
County of residence	_____ [6]	
School district	_____ [7]	

Use Tax

Use tax due but receipts or records not available ____[8]

Contributions

Amount of contributions you wish to make to:

Return a gift to wildlife	_____ [9]
Missing or exploited children fund	_____ [10]
Breast cancer research fund	_____ [11]
Alzheimer's fund	_____ [12]
Lake Placid olympic fund (Maximum \$2 per filer)	_____ [13]
Prostate cancer research fund	_____ [14]
World Trade Center memorial fund	_____ [15]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less	____[16]
Mark if you lived in a nursing home and qualify for credit	____[17]
Enter amounts received for cash public assistance and relief	_____ [18]
Enter any other income not reported elsewhere	_____ [19]
Homeowners:	
Enter the amount of special assessments you and all qualified household members paid during the current tax year	_____ [20]
Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467	_____ [21]
Tenants:	
Enter the total rent you and all members of your household paid during current tax year	_____ [22]
Rent includes charges for (Specify)	_____ [23]
50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	_____ [24]	_____ [26]	_____ [28]	_____ [30]	_____ [32]
To	_____ [25]	_____ [27]	_____ [29]	_____ [31]	_____ [33]
County of residence while a nonresident of New York City		_____ [34]		_____ [35]	

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ____[36]

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

North Carolina General Information

County of residence _____ [1]

Mark if:

Taxpayer disabled _____ [2]

Spouse or dependent child disabled _____ [3]

Unpaid volunteer firefighter or rescue squad worker _____ [4] **Taxpayer** **Spouse** _____ [5]

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:

Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1 = Democratic, 2 = Republican, 3 = Unspecified) (Enter code of applicable party)	____ [6]	____ [7]
N.C. Public Campaign Fund		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		
Marking 'Yes' does not change your tax or refund. (1 = Yes, 2 = No)	____ [8]	____ [9]
N.C. Public Campaign Fund		

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund _____ [10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

NOTES/QUESTIONS:

North Dakota General Information

School district code _____ [1]
 Income source code _____ [2]

Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]
 Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

Credits and Adjustments

	Code	Amount
Contributions made to:		
Nonprofit private colleges	_____	_____ [11]
Nonprofit private colleges	_____	_____
Nonprofit private high schools	_____	_____ [12]
Nonprofit private high schools	_____	_____

Contribution codes

Colleges

1 = Jamestown	2 = Independent College Fund	3 = Trinity Bible	4 = Univ of Mary	5 = United Tribes Tech
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High Schools

1 = Anne Carlsen	5 = Trinity Christian	9 = Johnson Corners	13 = New Testament Baptist
2 = Shanley	6 = Bishop Ryan	10 = Oak Grove Lutheran	
3 = Shiloh Christian	7 = Dakota Memorial	11 = Redeemer Christian	
4 = St. Mary's	8 = Dickinson Trinity	12 = Prairie Learning Center	

Proceeds from a "Beginning Farmer":

Interest income from sale of land _____ [13]
 Rental income from lease of land _____ [14]
 Gain on sale from sale of land _____ [15]

Proceeds from a "Beginning Businessman":

Rental income from lease of a business _____ [16]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [3]	____ [4]

Charitable Contributions

Military injury relief fund	_____ [5]
Nature preserve, scenic rivers and endangered species protection	_____ [6]
Ohio's wildlife species and endangered wildlife conservation	_____ [7]

Credits

	Taxpayer	Spouse
Current year job training expenses	_____ [8]	_____ [9]
Amount contributed to Ohio political campaigns	_____ [10]	_____ [11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:

From	_____ [12]
To	_____ [13]
If nonresident, enter state of residency	_____ [14]

NOTES/QUESTIONS:

Oklahoma General Information

Medical savings plan contribution and interest _____ [1]
 Political contributions made during tax year _____ [2]

Use Tax

Mark if not subject to Use Tax _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Diversity Program	_____ [4]	Road and Highway Maintenance	_____ [13]
Low Income Health Care Fund	_____ [5]	Medicaid Program	_____ [14]
Veterans Affairs Capital Improvement Program	_____ [6]	Fair Enhancement Fund	_____ [15]
Breast Cancer Fund	_____ [7]	Livestock Scholarship Fund	_____ [16]
Leukemia and Lymphoma Fund	_____ [8]	Court Appointed Advocates	_____ [17]
Organ Donor Education Fund	_____ [9]	Pet Overpopulation Fund	_____ [18]
School for the Blind/Deaf	_____ [10]	Capitol Dome Debt	_____ [19]
Silver Haired Program	_____ [11]	National Guard	_____ [20]
Common Schools	_____ [12]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From _____ [21]
 To _____ [22]

Nonresident state of residence _____ [23]

Resident and part-year or nonresident spouse:

Taxpayer's state of residence _____ [24]
 Spouse's state of residence _____ [25]

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [26]

Mark if you (or spouse) were disabled for the entire tax year _____ [27]

Home real estate tax _____ [28]

Workmen's compensation/loss of time insurance _____ [29]

Support money _____ [30]

Cash public assistance _____ [31]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both) _____[1]

Number of months of federal service before 10/01/1991 (Federal employees) _____[2]

Total number of months of federal service (Federal employees) _____[4]

Prior year child care expenses paid in current year. _____[6]

Taxpayer	Spouse
_____ [2]	_____ [3]
_____ [4]	_____ [5]
_____ [6]	

Contributions

Amount of contributions you wish to make to:

Oregon Nongame Wildlife _____ [8]	Habitat for Humanity _____ [14]
Child Abuse Prevention _____ [9]	Oregon Head Start Association _____ [15]
Alzheimer's Disease Research _____ [10]	American Diabetes Association _____ [16]
Stop Domestic and Sexual Violence _____ [11]	Oregon Coast Aquarium _____ [17]
AIDS/HIV Research, Education and Services _____ [12]	Start Making A Reader Today (SMART) _____ [18]
Oregon Military Financial Assistance _____ [13]	SOLV _____ [19]
	Charity Amount
Other Charity _____ [20]	_____ [21]
Other Charity _____ [22]	_____ [23]

Other charitable organizations

7 = St Vincent de Paul Society	11 = Oregon Salvation Army	15 = Shriners Hospitals for Children
8 = Nature Conservancy	12 = Oregon Veterans Home	16 = Special Olympics Oregon
9 = Doernbecher Children's Hospital	13 = Oregon Planned Parenthood	17 = Susan G. Komen Breast Cancer Foundation
10 = Oregon Humane Society	14 = Oregon Lions Sight and Hearing	18 = Oregon Historical Society

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [24]	_____ [25]
To	_____ [26]	_____ [27]

Credit for Home Care of an Elderly Person

Name	_____ [28]
Birth date	_____ [29]
Social Security Number	_____ [30]
Expenses you incurred or paid for home care of an elderly person:	
Food	_____ [31]
Clothing	_____ [32]
Medical care	_____ [33]
Transportation	_____ [34]

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence _____ [1]

School district name _____ [2]

Final return

Taxpayer

____ [3]

Spouse

____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Wild Resource Conservation Fund	_____ [5]	_____ [6]
Military Family Relief Assistance	_____ [7]	_____ [8]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [9]	_____ [10]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [11]	_____ [12]
Breast and Cervical Cancer	_____ [13]	_____ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS:

Rhode Island General Information

Mark if tax forms, instructions and booklet are not needed _____[1]

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 _____[2]

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [3]	_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions**Amount of political and charitable contributions you wish to make to:****Political Contributions**

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____[5]

If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party _____[6]

Charitable Contributions

Drug Program Account _____[7]
 Mark if you wish to make an Olympic Contribution _____[8]
 Organ Transplant Fund _____[9]
 Council on the Arts _____[10]
 Nongame Wildlife Fund _____[11]
 Childhood Disease Victims' Fund _____[12]
 Military Family Relief Fund _____[13]

Part-year Resident Information

Part-year residency dates:

From _____[14]

To _____[15]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____[16]

Live in household or rent dwelling subject to property tax? (1 = Yes, 2 = No) _____[17]

Current for property taxes and rent due in prior years? (1 = Yes, 2 = No) _____[18]

Current for this year's property tax or rent and will pay unpaid installments? (1 = Yes, 2 = No) _____[19]

Rent paid (Enter 100%) _____[20]

If renting, name, address, and phone number of landlord: _____[21]

_____ [22]

_____ [23] _____ [24] _____ [25]

_____ [26]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____ [1]
 Mail tax booklet instead of name and address label (1 = Yes, 2 = No) _____ [2]
 Authorize discussion with Department of Revenue (1 = Yes, 2 = No) _____ [3]
 Purchases subject to use tax before June 1, 2007 _____ [4]
 Purchases subject to use tax after May 31, 2007 _____ [5]

Additions and Subtractions

Expenses related to reserve income _____ [6]
 National guard reserve pay _____ [7]
 Law enforcement subsistence (Number of days) _____ [8]
 Are you or your spouse a volunteer firefighter? (T = Taxpayer, S = Spouse, B = Both) _____ [9]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:

From _____ [10]
 To _____ [11]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____ [12]
 Children's Trust Fund _____ [13]
 Eldercare Trust Fund _____ [14]
 Veterans' Trust Fund _____ [15]
 Donate Life South Carolina _____ [16]
 First Steps to School Readiness Fund _____ [17]
 War Between States Heritage Trust Fund _____ [18]
 Litter Control Enforcement Program _____ [19]
 Law Enforcement Assistance Program _____ [20]
 K-12 Public Education Fund _____ [21]
 State Parks Fund _____ [22]
 Military Family Relief Fund _____ [23]
 Conservation Bank Trust Fund _____ [24]
 Financial Literacy Trust Fund _____ [25]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]

City _____ [2]

Account number _____ [3]

Taxpayer **Spouse**

Mark if quadriplegic ____ [4] ____ [5]

NOTES/QUESTIONS:

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

County/City _____ Purchases _____ [4]

Use tax _____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Election campaign fund

Taxpayer _____ [5] Spouse _____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democrat	N = No Contribution

Making a selection from this list will designate \$2 to the part of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Utah Nongame Wildlife Fund _____ [7]

Pamela Atkinson Homeless Trust Fund (\$2 or more) _____ [8]

Kurt Oscarson Children's Organ Transplant Fund _____ [9]

Nonprofit school district foundation School district code _____ [10] _____ [11]

School district code						
01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Tech Chapter
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	

Wolf Depredation Fund _____ [12]

Cat and Dog Community Spay and Neuter Program _____ [13]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]
 School district code _____ [2]

Contributions and Use Tax

Use Tax

Total out-of-state purchases _____ [3]

Amount of political and charitable contributions you wish to make to:

Political Contribution

Vermont Campaign fund _____ [4]

Charitable Contributions

Nongame Wildlife Fund _____ [5]

Children's Trust Fund _____ [6]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:

From _____ [7]

To _____ [8]

Other state(s) of residency _____ [9]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1 _____ [10] Housesite municipal tax _____ [14]

SPAN number form 2007/2008 property tax bill _____ [11] Total parcel acres _____ [15]

Housesite value _____ [12] Ownership percentage of property _____ [16]

Housesite education tax _____ [13] Mobile home lot rent _____ [17]

Renters

Rent paid _____ [18]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2008; last lived in or business location _____ [1]
 Mark to indicate name or filing status has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate name or address has changed from last year _____ [3]
 Mark to indicate that a Virginia return was not filed last year _____ [4]

Use Tax

Consumer's Use Tax _____ [5]

Contributions

Amount of contributions you wish to make to: Political Contributions

Virginia Democratic Party _____ [6] Virginia Republican Party _____ [7]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [8]	Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [9]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [10]	Governor's Office of Commonwealth Preparedness _____ [22]
Elderly and Disabled Transportation Fund _____ [11]	Cancer Centers in the Commonwealth _____ [23]
Community Policing Fund _____ [12]	Brown v. BOE Scholarship Program Fund _____ [24]
Virginia Arts Foundation _____ [13]	Martin Luther King, Jr. Fund _____ [25]
Open Space Recreation and Conservation _____ [14]	Chesapeake Bay Restoration Fund _____ [26]
Historic Resources Fund _____ [15]	Family and Children's Trust Fund (FACT) _____ [27]
Children of America Finding Hope _____ [16]	Virginia State Forests Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [29]
Virginia Commission for the Arts _____ [18]	Jamestown-Yorktown Fund _____ [30]
Virginia Federation of Humane Societies _____ [19]	Home Energy Assistance _____ [31]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [32]	_____ [34]
To	_____ [33]	_____ [35]

Nonresident Information

	Spouse	Taxpayer
Mark if you were a resident of Kentucky, Maryland, North Carolina, or West Virginia	___ [36]	___ [37]
State of residence (Nonresidents only)		_____ [38]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____

[1]

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____

[2]

Part-year Resident and Nonresident Information

Part-year residency status _____

[3]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From _____

[4]

To _____

[5]

State of residence _____

[6]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____

[7]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]
 Farm property taxes (Farmland tax relief credit) _____ [9]

Use Tax

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contribution

	Taxpayer	Spouse
State election campaign fund	_____ [11]	_____ [12]

Charitable Contributions

Breast cancer research	_____ [13]	Packers football stadium	_____ [17]
Endangered resources	_____ [14]	Prostate cancer research	_____ [18]
Fire fighters memorial	_____ [15]	Veterans trust fund	_____ [19]
Multiple sclerosis	_____ [16]		

Part-year Resident and Nonresident Information

Residency code _____ [20]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse			
Part-year residency dates:					
From	_____ [21]	_____ [23]			
To	_____ [22]	_____ [24]			
State of residency (Nonresidents only)	_____ [25]	_____ [26]			
Nonresident aliens:					
Mark if not a full-year US citizen	_____ [27]	_____ [29]			
Mark if not a full-year US resident	_____ [28]	_____ [30]			
Resident of:	IL _____ [31]	IN _____ [32]	KY _____ [33]	MI _____ [34]	MN _____ [35]

NOTES/QUESTIONS: