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2007 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Primary E-mail Address	Home Phone	Fax Number
Secondary E-mail Address	Taxpayer's Business Phone	Spouse's Business Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

For any question answered yes, please attach supporting detail or documents.

Personal Information:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| If married, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

- | | | |
|---|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$850? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt:

- | | | |
|--|--------------------------|--------------------------|
| Did you have any debts canceled, forgiven or refinanced during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange or purchase any real estate in 2007? If so, please attach closing statements. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an outstanding home equity loan at the end of 2007? If so, please provide the principle balance and interest rate at the beginning and end of the year. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any put or call transactions? If Yes, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you close any open short sales during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell any securities not reported on your 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deductions:

- | | | |
|---|--------------------------|--------------------------|
| Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any casualty or theft losses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any large purchases, such as motor vehicles and boats? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous:

	Yes	No
Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2007? If you received a distribution from an MSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2007? If you received a distribution from an HSA, please include Form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
	Months	
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay in excess of \$1,000 in any quarter, or \$1,500 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month of 2007?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse 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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new "hybrid", or alternative technology vehicle in 2007?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2007 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous: (continued)

- | | | |
|---|--------------------------|--------------------------|
| Did you engage in any bartering transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$12,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

Severance/Retirement:

- | | | |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr).

Date

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Sale of Your Home:

- | | | |
|--|--------------------------|--------------------------|
| Did you sell your home in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever rent out this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Additional Information:

- | | | |
|---|--------------------------|--------------------------|
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2007 Amount Contributed

Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Would you like your return prepared and filed electronically when you have a balance due?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the amount here.

If you qualify, would you like to file your state return electronically?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If you file more than one state, do you want to file all of them electronically?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2007:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2007 Amount	2006 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2007 Amount	2006 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2007 Amount	2006 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2007 Amount	2006 Amount
Ending inventory		

Other Income:

Description	2007 Amount	2006 Amount

Individual Retirement Account (IRA):

TS _____
 Name of payer _____

IRA Questions for 2007:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you receive distributions in 2007 from a traditional IRA, Roth IRA or Coverdell Education Savings Account?		
Did you convert a traditional IRA to a Roth IRA in 2007?		
Did you use your IRA as security for a loan this year?		
Did you have any transactions with your IRA during the year?		
If Yes, please explain. _____		

IRA Values, Rollovers, and Distributions: **Please enclose copies of all Forms 1099-R**

Total value of all traditional IRAs on December 31, 2007	
Outstanding rollovers on December 31, 2007	
IRA distributions received during 2007	
Total distributions converted to Roth IRAs	

Contributions: **Please enclose copies of all Forms 5498**

IRA:

Contributions in 2007 for the 2007 tax return	
Contributions in 2008 for the 2007 tax return	
Amount for 2007 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2007 tax year	
--	--

Pensions and Annuities: **Please enclose all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2007 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		2006 Gross Distributions
						Rollover?	IRA?	

Self-Employed Retirement Plan: **Please enclose copies of all Forms 1099-R**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you wish to contribute the maximum amount allowed?				
Contributions to:				
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				
	2007 Amount		2007 Amount	

Farm Income

Proprietor's Name:

Principal Crop or Activity:

TSJ
 Employer identification number
 Method of accounting

Farm Questions for 2007:

Did you dispose of this farm?

Yes	No
-----	----

 If Yes, what was the disposition date? (Mo/Da/Yr)

2007 Amount	2006 Amount

Health insurance premiums paid for yourself and your dependents

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2007		2006	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised
 Total cooperative distributions (Forms 1099-PATR)
 Taxable cooperative distributions
 Total agricultural program payments
 Taxable agriculture program payments
 Total Commodity Credit Corporation (CCC) loans
 Total crop insurance proceeds and certain disaster payments received in 2007
 Taxable crop insurance proceeds received
 Crop insurance proceeds deferred from prior year
 Custom hire (machine work) income
 Federal gasoline tax or fuel tax credit or refund
 State gasoline tax or fuel tax credit or refund

2007 Amount	2006 Amount

Other Income:

Description	2007 Amount	2006 Amount

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2007 Amount	2006 Amount	2007 Amount	2006 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2007				
Social security benefits received				
Social security benefits repaid in 2007				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2007				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

TS	2007 Amount	2006 Amount

Other Income:

TSJ	Nature and Source	2007 Amount	2006 Amount

Other Adjustments to Income: (Please enclose all Forms 1098-E for Student Loan Interest Paid)

TSJ	Nature and Source	2007 Amount	2006 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2007 Amount	2006 Amount

Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid (Do not include medicare premiums paid)

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2007 Amount	2006 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

	2007 Amount	2006 Amount

Other Medical Expenses:

TSJ	Description	2007 Amount	2006 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2007 Amount	2006 Amount

TSJ	Real Estate Taxes	2007 Amount	2006 Amount

Other Taxes Paid:

TSJ	Description	2007 Amount	2006 Amount

If you purchased or sold your home in 2007, did you include any taxes from your closing statement in the amounts above? Yes No

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2007:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>		<input type="checkbox"/>	
If Yes, how many years is your new mortgage loan? _____				
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>		<input type="checkbox"/>	
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.				

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2007 Amount	2006 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2007 Amount	2006 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2007 Amount	2006 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2007 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2007 Amount	2006 Amount

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

TSJ	Organization or Description of Contribution	2007 Amount	2006 Amount

TSJ	Conservation Real Property	2007 Amount	2006 Amount
	100% limit		
	50% limit		

TSJ	Description	2007 Miles	2006 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2007 Amount	2006 Amount

Noncash Contributions Totaling More Than \$500:

TSJ

Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value?

Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

Purchase Gift Inheritance Exchange

Employee Business Expenses

TS: _____ **Occupation:** _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2007 Amount	2006 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2007 Amount	2006 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2007 Amount	2006 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2007	2006
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2007 Amount	2006 Amount

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2006 but paid in 2007

Employer-provided dependent care benefits that were forfeited in 2007

2006 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

Telephone number (California only)

	2007 Amount	2006 Amount
Expenses incurred and paid in 2007		
Expenses incurred and not paid in 2007		

Provider 2:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

Telephone number (California only)

	2007 Amount	2006 Amount
Expenses incurred and paid in 2007		
Expenses incurred and not paid in 2007		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2007 Expenses Incurred	2006 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2007 Qualified Expenses

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,500 or more in 2007? Yes No

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007?

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

2007 Amount	2006 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

Total cash wages subject to FUTA tax

2007 Amount	2006 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2008

Name of State	State Reporting Number	Taxable Wages	Contribution Paid to Unemployment Fund	X	2006 Amount

Refund Application:

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

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2008 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2007 1st Quarter Estimate	(Due 04-17-2007)
2007 2nd Quarter Estimate	(Due 06-15-2007)
2007 3rd Quarter Estimate	(Due 09-17-2007)
2007 4th Quarter Estimate	(Due 01-15-2008)

Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2006 overpayment applied to 2007 estimate

State and City Estimated Tax Payments:

2007 1st Quarter Estimate
2007 2nd Quarter Estimate
2007 3rd Quarter Estimate
2007 4th Quarter Estimate

TSJ _____ State/City _____	
Date Paid (Mo/Da/Yr)	Amount Paid

TSJ _____ State/City _____	
Date Paid (Mo/Da/Yr)	Amount Paid

2006 overpayment applied to 2007 estimate

Balance of prior year(s)' tax paid in 2007 plus amount paid with 2006 extensions

Estimated tax payments for 2006 paid in 2007

Tax Planning Information for Tax Year 2008:

Do you expect any of the following to occur in 2008?

A change in your marital status	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A change in the number of your dependents	<input type="checkbox"/>		<input type="checkbox"/>	
A substantial change in your income	<input type="checkbox"/>		<input type="checkbox"/>	
A substantial change in your withholding	<input type="checkbox"/>		<input type="checkbox"/>	
A substantial change in deductions	<input type="checkbox"/>		<input type="checkbox"/>	

If you answered Yes to any of the above questions, please provide details.

Foreign Employment Information
(Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____
Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year (after 1981) that Form 2555 was
filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

2006

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					16	17	18	19	20	21	22
22	23	24	25	26	27	28	29	30	31					26	27	28	29	30	31	23	24	25	26	27	28	29	
29	30	31																			30						

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				18	19	20	21	22	23	24
21	22	23	24	25	26	27	28	29	30	31				16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31											23	24	25	26	27	28	29	27	28	29	30	31		
														30	31												

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	12	13	14	15	16	17	18
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																					31						

2007

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
7	8	9	10	11	12	13	14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21
14	15	16	17	18	19	20	21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28
21	22	23	24	25	26	27	28	29	30	31				25	26	27	28	29	30	31	29	30					
28	29	30	31																								

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
6	7	8	9	10	11	12	13	14	15	16	17	18	19	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	20	21	22	23	24	25	26	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	27	28	29	30	31			22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	
30																					30	31					

2008

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
6	7	8	9	10	11	12	13	14	15	16	17	18	19	2	3	4	5	6	7	8	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24	25	26	9	10	11	12	13	14	15	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29	30	31			16	17	18	19	20	21	22	20	21	22	23	24	25	26
27	28	29	30	31										23	24	25	26	27	28	29	27	28	29	30			
														30	31												

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6	1	2	3	4	5	6	7	1	2	3	4	5	6	7	8	9	10	11	12	13	14
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31						

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6					1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	13	14
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	
28	29	30					26	27	28	29	30	31			23	24	25	26	27	28	29	28	29	30	31			

District of Columbia Information

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2007, enter the dates you did live in the District of Columbia _____

Enter the state names other than the District of Columbia for which you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2007 tax return to:

Public Trust for Drug Prevention and Children-At-Risk _____

Property Tax Credit Information:

TS _____

What type of property is the property tax credit for? Private home Apartment Rooming house

Were you physically or mentally impaired on January 1, 2007? Yes No

Is your disability expected to last 12 months or more? Yes No

Are you age 62 or older? Yes No

Physician's name _____

Physician's address _____

Physician's apartment number _____

Physician's city, state and ZIP code _____

Physician's telephone number _____

Landlord's name _____

Landlord's address _____

Landlord's apartment number _____

Landlord's city, state and ZIP code _____

Landlord's telephone number _____

Unincorporated Business Franchise Tax Information:

	TSJ _____	TSJ _____
Number of business locations:		
Within D.C. _____	_____	_____
Outside D.C. _____	_____	_____
D.C. business tax number _____	_____	_____
Federal employer I.D. number _____	_____	_____
Business name _____	_____	_____
Street address _____	_____	_____
City _____	_____	_____
State _____	_____	_____
ZIP code _____	_____	_____

Maryland Information

General Information:

County of residence on December 31, 2007 _____
 Incorporated city, town or taxing area on December 31, 2007 _____

	Taxpayer	Spouse
	Yes	No
Do you qualify as totally disabled?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a member of the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Residency Information:

	From	To
	(Mo/Da/Yr)	(Mo/Da/Yr)
If you did not live in Maryland for all of 2007:		
Enter the dates you did live in Maryland	_____	_____
Enter the other state of residence	_____	
Enter the state names other than Maryland for which you had income	_____	
Pennsylvania residents:		
What is the name of your township?	_____	
If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Voluntary Contributions:

Enter the amount you wish to contribute on your 2007 tax return to:

Chesapeake Bay and Endangered Species Fund	
Maryland Cancer Fund	
Fair Campaign Financing Fund	

Long-Term Care Insurance Information:

Name of Insured	Age	Social Security Number	Relationship to Taxpayer	Amount of Premium Paid

Quality Teacher Incentive Credit:

	Taxpayer	Spouse
If you are a Maryland teacher and qualify for this credit:		
Enter the amount of tuition paid		
Enter the amount of tuition reimbursement		

Enter Any Additional Maryland Information:

General Information:

City or county of residence on January 1, 2008:

Taxpayer _____
 Spouse _____

Spouse's telephone number (including area code):

Daytime _____
 Home _____

Voluntary Contributions and Consumer Use Tax:

Enter the amount you wish to contribute on your 2007 tax return to:

	Taxpayer	Spouse
--	----------	--------

Virginia Nongame Wildlife Program	<input type="text"/>	<input type="text"/>
Virginia Democratic Party political contribution	<input type="text"/>	<input type="text"/>
Virginia Republican Party political contribution	<input type="text"/>	<input type="text"/>
U.S. Olympic Committee	<input type="text"/>	<input type="text"/>
Virginia Housing Program	<input type="text"/>	<input type="text"/>
Elderly and Disabled Transportation Fund	<input type="text"/>	<input type="text"/>
Community Policing Fund	<input type="text"/>	<input type="text"/>
Virginia Arts Foundation	<input type="text"/>	<input type="text"/>
Historic Resources Fund	<input type="text"/>	<input type="text"/>
Chesapeake Bay Restoration Fund	<input type="text"/>	<input type="text"/>
Virginia State Forests Fund	<input type="text"/>	<input type="text"/>
Virginia Uninsured Medical Catastrophe Fund	<input type="text"/>	<input type="text"/>
Brown v. Board of Education Scholarship Program Fund	<input type="text"/>	<input type="text"/>
Governor's Office on Commonwealth Preparedness	<input type="text"/>	<input type="text"/>
Children of America Finding Hope Inc.	<input type="text"/>	<input type="text"/>
Home Energy Assistance Fund	<input type="text"/>	<input type="text"/>
VA War Memorial Foundation and National D-Day Memorial Foundation	<input type="text"/>	<input type="text"/>
Virginia Commission for the Arts	<input type="text"/>	<input type="text"/>
Virginia Federation of Humane Societies	<input type="text"/>	<input type="text"/>
Tuition Assistance Grant Fund	<input type="text"/>	<input type="text"/>
Spay and Neuter Fund	<input type="text"/>	<input type="text"/>

