

2007	1040	US	Tax Organizer
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2007 tax return. Please enter all pertinent 2007 information.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial . . .		
Last name		
Title/suffix		
Social security number . .		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number . .		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number . .		
Relationship		
Months lived at home		

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Please enter all pertinent 2007 information. If you have attached a government form for an item, check the box and do not enter a 2007 amount.

WAGES, SALARIES AND TIPS

Employer name:

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

2007 Amount	2006 Amount
Attach Forms W-2	

INTEREST INCOME

Payer name:

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

Attach Forms 1099-INT	

DIVIDEND INCOME

Payer name:

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

Attach Forms 1099-DIV	

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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

Attach Forms 1099-R & W-2G	

Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....	
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).	
<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

MISCELLANEOUS INCOME

Taxpayer:	Alimony received		
Spouse:	Alimony received.....		
Other:	_____		

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed health insurance premiums.....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed health insurance premiums.....

2007 Amount	2006 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

Attach Forms 1098	
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ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Educator expenses.....
 Expenses from rental of personal property.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

Spouse:
 Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Educator expenses.....
 Expenses from rental of personal property.....
 Other adjustments to income:

Alimony paid - Recipient name & SSN.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

TAXES PAID

State income taxes - 1/07 payment on 2006 state estimate.....
 State income taxes - paid with 2006 state extension.....
 State income taxes - paid with 2006 state return.....
 State income taxes - paid for prior years and/or to other states.....

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TAXES PAID (continued)

City/local income taxes - 1/07 payment on 2006 city/local estimate.
City/local income taxes - paid with 2006 city/local extension.
City/local income taxes - paid with 2006 city/local return.
State and local sales taxes.
Sales taxes paid on vehicles, boats, and aircraft.
Use taxes paid on 2007 purchases.
Use taxes paid on 2006 state return.
Real estate taxes - principal residence.
Real estate taxes - property held for investment.
Foreign income taxes.

Table with 2 columns: 2007 Amount, 2006 Amount. Rows corresponding to the tax categories listed on the left.

Personal property taxes (including automobile fees in some states) ...

Attach Tax Notice

INTEREST PAID

Home mortgage interest and points paid:

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
Points not reported on Form 1098:

Attach Forms 1098

Mortgage insurance premiums on post 12/31/06 contracts.
Investment interest (interest on margin accounts):

Table with 2 columns: 2007 Amount, 2006 Amount. Rows for mortgage insurance and investment interest.

Passive interest

Table with 2 columns: 2007 Amount, 2006 Amount. Row for passive interest.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket).
Number of charitable miles.

Table with 2 columns: 2007 Amount, 2006 Amount. Rows for volunteer expenses and charitable miles.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Table with 2 columns: 2007 Amount, 2006 Amount. Row for noncash contributions.

MISCELLANEOUS DEDUCTIONS

Union and professional dues.
Tax return preparation fee.
Safe deposit box rental.
Investment expenses.
Estate tax, section 691(c).
Unreimbursed employee expenses:

Table with 2 columns: 2007 Amount, 2006 Amount. Rows for union dues, tax prep fee, safe deposit box, investment expenses, and estate tax.

Other:

Table with 2 columns: 2007 Amount, 2006 Amount. Row for other miscellaneous deductions.

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2007?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid vehicle in 2007?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?

Please enter all pertinent 2007 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2007 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				

Additional Estimated Tax Payments

Paid with extension (not later than 4/15/08)

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State

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				

Additional Estimated Tax Payments

Paid with extension (not later than 4/15/08)

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1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
 2 = Taxpayer's IRA (next year limits) 7 = Other
 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
 5 = Archer MSA

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2007 information.

APPLICATION OF 2007 OVERPAYMENT (7.1)

If you have an overpayment of 2007 taxes, do you want the excess refunded? or applied to 2008 estimate?

Other (please explain): _____

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be different from 2007? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2008 withholding to be different from 2007? Yes No
If "yes" explain any differences: _____

Toll Free (877)CPA-Help

Hash Total

7.1

2007	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2007 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

		2007 Amount	2006 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2007 contributions to this ESA.....			
Value of this account at 12/31/07 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/06.....			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2007 contributions to this ESA.....			
Value of this account at 12/31/07 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/06.....			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2007 contributions to this ESA.....			
Value of this account at 12/31/07 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/06.....			

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Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual

Inventory method: 1=cost, 2=lower c/m, 3=other

1=change of inventory method

1=spouse, 2=joint

1=first Schedule C filed for this business

1=W-2 earnings as statutory employee

1=not subject to self-employment tax

1=did not "materially participate"

1=investment

1=minister's Schedule C

INCOME

Gross receipts or sales (Form 1099-MISC, box 7)

Returns and allowances

Other income:

2007 Amount	2006 Amount

COST OF GOODS SOLD

Inventory at beginning of the year

Purchases

Cost of items for personal use

Cost of labor

Materials and supplies

Other costs:

Inventory at end of the year

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Business Income (Schedule C) (cont.)

No.

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

EXPENSES

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

Other expenses:

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

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2007	1040	US	Capital Gains & Losses (Schedule D)	17
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If you sold any stocks, bonds, or other investment property in 2007, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

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

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Installment Sales (Form 6252)

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

PRIOR YEAR INSTALLMENT SALE

		2007 Amount	2006 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

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Sale of Home & Moving Expenses

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If you sold your home or moved in 2007, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=business use in year of sale

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

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

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

GENERAL INFORMATION

Kind of property	<input style="width:90%;" type="text"/>
Location of property	<input style="width:90%;" type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input style="width:90%;" type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input style="width:90%;" type="text"/>	
1=spouse, 2=joint	<input style="width:90%;" type="text"/>	
1=nonpassive activity, 2=passive royalty	<input style="width:90%;" type="text"/>	
1=did not actively participate	<input style="width:90%;" type="text"/>	
1=real estate professional	<input style="width:90%;" type="text"/>	
1=rental other than real estate	<input style="width:90%;" type="text"/>	
1=investment	<input style="width:90%;" type="text"/>	

INCOME

	2007 Amount	2006 Amount
Rents received (Form 1099-MISC, box 1)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Association dues	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Auto and travel (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Cleaning and maintenance	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Commissions	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Gardening	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Insurance	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Legal and professional fees	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Licenses and permits	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Management fees	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Miscellaneous	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Mortgage interest (paid to banks, etc.)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other interest (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Painting and decorating	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Pest control	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Plumbing and electrical	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Repairs	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Supplies	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxes - real estate	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxes - other (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Telephone	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Utilities	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Wages and salaries	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other:		
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

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

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2007 Amount	2006 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

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2007	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2007 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2007	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2007 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

If you disposed of any business assets in 2007, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

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2007

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US

Asset Acquisition List

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

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

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US

Vehicle Expenses

No.

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

GENERAL INFORMATION

	2007 Amount	2006 Amount
Description of vehicle		
1=no evidence to support your deduction.		
1=no written evidence to support your deduction.		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

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

TRADITIONAL IRA CONTRIBUTIONS

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2007 payments from 1/1/08 to 4/15/08				

ROTH IRA CONTRIBUTIONS

	2007 Amount	2006 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$4,000/\$5,000 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2007 Amount	2006 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) *		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Alimony paid:				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				

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US

Business Use of Home (Form 8829)

No.

29

Please enter 2007 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2007 Amount	2006 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2007

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2007 Amount	2006 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (75% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

VEHICLE INFORMATION

	2007 Amount	2006 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2007	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2007 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

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

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date.				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses.				

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Please enter all pertinent 2007 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2007 . . .				
Employer-provided benefits forfeited in 2007				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:30px;" type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2007	2006 amt:
	1=disabled 1=spouse, 2=joint	

No. <input style="width:30px;" type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2007	2006 amt:
	1=disabled 1=spouse, 2=joint	

No. <input style="width:30px;" type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2007	2006 amt:
	1=disabled 1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:30px;" type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2007	2006 amt:
	1=spouse, 2=joint	

No. <input style="width:30px;" type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Identification number (SSN or EIN)	
	Amount paid to care provider in 2007	2006 amt:
	1=spouse, 2=joint	

2007

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US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

2007 Amount

2006 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1990 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2007.....			
	Qualified Adoption Expenses Paid in	2006 for adoption not finalized by end of 2007.....		
		1997-2001 for adoption of foreign child finalized in 2007.....		
2006 and 2007 for adoption finalized in 2007.....				
2007 for adoption finalized before 2007.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1990 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2007.....			
	Qualified Adoption Expenses Paid in	2006 for adoption not finalized by end of 2007.....		
		1997-2001 for adoption of foreign child finalized in 2007.....		
2006 and 2007 for adoption finalized in 2007.....				
2007 for adoption finalized before 2007.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1990 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2007.....			
	Qualified Adoption Expenses Paid in	2006 for adoption not finalized by end of 2007.....		
		1997-2001 for adoption of foreign child finalized in 2007.....		
2006 and 2007 for adoption finalized in 2007.....				
2007 for adoption finalized before 2007.....				
1=spouse, 2=joint.....				

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2007

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US

Education Credits / Tuition Deduction

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Please complete the information below if you paid qualified education expenses in 2007 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2007 Amount	2006 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			

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

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

HOUSEHOLD EMPLOYMENT TAXES

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

Employer identification number

--

 1=spouse, 2=joint

--

	2007 Amount	2006 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,500 or more.....		
1=withheld federal income tax for household employee.....		
Total cash wages subject to social security taxes.....		
Total cash wages subject to Medicare taxes.....		
Federal income tax withheld.....		
Advance earned income credit payments.....		
Taxes withheld from state disability payments.....		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/15/08.....		
1=all wages taxable for FUTA were also taxable for state unemployment.....		
Name of state.....		
State reporting number.....		
Contributions paid to state unemployment fund.....		

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2007	1040	US	Parent's Election to Report Child's Inc.	No. <input style="width:30px;" type="text"/>	44
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**Please enter all pertinent 2007 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name.....	<input style="width:95%;" type="text"/>
Last name.....	<input style="width:95%;" type="text"/>
Social security number.....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y).....	<input style="width:95%;" type="text"/>
1=nontaxable to federal.....	<input style="width:95%;" type="text"/>
1=nontaxable to state.....	<input style="width:95%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2007 Amount	2006 Amount
Banks, credit unions, etc. (Box 1): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2007 Amount	2006 Amount
Total ordinary dividends (Box 1a): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

