

2007

TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. Please answer each question by circling yes (Y) or no (N). For every question you answered yes, please provide details in the lined space at the end of this questionnaire. If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Would you like to have your tax return mailed to an address other than the one we have on file.
- Y N 2. Would you like to have your tax return filed electronically?
- Y N 3. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a **foreign country**?
- Y N 4. Did your marital status change during the year?
- Y N 5. Do you have any dependents living with you or are you supporting anyone not living with you?
- Y N 6. Were there any births, deaths, or marriages in your household or did any children cease to be your dependents in 2007?
- Y N 7. Did any of your dependent children under age 14 (or 24 if a college student) have any income (wages, interest, etc.)?
- Y N 8. Are you or any dependents disabled? Please provide details of the disability.
- Y N 9. Did you incur child care or dependent care expenses in 2007?
- Y N 10. Did you make cash or noncash charitable contributions in 2007?
- Y N 11. Did you have any casualty or theft losses during the year?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Do you own a vacation home that was rented to someone else at anytime during the year?
- Y N 14. Did you pay wages of \$1,500 or more in any calendar quarter this year to any one household employee?
- Y N 15. Did you pay any educational expenses for a dependent child?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses for 2007?
- Y N 18. Disability payments received in 2007?
- Y N 19. Did you make any gifts during the year directly or in a trust exceeding \$12,000 per person?
- Y N 20. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 21. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return)? If applicable, do you wish to contribute to any state fund(s) and if so, which funds?
- Y N 22. Did you make any energy efficient improvements to your home?
- Y N 23. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles).
- Y N 24. Did you purchase or sell a principal residence or other real estate? If yes, provide the settlement document (HUD-1) and Form 1099-S if applicable.
- Y N 25. Did you refinance your home mortgage during the year or establish a new home equity line of credit?
- Y N 26. Do you expect a significant fluctuation in your income, deductions or withholding next year?
- Y N 27. Did you buy, sell, or trade any assets during the year?
- Y N 28. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.
- Y N 29. Have you provided ALL your deductions? If you are uncertain about an item then provide details.
- Y N 30. Did you convert any retirement funds to Roth funds or have any other retirement fund transactions?
- Y N 31. If you or your spouse has self-employment income, did you pay any health insurance premiums or long-term care premiums? If yes, were either you or your spouse eligible to participate in an employee's health insurance or long-term care plan?
- Y N 32. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax returns?

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Death Date				
Over age 65	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Permanently and totally disabled	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
E-mail address				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Education expense				
Credit Type				

Address Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code .. . _____

FILING STATUS

Enter the number that corresponds with the filing status chosen:
 (1 - 2 - 3 - 4 - 5)

1 = Single
 Claimed as a dependent on someone else's return.
 Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly
 Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately
 Dual status alien
 Itemizing required for Schedule A
 Taking standard deduction
 Claiming spouse as a dependent
 Didn't live with spouse entire year

4 = Head of Household
 Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2005 or 2006) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

2007 ORGANIZER

The following items were on your 2006 tax return. Please look for them or their replacements in preparation for your tax appointment.	Comments, Corrections, or Questions

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial . . .				
Last Name if Diff . . .				
Birthdate				
Soc Sec Number . . .				
Relationship				
Ownership Code . . .	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home . . .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
Hope Prior Years . . .				
*** Status Code . . .				
(See Codes below)				

	DEPENDENT #5	DEPENDENT #6	DEPENDENT #7	DEPENDENT #8
First Name & Initial . . .				
Last Name if Diff . . .				
Birthdate				
Soc Sec Number . . .				
Relationship				
Ownership Code . . .	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home . . .				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
Hope Prior Years . . .				
*** Status Code . . .				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

* An entry in this box disallows Child Tax Credit for this child.

** Type of Education Credit:	Hope (can only be taken first two years)
	Lifetime
	Tuition deduction

*** Status Codes:	0 = Claimed	5 = Not claimed but qualifies for both EIC and HOH
	1 = Not claiming child this year	6 = Not claimed but qualifies for both EIC and DCB
	2 = Not claimed but child qualifies for EIC	7 = Not claimed but qualifies for HOH and DCB
	3 = Not claimed but qualifying child for Head of Household	8 = Not claimed but qualifies for all three
	4 = Not claimed but qualifies for Depn Care Benefits (DCB)	9 = Claimed but ineligible for EIC

NOTES:

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
		2006 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ...	Amt	
2	Federal income tax withheld			b	Code ..	Amt	
3	Social security wages			c	Code ..	Amt	
4	Social security tax withheld			d	Code ..	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay? <input type="checkbox"/> Yes <input type="checkbox"/>			
8	Allocated tips			14 Other			
9	Advance EIC payments			Other			
10	Dependent care benefits			Other			
11	Non-qualified plans						
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
		2006 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ...	Amt	
2	Federal income tax withheld			b	Code ...	Amt	
3	Social security wages			c	Code ...	Amt	
4	Social security tax withheld			d	Code ...	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay? <input type="checkbox"/> Yes <input type="checkbox"/>			
8	Allocated tips			14 Other			
9	Advance EIC payments			Other			
10	Dependent care benefits			Other			
11	Non-qualified plans						
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Non-standard indicator?		<input type="checkbox"/> Yes	

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2006 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)					

SELLER-FINANCED MORTGAGE INTEREST			2007 AMOUNTS	2006 AMOUNTS
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)							

Foreign account	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">2007 AMOUNTS</th> <th style="text-align: center;">2006 AMOUNTS</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	2007 AMOUNTS	2006 AMOUNTS	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
2007 AMOUNTS	2006 AMOUNTS					
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
Name of country	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">2007 AMOUNTS</th> <th style="text-align: center;">2006 AMOUNTS</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	2007 AMOUNTS	2006 AMOUNTS	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
2007 AMOUNTS	2006 AMOUNTS					
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
Foreign trust	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">2007 AMOUNTS</th> <th style="text-align: center;">2006 AMOUNTS</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>	2007 AMOUNTS	2006 AMOUNTS	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
2007 AMOUNTS	2006 AMOUNTS					
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					

C _____

BUSINESS INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2007 AMOUNTS	2006 AMOUNTS
This is the spouse's business		<input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code			
A	Principal business or profession		
B	Principal business code		
C	Business name		
E	Business street address		
	Business city, state, ZIP code		
D	Business address and city, state, ZIP code are same as on Form 1040	<input type="checkbox"/> Yes	<input type="checkbox"/>
Federal employer identification number			
F	ACCOUNTING METHOD		
	IF NOT CASH		
	<input type="checkbox"/> Accrual method <input type="checkbox"/> Other <input type="checkbox"/> Specify other method	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/>
G	Were you a "material participant" in the operation of this business?	<input type="checkbox"/> No	<input type="checkbox"/>
H	Is this the first Schedule C filed for this business?	<input type="checkbox"/> Yes	<input type="checkbox"/>

PART I	INCOME	2007 AMOUNTS	2006 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	<input type="checkbox"/>
2	Returns and allowances	()	()
6	Other income		

PART II	EXPENSES	2007 AMOUNTS	2006 AMOUNTS
8	Advertising		
9	Car and truck expenses (see vehicle depreciation organizer)		
10	Commissions and fees		
11	Contract labor		
12	Depletion		
13	Depreciation and section 179 expense deduction (see depreciation organizer)		
14	Employee benefit programs		
15	Insurance (other than health)		
16	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17	Legal and professional services		
18	Office expense		
19	Pension and profit-sharing plans		
20	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21	Repairs and maintenance		
22	Supplies		
23	Taxes and licenses		
24	Travel, meals and entertainment: Travel		
	Meals and entertainment subject to 50% limitation		
	Meals and entertainment		
25	Utilities		
26	Wages less employment credits		
30	Expenses for business use of home (see 8829 organizer or attach explanation)		
32	Amount at risk		

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD	2007 AMOUNTS	2006 AMOUNTS
33	INVENTORY METHOD IF NOT COST	Lower of cost or market	<input type="checkbox"/> Yes	
		Other	<input type="checkbox"/> Yes	
		Specify other method		
34	Was there any change in inventory method?		<input type="checkbox"/> Yes	
35	Inventory at beginning of the year			
36	Purchases			
37	Cost of items withdrawn for personal use	()	()	
	Cost of labor (not salary paid to yourself)			
38	Materials and supplies			
39	Other costs			
41	Inventory at end of the year	()	()	

PART IV		INFORMATION ABOUT YOUR VEHICLE	2007 AMOUNTS	2006 AMOUNTS
43	Date vehicle was placed in service for business purposes			
44	Total business miles vehicle was driven		MI	
	Total commuting miles vehicle was driven		MI	
	Total other miles vehicle was driven		MI	
45	Was another vehicle available for personal use?		<input type="checkbox"/> Yes	
46	Was this vehicle available for use during off-duty hours?		<input type="checkbox"/> Yes	
47	Is there evidence to support your deduction?		<input type="checkbox"/> No	
	If "yes," is the evidence written?		<input type="checkbox"/> No	

PART V		EXPENSES	2007 AMOUNTS	2006 AMOUNTS
Other expenses:				
	Amortization			
	Miscellaneous			
	Oil and gas deduction			
	Postage			
	Telephone (business only)			

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS	2007 AMOUNTS		2006 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only)			NEW
1 Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples			
2 Total area of home			
4 Total hours this facility was used for day care			
5 Total hours available for use (if used for day care that was started or stopped this year)			

DEDUCTION DESTINATION	2007 AMOUNTS		2006 AMOUNTS
Home expense deduction is associated with:			
1 = Schedule C 2 = Schedule F 3 = Form 2106			
For Schedule C Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797			
For Schedule F Only: Business expenses that are NOT from business use of the home			
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2007 AMOUNTS	2006 AMOUNTS	2007 AMOUNTS	2006 AMOUNTS
9 Casualty losses				
10 Deductible mortgage interest				
11 Real estate taxes				
16 Excess mortgage interest				
17 Insurance				
18 Rent				
19 Repairs and maintenance				
20 Utilities				
21 Other expenses				
24 Operating expenses carryover from 2006 Form 8829, line 42				
28 Excess casualty losses				
30 Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43				

DEPRECIATION OF HOME	2007 AMOUNTS		2006 AMOUNTS
36 Smaller of home's adjusted basis or fair market value (see depreciation organizer) ...			
37 Value of land included in home's adjusted basis or fair market value			
Date business use began			

INSTALLMENT SALE INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR INSTALLMENT SALE	
1 Description of property	
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2 Date acquired	(MM-DD-YYYY)
Date sold	(MM-DD-YYYY)
3 Property was sold to a related party after May 14, 1980	<input type="checkbox"/> Yes
4 Property sold to a related party was a marketable security	<input type="checkbox"/> Yes

	2007 AMOUNTS	2006 AMOUNTS
19 Gross profit percentage	%	
21 2007 principal payments received		
Payments that qualify for 28% rate		
Current interest payments received		
23 Total payments received in prior years		
25 Portion that is taxable as ordinary income		
26 Total unrecaptured section 1250 gain		

PRIOR YEAR INSTALLMENT SALE	
1 Description of property	
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2 Date acquired	(MM-DD-YYYY)
Date sold	(MM-DD-YYYY)
3 Property was sold to a related party after May 14, 1980	<input type="checkbox"/> Yes
4 Property sold to a related party was a marketable security	<input type="checkbox"/> Yes

	2007 AMOUNTS	2006 AMOUNTS
19 Gross profit percentage	%	
21 2007 principal payments received		
Payments that qualify for 28% rate		
Current interest payments received		
23 Total payments received in prior years		
25 Portion that is taxable as ordinary income		
26 Total unrecaptured section 1250 gain		

PRIOR YEAR INSTALLMENT SALE	
1 Description of property	
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2 Date acquired	(MM-DD-YYYY)
Date sold	(MM-DD-YYYY)
3 Property was sold to a related party after May 14, 1980	<input type="checkbox"/> Yes
4 Property sold to a related party was a marketable security	<input type="checkbox"/> Yes

	2007 AMOUNTS	2006 AMOUNTS
19 Gross profit percentage	%	
21 2007 principal payments received		
Payments that qualify for 28% rate		
Current interest payments received		
23 Total payments received in prior years		
25 Portion that is taxable as ordinary income		
26 Total unrecaptured section 1250 gain		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State	ZIP code						
Account number					8 Other				
		2006 AMOUNTS			Percent of other				
1	Gross distribution				9a	Percent of total distribution			
2a	Taxable amount				9b	Total employee contrib			
2b	Tax amount not determined	<input type="checkbox"/> Yes		10		State tax withheld			
Total distribution?		<input type="checkbox"/> Yes		11		Payer's state I.D. number:			
Qualified Charitable Dist (QCD)									
3	Capital gain (included in box 2a)				Name of state				
4	Federal income tax withheld				12	State distribution			
5	Employee contrib or ins prem				13	Local tax withheld			
6	Net unrealized appreciation				14	Name of locality			
7	Distribution code				15	Local distribution			
IRA / SEP / SIMPLE		<input type="checkbox"/> Yes		Disability is earned income?		<input type="checkbox"/> Yes			
Distrib rolled over 1 = IRA, 2 = Roth									
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2				

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse		Payer's federal identification no.							
Payer's name									
Payer's street address									
Payer's city		State	ZIP code						
Account number					8 Other				
		2006 AMOUNTS			Percent of other				
1	Gross distribution				9a	Percent of total distribution			
2a	Taxable amount				9b	Total employee contrib			
2b	Tax amount not determined	<input type="checkbox"/> Yes		10		State tax withheld			
Total distribution?		<input type="checkbox"/> Yes		11		Payer's state I.D. number:			
Qualified Charitable Dist (QCD)									
3	Capital gain (included in box 2a)				Name of state				
4	Federal income tax withheld				12	State distribution			
5	Employee contrib or ins prem				13	Local tax withheld			
6	Net unrealized appreciation				14	Name of locality			
7	Distribution code				15	Local distribution			
IRA / SEP / SIMPLE		<input type="checkbox"/> Yes		Disability is earned income?		<input type="checkbox"/> Yes			
Distrib rolled over 1 = IRA, 2 = Roth									
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2				

ATTACH ANY ADDITIONAL 1099-R'S

NONDEDUCTIBLE IRAs

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs				
	TAXPAYER		SPOUSE	
	2007 AMOUNTS	2006 AMOUNTS	2007 AMOUNTS	2006 AMOUNTS
Nondeductible traditional IRA contributions for 2007				
Total traditional IRA basis for 2006 and prior years				
IRA contributions made from 01-01-2008 to 04-15-2008				
Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12-31-2007				
Outstanding rollovers				
Total distributions received from traditional, SEP, and SIMPLE IRAs during 2007				

2007 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs				
	2007 AMOUNTS	2006 AMOUNTS	2007 AMOUNTS	2006 AMOUNTS
Net amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2007				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, and SIMPLE IRAs)				
Basis of Roth IRAs after recharacterizations				

DISTRIBUTIONS FROM ROTH IRAs				
	2007 AMOUNTS	2006 AMOUNTS	2007 AMOUNTS	2006 AMOUNTS
Total Roth IRA distributions received in 2007 including qualified first-time homebuyer distribution				
Qualified first-time homebuyer expenses				
Basis in Roth IRA contributions				
Basis in Roth IRA conversions				

NOTES OR QUESTIONS:

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2007 AMOUNTS	2006 AMOUNTS
Prior year unallowed loss	.....	( )
Alternative minimum prior year unallowed losses	.....	( )
State	S [	Prior year loss (if different)	()
		Depreciation (if different)	()

VACATION HOME CARRYOVERS ONLY

Operating expense carryover	.....
Depreciation carryover	.....
Alternative minimum depreciation carryover	.....

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2007 AMOUNTS	2006 AMOUNTS
Name	
Employer identification number	
Excess inclusion from Schedules Q (Form 1066), line 2c	
Taxable income (net loss) from Schedules Q (Form 1066), line 1b	
Income from Schedules Q (Form 1066), line 3b	

SUMMARY	2007 AMOUNTS	2006 AMOUNTS
Gross farming and fishing income	
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules	

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description	

	2007 AMOUNTS	2006 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse)		
Two-letter state code		
Real estate professional	<input type="checkbox"/> Yes	
Qualifies for \$25,000 limitation	<input type="checkbox"/> Yes	
Passive activity	<input type="checkbox"/> Yes	
Property is exempt from passive limitation	<input type="checkbox"/> Yes	
2 Rental is part of personal residence	<input type="checkbox"/> Yes	
Percent of ownership		
Percent of personal use		
Personally used for 14 days or 10% of total rental days	<input type="checkbox"/> Yes	

INCOME	2007 AMOUNTS	2006 AMOUNTS
3 Rents received		
4 Royalties received		

EXPENSES	2007 AMOUNTS	2006 AMOUNTS
5 Advertising		
6 Auto expense (see vehicle depreciation organizer)		
Travel expenses		
7 Cleaning and maintenance		
8 Commissions		
9 Insurance		
10 Legal and other professional fees		
11 Management fees		
12 Mortgage interest paid to banks, etc		
13 Other interest		
14 Repairs		
15 Supplies		
16 Taxes		
17 Utilities		
18 Other expenses:		

Amortization (see depreciation organizer)		
Oil and gas deduction		
20 Depreciation expense (see depreciation organizer)		
Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

FARM RENTAL INCOME AND EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

Table with 3 columns: GENERAL INFORMATION, 2007 AMOUNTS, 2006 AMOUNTS. Rows include spouse's farm rental income, state code, passive limitations, real estate professional status, EIN, and material participation.

Table with 3 columns: FARM RENTAL INCOME, 2007 AMOUNTS, 2006 AMOUNTS. Rows include production of livestock, cooperative distributions, agricultural program payments, CCC loans, crop insurance proceeds, and other income.

Table with 3 columns: FARM RENTAL PROPERTY EXPENSES, 2007 AMOUNTS, 2006 AMOUNTS. Rows include car and truck expenses, chemicals, conservation, custom hire, depreciation, employee benefits, feed, fertilizers, freight, gasoline, insurance, interest, labor, pension, rent, repairs, seeds, storage, supplies, taxes, utilities, veterinary, and other expenses.

F _____

PROFIT OR LOSS FROM FARMING

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION	2007 AMOUNTS	2006 AMOUNTS
This is the spouse's farm income	<input type="checkbox"/> Yes	
Two-letter State code		
A Principal product		
B Principal agricultural activity code		
D Employer ID number (EIN), if any		
Did you "materially participate" in the operation of this business?	<input type="checkbox"/> No	

FARM INCOME - CASH METHOD	2007 AMOUNTS	2006 AMOUNTS
1 Sales of livestock and other items bought for resale		
2 Less: Cost or other basis of livestock, etc	()	
4 Sales of livestock, produce, grains, and other products you raised		
5a Total cooperative distributions (Form(s) 1099-PATR)		
b Taxable amount		
6a Agricultural program payments		
b Taxable amount		
7a Commodity Credit Corporation loans reported under election		
b CCC loans forfeited or repaid with certificates		
c Taxable amount		
8a Crop insurance proceeds and Federal crop disaster payments received in 2007		
b Taxable amount		
c Election is made to defer crop insurance proceeds to 2008	<input type="checkbox"/> Yes	
d Crop insurance proceeds deferred from 2006		
9 Custom hire (machine work) income		
10 Other income. Include federal and state gas tax credit or refund		

NOTES OR QUESTIONS:

F _____

PROFIT OR LOSS FROM FARMING (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

FARM EXPENSES		2007 AMOUNTS	2006 AMOUNTS
12	Total car and truck expenses (see vehicle depreciation organizer)		
13	Chemicals		
14	Conservation expenses		
15	Custom hire (machine work)		
16	Depreciation and section 179 expense deduction (see depreciation organizer)		
17	Employee benefit programs (other than pension and profit-sharing)		
18	Feed purchased		
19	Fertilizers and lime		
20	Freight and trucking		
21	Gasoline, fuel and oil		
22	Insurance (other than health)		
23	Interest: Mortgage (paid to banks, etc.)		
	Other interest		
24	Labor hired less employment credits		
25	Pension and profit-sharing plans		
26	Rent or lease: Vehicles, machinery, and equipment		
	Other (land, animals, etc.)		
27	Repairs and maintenance		
28	Seeds and plants		
29	Storage and warehousing		
30	Supplies purchased		
31	Taxes		
32	Utilities		
33	Veterinary, breeding, and medicine		
34	Other expenses: Amortization (see depreciation organizer)		
	Miscellaneous		

37	Amount at risk		

FARM INCOME - ACCRUAL METHOD		2007 AMOUNTS	2006 AMOUNTS
	Unit-livestock or farm price method used	<input type="checkbox"/> Yes	<input type="checkbox"/>
38	Sales of livestock, produce, grains, and other products		
39a	Total cooperative distributions (Form(s) 1099-PATR)		
b	Taxable amount		
40a	Agricultural program payments		
b	Taxable amount		
41a	Commodity Credit Corporation loans reported under election		
b	CCC loans forfeited or repaid with certificates		
c	Taxable amount		
42	Crop insurance proceeds		
43	Custom hire (machine work) income		
44	Other income. Include federal and state gas tax credit or refund		
46	Inventory of livestock, produce, grains, etc. at beginning of year		
47	Cost of livestock, produce, grains, etc. purchased during year		
49	Less: Inventory of livestock, produce, etc. at end of year	()	()

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME	2007 AMOUNTS		2006 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7 Taxable scholarship / fellowship income				
10 IF YOU ITEMIZED LAST YEAR	Deducted 2006 state/local sales tax <input type="checkbox"/> Yes <input type="checkbox"/> No		Deducted 2006 state/local sales tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
S State tax refund				
2006 state and local taxes				
2006 itemized deductions				
11 Alimony received				
19 Unemployment compensation received (1099-G)				
Repaid unemployment compensation				
20 SOCIAL SECURITY BENEFITS	Social security benefits received <input type="checkbox"/> Yes <input type="checkbox"/> No		Social security benefits received <input type="checkbox"/> Yes <input type="checkbox"/> No	
S Medicare premiums withheld				
Tier 1 Railroad retirement received				
Federal withholding				
21 Net operating loss carryover				
Other income:	SE? <input type="checkbox"/>	T/S <input type="checkbox"/>		

ADJUSTMENTS TO INCOME	2007 AMOUNTS		2006 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
23 Educator expenses				
25 Health savings account deduction				
26 Moving expenses				
28 Self-employed SEP, SIMPLE, and qualified plans.				
29 Self-employed health insurance				
Health insurance premium from S Corp				
30 Penalty on early withdrawal of savings				
31 Alimony paid to first recipient				
Recipient's Name				
SSN				

32 Payments to your IRA (see 8606 organizer)				
Covered by employer's retirement plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Student loan interest deduction				
34 Tuition and fees deduction				
35 Domestic production activities				
36 Other adjustments:				

NOTES OR QUESTIONS:

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION

Is this your spouse's foreign earned income? Yes
1 Your foreign address
3 Employer
4a Employer's U.S. address
b Employer's foreign address
5 Employer is: A foreign entity, A foreign affiliate of a U.S. company, A U.S. company, Other Specify: Self
6a Last year (after 1981) Form 2555 was filed to claim either exclusion
6d List type of exclusion and tax year for which revocation was effective
7 Citizen of which country (Default = U.S.)
8b If separate home maintained because of adverse living conditions, list: City and country of residence, Number of days home was maintained
9 Taxpayer tax home overseas, Date tax home was established

BONA FIDE RESIDENCE

10 Date bonafide residence began and ended
11 Kind of living quarters in foreign country
1 = Purchased home 2 = Quarters furnished by employer 3 = Rented house or apartment 4 = Rented room
12b If a family member lived abroad with taxpayer, list family relationship For what period
13a Statement submitted to foreign country that taxpayer is not a resident of that country Yes
b Taxpayer required to pay income tax to country where claim bona fide residency No
14 See Organizer 2555, page 2 for travel calendar
15a Contractual terms or conditions relating to length of employment abroad
b Type of visa under which taxpayer entered foreign country
c Did via limit length of stay or employment in foreign country? Yes
e If home was maintained in U.S. while living abroad, list address
Was home rented? Yes
Name of occupant(s) Relationship

PHYSICAL PRESENCE TEST

16 Physical presence test for 12-month period through
17 Principal country of employment during tax year
18 See Organizer 2555, page 2 for travel calendar

INCOME 2007 AMOUNTS 2006 AMOUNTS

Table with 3 columns: INCOME, 2007 AMOUNTS, 2006 AMOUNTS. Rows include: EARNED INCOME: 19 Wages, salaries, bonuses, commissions, etc; 20a Allowable share of income for personal services: In a business, In a partnership; NONCASH INCOME: 21a Home, b Meals, c Car, d Other - list; ALLOWANCES, REIMBURSEMENTS, OR EXPENSES PAID: 22a Cost of living and overseas differential, b Family, c Education, d Home leave, e Quarters, f Other - list.

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2007 AMOUNTS		2006 AMOUNTS
	TAXPAYER	SPOUSE	
1 Prescription medicine and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Total medical miles	MI	MI	
Long-term care premiums:			
Taxpayer's amount			
Spouse's amount			
Dependent's amount			
Dependent's birthdate 0046 _____			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2007 AMOUNTS		2006 AMOUNTS
5 Additional state and local income taxes			
General sales tax from saved receipt's			
Gen sales tax specified items (motor veh, boats, other large items)			
6 Real estate taxes (not land held for investment)			
7 Personal property taxes (includes DMV tax based on value)			
8 Other taxes:			

INTEREST PAID	2007 AMOUNTS		2006 AMOUNTS	
10 Home mortgage interest and points reported on Form 1098				
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name _____ T, S, J Address _____ SSN _____	Amount _____		
	Second name . . . _____ T, S, J Address _____ SSN _____			
	FEIN _____ Amount _____ Third name _____ T, S, J Address _____ SSN _____			
	FEIN _____ Amount _____			
	12 Points not reported on Form 1098			
	13 Qualified mortgage insurance premiums			NEW
	14 Deductible investment interest			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION				
Occupation in which expenses were incurred				
Business expense is spouse's expense	2007 AMOUNTS		2006 AMOUNTS	
		Yes		Yes
Special Rule Employee _____	S	1 - Qualified performing artist 2 - Handicapped employee 3 - Fee-basis or local government official 4 - D.O.T. Employees: Subject to hours-of-service limits 5 - Armed Forces reservist		

EMPLOYEE BUSINESS EXPENSE		2007 AMOUNTS	2006 AMOUNTS
2	Parking fees, tolls, local transportation, etc		
3	TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment)		
	S Lodging		
	S Car rental		
	S Other		
4	Other business expenses not included above		
6	Total meals and entertainment expenses		
	REIMBURSEMENT NOT ON FORM(S) W-2		
	S Other than meals and entertainment		
	S Meals and entertainment		

VEHICLE INFORMATION		VEHICLE 1		VEHICLE 2	
(refer to the vehicle depreciation organizer)		2007 AMOUNTS	2006 AMTS	2007 AMOUNTS	2006 AMTS
11	Date vehicle was placed in service				
12	Total miles vehicle was driven during 2007	MI			
13	Total business miles vehicle was driven during 2007	MI			
15	Average daily round trip commuting distance	MI			
16	Total vehicle commuting miles	MI			
18	Is another vehicle available for personal use?	<input type="checkbox"/>	Yes		
19	Is off-hours personal use permitted?	<input type="checkbox"/>	Yes		
20	Is there evidence to support the deduction?	<input type="checkbox"/>	No		
21	If "Yes," is the evidence written?	<input type="checkbox"/>	No		

ACTUAL EXPENSES		2007 AMOUNTS	2006 AMTS	2007 AMOUNTS	2006 AMTS
23	AUTOMOBILE EXPENSES				
	S Gasoline				
	S Oil				
	S Repairs				
	S Auto insurance				
	S Other maintenance				
24	Vehicle rentals (and leases)				
	Inclusion amount				
25	Value of employer-provided vehicle				

DEPRECIATION		2006 AMOUNTS	2005 AMTS	2006 AMOUNTS	2005 AMTS
30	Cost or other basis				
31	Amount of section 179 deduction				
33	Depreciation method				
	Depreciation percentage				
34	Depreciation before limitation & sec 179 deduction				
36	Limitation amount				

NOTES OR QUESTIONS:

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2007 Amts	2006 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2007 Amounts	2006 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4 Taxpayer elects to include nontaxable combat pay	<input type="checkbox"/>	Yes	<input type="checkbox"/> Yes
Number of months taxpayer was a student or disabled, if applicable			
5 Spouse elects to include nontaxable combat pay	<input type="checkbox"/>	Yes	<input type="checkbox"/> Yes
Number of months spouse was a student or disabled, if applicable			
9 Amount of 2006 expenses being paid in 2007			
Expenses paid for:	Name	SSN	
Explanation of expenses:			

PART III - DEPENDENT CARE BENEFITS	2007 Amounts	2006 AMOUNTS
14 Total employer-provided dependent care benefits		
16 Forfeited amount of employer-provided dependent care benefits		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.

2007 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2006 return				
1st quarter payment	04-15-2007		- -	
2nd quarter payment	06-15-2007		- -	
3rd quarter payment	09-17-2007		- -	
4th quarter payment	01-15-2008		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2006) tax amount []

Are you a Farmer / Fisherman? [] Yes

Prior year adjusted gross income []

Was the income received uneven? (seasonal employment) [] Yes

APPLICATION OF 2007 OVERPAYMENT

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 generally the same as 2007? [] Yes [] No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status TP over 65 [] Yes [] No TP blind [] Yes [] No

Personal exemptions SP over 65 [] Yes [] No SP blind [] Yes [] No

Dependent exemptions []

Qualified Child tax credit []

1 Ordinary income	[]
2 Qualified dividends and/or long-term capital gain income (5% or 15%)	[]
3 Self-employment income	[]
4 Adjustments	[]
6 Itemized deductions	[]
9 Taxable income	[]
10 Tax	[]
11 Alternative minimum tax	[]
12 Nonrefundable credits	[]
14 Other taxes	[]
15 Refundable credits	[]
19 Withholding	[]
20 Total 2007 estimated tax payments paid to date	[]

If you owe a tax for 2008, do you want estimated tax vouchers prepared? [] Yes

NOTES OR QUESTIONS:

ES

2007 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.

State _____

2007 STATE ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2006 return				
1st quarter payment	04-15-2007		- -	
2nd quarter payment	06-15-2007		- -	
3rd quarter payment	09-17-2007		- -	
4th quarter payment	01-15-2008		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2006) tax amount	.....
Are you a Farmer / Fisherman?	<input type="checkbox"/> Yes
Prior year adjusted gross income	.....
Was the income received uneven? (seasonal employment)	<input type="checkbox"/> Yes

APPLICATION OF 2007 OVERPAYMENT

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 generally the same as 2007? Yes No

If "No," enter any differences:

1 Taxable income	.....
2 Tax	.....
7 Withholding	.....

If you owe a tax for 2008, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

Paid Preparer's Earned Income Credit Checklist

j Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form.

Investment Income | Qualifying Child | Earned Income

A Taxpayer's name **j** _____

B If joint return, spouse's name **j** _____

Part I All Taxpayers

1 Year after 2004 for which you are completing this form **j** _____

2 Is the taxpayer's filing status married filing separately? Yes No

Next, if you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a valid social security number (SSN) that was not issued solely so the taxpayer could apply for or receive a federally funded benefit? (See the instructions before answering.) Yes No

Next, if you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? Yes No

Next, if you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of the year on line 1? Yes No

Next, if you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? Yes No

Next, if you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit Yes No

Next, if you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1? Yes No

Next, if you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Part II Taxpayers With a Qualifying Child	Child 1	Child 2
<p>Caution. If there are two children, complete lines 8 through 14 for one child before going to the next column.</p>		
8 Child's name		
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 If the child is married, is the taxpayer claiming the child as a dependent? (If the child is not married, check "Yes.")	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? (See the instructions before answering.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1) -- Under age 19, Under age 24 and a full-time student (see instructions), or Any age and permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Next, if you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If the taxpayer does not have a qualifying child, go to Part III to see if the taxpayer can take the EIC for taxpayers who do not have a qualifying child.</p>		
13a Could any other person check "Yes" on lines 9-12 for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Next, if you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>		
b Enter the child's relationship to the other person(s)		
c If the tiebreaker rules applied, would the child be treated as the taxpayer's qualifying child? (See the instructions before answering)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p>Next, if you checked "Yes" on line 13c, go to line 14. Otherwise, explain to the taxpayer that, if both the taxpayer and the other person(s) claim any of the five tax benefits listed on page 4, the IRS will apply the tiebreaker rules, and the taxpayer's claim to any of the benefits may be disallowed. If the taxpayer wants to claim the EIC based on this child, complete lines 14 and 15. If not and there are no other qualifying children, the taxpayer cannot take the EIC. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children).</p>		
14 Does the qualifying child have a valid SSN? (See the instructions before answering.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Next, if you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If you checked "Yes" on line 14, continue.</p>		
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Next, if you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. If you checked "No" on line 15, stop; the taxpayer cannot take the EIC.</p>		

ASSETS

VEHICLE DEPRECIATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2007 AMTS	2006 AMTS
Cost		
Total Business miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ORGANIZER SUMMARY

CLIENT _____

DESCRIPTION	2007 AMOUNTS	2006 AMOUNTS