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2007 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2007 tax return.

To save you time, selected information from your 2006 tax return has been entered within this organizer. Please line through any information which does not apply to your 2007 tax return.

In some cases, 2006 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2007 TAX ORGANIZER

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

Taxpayer Signature	Date
Spouse Signature	Date

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

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

Personal Information:

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

Dependents:

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

Purchases, Sales and Debt:

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

Itemized Deductions:

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

Miscellaneous:

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

Miscellaneous: (continued)

Did you engage in any bartering transactions?

Did you have any work outside of the U.S. or pay any foreign taxes?

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

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$12,000 to any individual during the year?

Did you or your spouse make any gifts to a trust for any amount during the year?

Do you or your spouse have a life insurance trust?

Did you assist in the purchase of any asset (auto, home) for any individual during the year?

Did you forgive any indebtedness to any individual, trust or entity during the year?

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

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

Did you retire or change jobs in 2007?

Did you receive deferred, retirement or severance compensation?

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

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

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?

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

Sale of Your Home:

Did you sell your home in 2007?

If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

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

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2007?

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2007?

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

If Yes, enter the following:

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

Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Daytime/Work Telephone Number _____

Evening/Home Telephone Number _____ Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Dependent Information:

Did dependent have income over \$3,400?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

Electronic Filing

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

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

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

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

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

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

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

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

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

If Yes, enter the amount here.

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

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

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

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

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

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If the account should be used for a refund anticipation loan, please mark both the refund anticipation loan box and either the checking or trad. savings box.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

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

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

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

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

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

Business Questions for 2007:

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

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

Income:

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

Cost of Goods Sold:

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

Other Costs of Cost of Goods Sold:

Description	2007 Amount	2006 Amount
Ending inventory		

Other Income:

Description	2007 Amount	2006 Amount

Business Expenses and Property & Equipment

Name of Business:

Principal Business or Profession:

Expenses:

- Advertising
- Car and truck expenses
- Parking fees and tolls
- Commissions and fees
- Contract labor
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Legal and professional fees
- Office expense
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other business property
- Repairs and maintenance
- Supplies (not included in Cost of Goods Sold)
- Taxes and licenses
- Travel
- Meals and entertainment
- Utilities
- Wages
- Dependent care benefits

2007 Amount	2006 Amount

Other Expenses:

Description	2007 Amount	2006 Amount

Property and Equipment: Please attach a list if more space is needed

Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2007:

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Yes No

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? Yes No

Vehicle:

Description of vehicle _____
 Date placed in service _____ (Mo/Da/Yr)
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____
 Total business miles _____
 Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc. _____
 Interest _____
 Taxes _____
 Fair market value of leased vehicle _____
 Vehicle rentals/leases _____

Vehicle 1	Vehicle 2																								
<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																								
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Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2007:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property? Yes No

Is the evidence to support the business use written? Yes No

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Yes No

Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? Yes No

Vehicle:

Description of vehicle _____

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

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

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

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? Yes No

Vehicle 1	
2007 Miles	2006 Miles

Vehicle 2	
2007 Miles	2006 Miles

Mileage:

Total miles _____

Total miles applicable to business _____

Total commuting miles for the year _____

Business Use of Home

6E

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2007	2006

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2007 Amount	2006 Amount	2007 Amount	2006 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2007 Amount	2006 Amount	2007 Amount	2006 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities which became worthless		
Sale of any property for which you will receive payments in future years		

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld

Installment Sales: **NOTE: Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2007 Principal Received	2006 Principal Received

Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
 Date acquired (Mo/Da/Yr) _____
 Date sold (Mo/Da/Yr) _____
 Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace
 Number of miles from old home to old workplace
 Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects
 Costs of travel and lodging (do not include meals or automobile expenses)
 Automobile expenses (gasoline, oil, etc.)
 Meals (Pennsylvania only)

Amount

Individual Retirement Account (IRA):

TS _____
 Name of payer _____

IRA Questions for 2007:

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

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

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

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

IRA:

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

Roth IRA:

Contributions made for the 2007 tax year	
--	--

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

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

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

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

Rental and Royalty Income and Expenses

Location of Property: _____

TSJ _____
Type of property _____

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

2007	2006

Income:

Rents received
Royalties received
Other Income:

2007 Amount	2006 Amount

Description	2007 Amount	2006 Amount

Expenses:

Advertising
Auto and travel
Bad debts
Cleaning and maintenance
Commissions
Insurance
Legal and other professional fees
Management fees
Mortgage interest paid to banks, etc.
Mortgage interest paid to individuals
Other interest
Repairs
Supplies
Taxes
Utilities
Dependent care benefits
Other Expenses:

2007 Amount	2006 Amount

Description	2007 Amount	2006 Amount

**Partnership, S Corporation, Estate, Trust
and REMIC Income**

Partnership Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Please enclose all Schedules Q

TSJ	Entity Name	Employer ID Number

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

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

TS	2007 Amount	2006 Amount

Other Income:

TSJ	Nature and Source	2007 Amount	2006 Amount

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

TSJ	Nature and Source	2007 Amount	2006 Amount

Alimony Paid or Received:

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

Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

Prescription medicines and drugs

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

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2007 Amount	2006 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

	2007 Amount	2006 Amount

Other Medical Expenses:

TSJ	Description	2007 Amount	2006 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2007 Amount	2006 Amount

TSJ	Real Estate Taxes	2007 Amount	2006 Amount

Other Taxes Paid:

TSJ	Description	2007 Amount	2006 Amount

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

Cash Contributions:

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

TSJ	Organization or Description of Contribution	2007 Amount	2006 Amount

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

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

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

TSJ	Description of Donated Property	2007 Amount	2006 Amount

Noncash Contributions Totaling More Than \$500:

TSJ

Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

Purchase Gift Inheritance Exchange

Miscellaneous Itemized Deductions:

Union and professional dues
 Tax preparation fee
 Professional subscriptions
 Hobby expense (To extent of income)
 Safe deposit box
 Uniforms and protective clothing
 Work tools
 Gambling losses
 Estate taxes

TSJ	2007 Amount	2006 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2007 Amount	2006 Amount

Casualty or Theft Loss:

TSJ
 Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use due to Hurricane Katrina

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis
 Fair market value before casualty
 Fair market value after casualty
 Cost of replacement
 Insurance reimbursement

Employee Business Expenses

TS: _____ **Occupation:** _____

Business Expenses: Enter all expenses at 100 percent

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

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

Description	2007 Amount	2006 Amount

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

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

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

Vehicle:

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

Description of vehicle

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

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

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

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

Description	2007 Amount	2006 Amount

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

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

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

Expenses incurred in 2006 but paid in 2007

Employer-provided dependent care benefits that were forfeited in 2007

2006 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:							
Name	_____						
Street address	_____						
City, state and ZIP code	_____						
Social security number OR	_____						
Employer identification number	_____						
Telephone number (California only)	_____						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">2007 Amount</th> <th style="width: 50%;">2006 Amount</th> </tr> <tr> <td>Expenses incurred and paid in 2007</td> <td></td> </tr> <tr> <td>Expenses incurred and not paid in 2007</td> <td></td> </tr> </table>	2007 Amount	2006 Amount	Expenses incurred and paid in 2007		Expenses incurred and not paid in 2007	
2007 Amount	2006 Amount						
Expenses incurred and paid in 2007							
Expenses incurred and not paid in 2007							
Provider 2:							
Name	_____						
Street address	_____						
City, state and ZIP code	_____						
Social security number OR	_____						
Employer identification number	_____						
Telephone number (California only)	_____						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">2007 Amount</th> <th style="width: 50%;">2006 Amount</th> </tr> <tr> <td>Expenses incurred and paid in 2007</td> <td></td> </tr> <tr> <td>Expenses incurred and not paid in 2007</td> <td></td> </tr> </table>	2007 Amount	2006 Amount	Expenses incurred and paid in 2007		Expenses incurred and not paid in 2007	
2007 Amount	2006 Amount						
Expenses incurred and paid in 2007							
Expenses incurred and not paid in 2007							

Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

Please enclose copies of all Forms 1098-T

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

Refund Application:

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

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

Federal Estimated Tax Payments:

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

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

2006 overpayment applied to 2007 estimate

State and City Estimated Tax Payments:

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

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

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

2006 overpayment applied to 2007 estimate

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

Estimated tax payments for 2006 paid in 2007

Tax Planning Information for Tax Year 2008:

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

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

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