

2007	1040	US	Client Information	1
-------------	-------------	-----------	---------------------------	----------

Wertz & Company LLP
 5450 Trabuco Road
 Irvine, CA 92620
 Telephone number: (949) 756-5000
 Fax number: (949) 756-1618
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2007 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.		
	Year spouse died, if qualifying widow(er) (2005 or 2006).		
Taxpayer	First name and initial		
	Last name.		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.			
Spouse	First name and initial		
	Last name.		
	Title/suffix		
	Social security number.		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.			
Address	In care of.		
	Street address		
	Apartment number.		
	City.		
	State.		
Foreign Address	ZIP code		
	Region		
	Postal code.		
	Country.		

Please add, change or delete information for 2007.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone		
	Pager number.		
	Fax number.		
	E-mail address.		
CA State Information	Registered domestic partner filing status (see table)		
	1=PMB no. in address		
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

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

PERSONAL INFORMATION

Yes

No

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2007?

DEPENDENTS

Yes

No

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2007?

Did you have any children under age 18 on January 1, 2008 with interest and dividend income in excess of \$850, or total investment income in excess of \$1,700?

Has the IRS sent you Form 8836, Qualifying Children Residency Statement, with a letter directing you to file it?

INCOME

Yes

No

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Yes

No

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or LLC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2007?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

2007

1040

US

Miscellaneous Questions

Did you have any debts cancelled or forgiven?

Did anyone owe you money which had become uncollectible?

RETIREMENT PLANS

Yes No

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

Did you receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution?

EDUCATION

Yes No

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Yes No

Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued over \$5,000?

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Yes No

Did you apply an overpayment of 2006 taxes to your 2007 estimated tax (instead of being refunded)?

If you have an overpayment of 2007 taxes, do you want the excess applied to your 2008 estimated tax (instead of being refunded)?

Do you expect your 2008 taxable income and withholdings to be generally the same as 2007?

2007

1040

US

Miscellaneous Questions

MISCELLANEOUS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your tax preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2007? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid vehicle in 2007? |

PLEASE IDENTIFY WHICH OF THE FOLLOWING SERVICES MIGHT BE OF VALUE TO YOU

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax planning for the year 2008 (proactive planning to uncover and identify tax strategies to help you reduce tax liability / increase tax refund) |
| <input type="checkbox"/> | <input type="checkbox"/> | Preparation of a personal financial statement (useful for estate and financial planning, retirement planning, for borrowing purposes, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial planning (planning, identifying and implementing wealth building strategies) |

2007

1040

US

Miscellaneous Questions

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement planning (near retirement and post retirement assessment and funding strategies) |
| <input type="checkbox"/> | <input type="checkbox"/> | Estate and legacy planning (preserving, directing and transferring wealth) |
| <input type="checkbox"/> | <input type="checkbox"/> | College Education Funding (funding , investment and distribution strategies) |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment Strategy Review (review of existing programs and/or development of investment policy) |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance (identifying and managing risk to preserve capital) |
| <input type="checkbox"/> | <input type="checkbox"/> | Banking (analyzing and solving personal banking issues) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lending (analysing capital needs and directing the right financing source i.e. personal, home, business loans and lines of credit) |

PLEASE SUBMIT THE FOLLOWING FORMS WITH THIS TAX ORGANIZER

Form W-2

Form 1099

Form 1098

Form K-1

Escrow Statements for any real estate purchase, sale, or refinance.

Any other pertinent tax documentation that will assist us in preparing your return.

Thank You

Please add, change or delete information for 2007.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only,
not a dependent
- 5 = Earned income credit only,
not a dependent

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

--	--	--

Please enter all pertinent 2007 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

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

BANK INFORMATION

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

2007 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/08)				

State

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/08)				

1	<p>Type of Account</p> <p>1 = Savings 2 = Checking</p>
----------	---

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

2007

1040

US

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

7.1

Please enter all pertinent 2007 information.

APPLICATION OF 2007 OVERPAYMENT (7.1)

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

Other (please explain): _____

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be different from 2007? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2008 withholding to be different from 2007? Yes No

If "yes" explain any differences: _____

2007	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	--------------	---	-----------------------

Please enter all pertinent 2007 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2006 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/07	2006 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings	Tax Withheld		2006 Winnings
				Federal Withholding	State Withholding	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2007 Amount	T	S	2006 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

Please enter all pertinent 2007 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

Please add, change or delete 2007 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2007 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2007 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2006 (Box 3)		
	Federal income tax withheld (Box 4)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Agriculture payments:		
Agriculture payments (Box 7)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2007 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2006 (Box 3)		
	Federal income tax withheld (Box 4)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Agriculture payments:		
Agriculture payments (Box 7)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

**Please enter all pertinent 2007 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

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

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

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

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

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

GENERAL INFORMATION

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

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		
1=minister's Schedule C		
CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1=1st, 2=2nd, 3=3rd		
Principle business code (SIC 1987)		

INCOME

	2007 Amount	2006 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

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

EXPENSES

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

Other expenses:

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

2007

1040

US

Sale of Home & Moving Expenses

17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale.

Reduced Exclusion

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

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

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

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

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

17, 27

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

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	
CA FTB Form 3805V:		
1=eligible small business	<input type="text"/>	
Qualified new business year: 1, 2 or 3	<input type="text"/>	
Principle business code (SIC 1987)	<input type="text"/>	

INCOME

	2007 Amount	2006 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

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

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

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

OIL AND GAS

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

VACATION HOME

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

INDIRECT EXPENSES

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

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

Other:

2007	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2007 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

2007	1040	US	Estate or Trust and REMIC Information	20.3,20.4
-------------	-------------	-----------	--	------------------

Please add, change or delete 2007 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
--	------------------

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

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

Please enter all pertinent 2007 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2007 Amount	TS	2006 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2007 estimates are automatic.)

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

SALES AND USE TAXES PAID

State and local sales taxes			
Use taxes paid on 2007 purchases			
Use taxes paid with 2006 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

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

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

2007 Amount

TS

2006 Amount

Table with 3 columns: 2007 Amount, TS, 2006 Amount. Includes lines for home mortgage interest reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2007 Amount, TS, 2006 Amount. Includes lines for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Table with 3 columns: 2007 Amount, TS, 2006 Amount. Includes lines for mortgage insurance premiums, investment interest, passive interest, and certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

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

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: 2007 Amount, TS, 2006 Amount. Includes lines for contributions by cash or check, volunteer expenses, and charitable miles for churches, schools, hospitals, etc.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2007 Amount, TS, 2006 Amount. Includes lines for contributions by cash or check, volunteer expenses, and charitable miles for veterans' organizations, etc.

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2007 Amount	TS	2006 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee.....

Safe deposit box rental.....

--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Federal only:

State only:

If your total noncash contributions are in excess of \$500 in 2007, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

1 How Property was Acquired

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

2 Method Used to Determine FMV

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

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

GENERAL INFORMATION

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

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

EMPLOYEE BUSINESS EXPENSES

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

2007	1040	US	Health Savings Accounts (8889)	32.1
-------------	-------------	-----------	---------------------------------------	-------------

**Please enter all pertinent 2007 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

2007

1040

US/CA

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

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

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Address where care provided (if different):	
	Street address	
	City, state, ZIP code	
	Telephone number	
	Identification number (SSN or EIN)	
	1=organization is tax-exempt	
	1=care provider is a person	
Amount paid to care provider in 2007	2006 amt:	
1=spouse, 2=joint		

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Address where care provided (if different):	
	Street address	
	City, state, ZIP code	
	Telephone number	
	Identification number (SSN or EIN)	
	1=organization is tax-exempt	
	1=care provider is a person	
Amount paid to care provider in 2007	2006 amt:	
1=spouse, 2=joint		

33.1,33.2

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

ELIGIBLE CHILDREN

2007 Amount

2006 Amount

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

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

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

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

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2007 Amount	2006 Amount
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
		1=hope credit, 2=lifetime learning credit	
	Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)		
	Amount of prior year refund or assistance*		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
		1=hope credit, 2=lifetime learning credit	
	Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)		
	Amount of prior year refund or assistance*		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
		1=hope credit, 2=lifetime learning credit	
	Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)		
	Amount of prior year refund or assistance*		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
		1=hope credit, 2=lifetime learning credit	
	Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)		
	Amount of prior year refund or assistance*		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
		1=hope credit, 2=lifetime learning credit	
	Qualified tuition and fees paid in 2007 (net of refund or assistance and not entered elsewhere)		
	Amount of prior year refund or assistance*		

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

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

HOUSEHOLD EMPLOYMENT TAXES

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

Employer identification number

--

 1=spouse, 2=joint

--

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

Federal unemployment tax:

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

2007

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2007 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a): _____		
Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a): _____		
Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

2007

1040

CA

Other Credits

53.014

Please enter all pertinent 2007 information.

RENTER'S CREDIT

To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.....	
1=filing separate, claiming spouse's credit.....	
Number of months in California, if part-year resident.....	

53.014

