

2007
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2007 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, please use the back of the pages. Please line through any preprinted data that does not apply to the current year. If necessary, please attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, please make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2's for wages, salaries, tips, and pensions
- 1098's for mortgage interest paid to financial institutions
- 1099's for interest, dividends, state tax refunds, and other payments
- K-1's from partnerships, s-corporations, estates, and trusts
- Additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Please contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2007 tax return. We appreciate the opportunity to serve you.

Courtesy of
Eagle Storm Corporation
1225 S ST FRANCIS DR STE C
Santa Fe NM 87505
eloisa@eaglestorm.com
(505)984-0646

2007

TAX INFORMATION QUESTIONNAIRE

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

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

PERSONAL DATA

CLIENT _____

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

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

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

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

FILING STATUS

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

1 = Single

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

2 = Married Filing Jointly

- Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately

- Dual status alien
- Itemizing required for Schedule A
- Taking standard deduction
- Claiming spouse as a dependent
- Didn't live with spouse entire year

4 = Head of Household

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

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

Fill out information below if you want to use Direct Deposit

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

2007 ORGANIZER

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

DEPENDENT INFORMATION

CLIENT _____

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

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

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

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

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

Number of other dependents listed above

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

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

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

NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT _____

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

W-2#

WAGE AND TAX STATEMENT
Taxpayer or spouse?
Employer name
Employer street address
Employer city
Control number
2006 AMOUNTS
1 Wages, tips, other compensation
2 Federal income tax withheld
3 Social security wages
4 Social security tax withheld
5 Medicare wages and tips
6 Medicare tax withheld
7 Social security tips
8 Allocated tips
9 Advance EIC payments
10 Dependent care benefits
11 Non-qualified plans
12a Code ... Amt
13 Statutory empl to Sch C #
Retirement plan?
Third-party sick pay?
14 Other Amt
Table with columns: State, State Employer I.D. Number, State Wages, State Tax Withheld, Local Wages, Local Tax Withheld, Locality Name
Corrected Form W-2? Yes
Non-standard indicator? Yes

W-2 #

WAGE AND TAX STATEMENT
Taxpayer or spouse?
Employer name
Employer street address
Employer city
Control number
2006 AMOUNTS
1 Wages, tips, other compensation
2 Federal income tax withheld
3 Social security wages
4 Social security tax withheld
5 Medicare wages and tips
6 Medicare tax withheld
7 Social security tips
8 Allocated tips
9 Advance EIC payments
10 Dependent care benefits
11 Non-qualified plans
12a Code ... Amt
13 Statutory empl to Sch C #
Retirement plan?
Third-party sick pay?
14 Other Amt
Table with columns: State, State Employer I.D. Number, State Wages, State Tax Withheld, Local Wages, Local Tax Withheld, Locality Name
Corrected Form W-2? Yes
Non-standard indicator? Yes

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

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

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

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

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

	2007 AMOUNTS	2006 AMOUNTS
Foreign account	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of country		
Foreign trust	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

C _____

BUSINESS INCOME

CLIENT _____

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

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

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

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

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

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

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

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

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

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

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

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

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

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

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

1099R #

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

1099R #

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

ATTACH ANY ADDITIONAL 1099-R'S

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

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

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description	

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

	INCOME	2007 AMOUNTS	2006 AMOUNTS
3	Rents received		
4	Royalties received		

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

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

ADDITIONAL EXPENSES

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

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

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

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

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

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

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

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

INTEREST PAID	2007 AMOUNTS		2006 AMOUNTS
10 Home mortgage interest and points reported on Form 1098			
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name <input type="checkbox"/> T, S, J Address _____ SSN _____	Amount _____	
	Second name . . . <input type="checkbox"/> T, S, J Address _____ SSN _____	Amount _____	
	Third name <input type="checkbox"/> T, S, J Address _____ SSN _____	Amount _____	
	FEIN _____	Amount _____	

12 Points not reported on Form 1098			
13 Qualified mortgage insurance premiums			NEW
14 Deductible investment interest			

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

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

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

Table with 3 columns: CONTRIBUTIONS, 2007 AMOUNTS (TAXPAYER, SPOUSE), and 2006 AMOUNTS. Rows include: 15 Gifts made by cash or check; Total charitable mileage at 14 cents per mile; Total charitable Hurricane Katrina Relief miles; 16 Contributions made other than by cash or check; 17 Contribution carryover from prior year.

Table with 3 columns: CASUALTY AND THEFT, 2007 AMOUNTS, and 2006 AMOUNTS. Row includes: 19 Net loss before applying 10% of AGI.

Table with 3 columns: MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION, 2007 AMOUNTS, and 2006 AMOUNTS. Rows include: 20 Union and professional dues; Job education; Form 2106 or Form 2106-EZ; Other unreimbursed expenses; 21 Tax return preparation fees; 22 Investment fees; Safe deposit box; Other limited miscellaneous deductions.

Table with 3 columns: OTHER MISCELLANEOUS DEDUCTIONS, 2007 AMOUNTS, and 2006 AMOUNTS. Row includes: 27 Gambling losses; Other miscellaneous deductions.

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2007,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES
INFORMATION ON DONATED PROPERTY

Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION (Complete line 2 if you gave less than an entire interest in property listed in Part I)
(Complete line 3 if conditions were placed on a contribution listed in Part I)

- 2a Enter letter from Part I that identifies the property _____
- b Total amount claimed as deduction for property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____
- c Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization _____
Address (number, street, and room or suite no.) _____
City or town _____ State _____ ZIP code _____
- d For tangible property, enter place where property is located or kept _____
- e Name of any person, other than the donee organization having actual possession of the property _____

If an agreement between the donor and donee places conditions on any contribution listed in Part I, answer the following questions. Attach statement

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? ... Yes
- b Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? Yes
- c Is there a restriction limiting the donated property for a particular use? Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)
INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

1 = Art (contribution over \$20,000)	4 = Qualified conservation contribution	7 = Computer equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Other
3 = Collectibles	6 = Intellectual property (patents, etc.)	

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.

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

UNDERPAYMENT INFORMATION

Prior year (2006) tax amount []

Are you a Farmer / Fisherman? [] Yes

Prior year adjusted gross income []

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

APPLICATION OF 2007 OVERPAYMENT

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

Other (please explain): _____

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be generally the same as 2007? [] Yes [] No

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

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

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

Dependent exemptions _____

Qualified Child tax credit _____

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

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

NOTES OR QUESTIONS:

ES

2007 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2007 INFORMATION.

State _____

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

UNDERPAYMENT INFORMATION

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

APPLICATION OF 2007 OVERPAYMENT

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

Other (please explain): _____

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be generally the same as 2007? Yes No

If "No," enter any differences:

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

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

NOTES OR QUESTIONS: