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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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O**

**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.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

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

**Personal Information:**

	<b>Yes</b>	<b>No</b>
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 principle 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:**

	<b>Yes</b>	<b>No</b>		
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? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td align="center"><b>Months</b></td></tr><tr><td align="center"><input type="text"/></td></tr></table> . . . . .	<b>Months</b>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Months</b>				
<input type="text"/>				
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 transaction? .....	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$12,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Severance/Retirement:**

Did you retire or change jobs in 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Date</b>

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"/>
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**Sale of Your Home:**

Did you sell your home in 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Additional Information:**

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2007? .....	<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

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## 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? .....  
Is the taxpayer claimed as a dependent on someone else's tax return? .....

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

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

Are you considered legally blind per IRS regulations? .....  
Do you want to contribute to the Presidential Election Campaign Fund? .....

## 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/TIER1	Medicare	State	Local



## Refund Options

4A

### Refund Anticipation Loan:

Refunds take from 10 - 21 days for normal electronic processing. You may receive your refund sooner by electing a Refund Anticipation Loan. There is an additional charge for this service.

If you are to receive a refund, do you want to receive a Refund Anticipation Loan?

Federal .....

Yes
<input type="checkbox"/>

No
<input type="checkbox"/>

State .....

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

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

If you answered yes, please provide the following information:

The name of your nearest relative .....

\_\_\_\_\_

Relative's phone number .....

\_\_\_\_\_

Residential address is the same as the address on Form 1040/A/EZ? .....

Yes
<input type="checkbox"/>

No
<input type="checkbox"/>

If different than main address:

Residential street .....

\_\_\_\_\_

Residential city .....

\_\_\_\_\_

Residential state .....

\_\_\_\_\_

Residential ZIP code .....

\_\_\_\_\_

## 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? 

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

<input type="checkbox"/>	<input type="checkbox"/>
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What amount do you want withdrawn if not the entire balance due? .....

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

**5A**

**Please enclose copies of all Forms 1099-INT or other documents relating to interest received**

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	2006 Interest Amount	
Total						

Name and Address of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2007 Interest Amount	2006 Interest Amount

[illegible]

**Note: Please list all items sold during the year on Form 7.**

## Dividend Income

**5B**

**Dividend Information:**

**Please enclose copies of all Forms 1099-DIV or other documents relating to dividends received**

[illegible]

**Enter Any Additional Information:**


**Note: Please list all items sold during the year on Form 7.**

# Business Income and Cost of Goods Sold

6

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

  
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? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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Were you involved in the operations of this business on a regular, continuous and substantial basis? ..... 

<input type="checkbox"/>	<input type="checkbox"/>
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Health insurance premiums paid for yourself and your dependents .....

2007 Amount	2006 Amount

## Income:

Gross receipts or sales .....  
Less returns and allowances .....

2007 Amount	2006 Amount

## Cost of Goods Sold:

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:

2007 Amount	2006 Amount

Description	2007 Amount	2006 Amount
Ending inventory .....		

## Other Income:

Description	2007 Amount	2006 Amount

## 6A

Principal Business or Profession: . . . \_\_\_\_\_

[illegible][illegible]

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

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



## 10

Type of property . . .

How many days was this property used personally (including use by family members)? . . . .

2007	2006
%	

Other Income:

2007 Amount	2006 Amount

Description	2007 Amount	2006 Amount

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523</
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[illegible][illegible]



# Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: \_\_\_\_\_

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2007 Amount	2006 Amount

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

11

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

# Miscellaneous Income, Adjustments and Alimony

13

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

14

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

# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2007:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  
 Did you refinance your home? (If Yes, please enclose the closing statement.) . . .  
 If Yes, how many years is your new mortgage loan? . . .  
 Did you purchase a new home or sell your former home during the year? . . .  
 If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.

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

## Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2007 Amount	2006 Amount
		Yes	No		

## Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2007 Amount	2006 Amount
	Name	Address			

## Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2007 Amount	2006 Amount
		Yes	No		

## Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2007 Amount

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2007 Amount	2006 Amount

**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

## Itemized Deductions - Miscellaneous

16

### 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

17

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 \_\_\_\_\_ %

Parking fees and tolls .....  
Local transportation .....  
Travel expenses .....  
Meals and entertainment .....  
Other Business Expenses: .....

2007 Amount	2006 Amount

Description	2007 Amount	2006 Amount

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

Amount received for other expenses .....  
Amount received for meals and entertainment .....

2007 Amount	2006 Amount

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? .....  
Was your vehicle available for personal use during off-duty hours? .....

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

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: .....

2007	2006

Description	2007 Amount	2006 Amount



**Refund Application:**

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

Refunded ..... ☐ Yes ☐ No  
 Applied to your 2008 estimated tax liability ☐ Yes ☐ 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?

	<b>Yes</b>	<b>No</b>
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
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.
