

## Personal Data

Your Name				SSN			
Spouse's Name				SSN			
Address				Apt no.			
Address							
City		State		ZIP			
County				School District			
Taxpayer phone Daytime:		Ext:	Evening:		Ext:	Cell:	
Spouse phone Daytime:		Ext:	Evening:		Ext:	Cell:	
Taxpayer email				Spouse email			
Taxpayer occupation				Spouse occupation			
Your Date of Birth		<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund?			<input type="checkbox"/>
Spouse's Date of Birth		<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund?			<input type="checkbox"/>

Date and time of this year's appointment

### Your Dependents

Dependent # 1			Dependent # 2			Dependent # 3		
First name		M.I.	First name		M.I.	First name		M.I.
Last name		Suffix	Last name		Suffix	Last name		Suffix
SSN/ITIN			SSN/ITIN			SSN/ITIN		
Relationship			Relationship			Relationship		
No. of months lived with you			No. of months lived with you			No. of months lived with you		
Age/DOB			Age/DOB			Age/DOB		
Qualifying child care expenses incurred and paid in 2007			Qualifying child care expenses incurred and paid in 2007			Qualifying child care expenses incurred and paid in 2007		
Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer		
Hope Credit qualified expenses paid			Hope Credit qualified expenses paid			Hope Credit qualified expenses paid		
Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid		
Tuition and Fees Deduction			Tuition and Fees Deduction			Tuition and Fees Deduction		
Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>		

Income Taxes Paid	Federal			State			Local		
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
2007 Estimates:									
April 17, 2007									
June 15, 2007									
Sept. 17, 2007									
Jan. 15, 2008									
2006 overpayment applied									
2006 Balance due									
2006 Refund									

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2007? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2007? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

### Income Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

	Yes	No	Business Information
	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2007?
	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Other Information
	<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2007 (even if classes were attended in another year)?
	<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2007?
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you make any gifts to any one person in 2007 in excess of \$12,000? If so, are you splitting this gift with your spouse?
	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?



**Information to bring to your appointment:**

- Driver's license & social security card (for identity verification)
- Copy of your 2006 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid in 2007
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Wages and Salaries

Please attach all W-2(s).

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TS  Employer's name and address: \_\_\_\_\_

EIN \_\_\_\_\_

	2007	2006		2007	2006
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_

EIN \_\_\_\_\_

	2007	2006		2007	2006
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

## Child & Dependent Care

**Name:**

**SSN:**

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2007

Amount Paid in 2006





## Profit or Loss From Business

### Schedule C General Information

Name:

SSN:

TS  Principal business or profession

Business code

Business name

Business address

Employer I.D. number

Accounting method  Cash  Accrual  Other

Inventory method  Cost  Lower of Cost or Market  Other Change of inventory method  Yes  No

Did you "materially participate" in the operation of this business?  Yes  No

You started or acquired this business during 2007  Statutory employee wages

Information on your vehicle		2007	2006		
Date placed in service				Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles				Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles				You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles				It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information	2007	2006
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Family Health Coverage		
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#### Regular Tax

Prior unallowed passive operating		
Prior unallowed passive 4797, Part 1		
Prior unallowed passive 4797, Part 2		

#### Alternative Minimum Tax

Prior unallowed passive operating		
Prior unallowed passive 4797, Part 1		
Prior unallowed passive 4797, Part 2		
Depreciation Adjustment (AMT)		

Income	2007	2006
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Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2007	2006
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Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		







# Installment Sale Income

Name:

SSN:

TSJ		Description of property:		
Date acquired		Date sold		
				2007
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2007
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2007
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				



## Supplemental Income and Loss

### Part II – Income or Loss From Partnerships

Name:

SSN:

Attach all Form 1065 Schedules K-1 received for 2007

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

## Supplemental Income and Loss

### Part II – Income or Loss From Fiduciary

Name:

SSN:

Attach all Form 1041 Schedules K-1 received for 2007

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

## Supplemental Income and Loss

### Part II – Income or Loss From S Corporations

Name:

SSN:

Attach all Form 1120S Schedules K-1 received for 2007

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

<b>Name:</b>				<b>SSN:</b>			
TS		Payer's name:				Payer's FEIN:	
Address:							
City, State, Zip						2007	2006
		2007	2006	State			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution				Local income tax withheld			
Taxable amount				Name of locality			
Total distribution				Local distribution			
Capital gain				State			
Federal income tax withheld				State income tax withheld			
Employee contributions or insurance premiums				State distribution			
Distribution code(s)				Local income tax withheld			
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality			
Your percentage of total distribution				Local distribution			

TS		Payer's name:				Payer's FEIN:	
Address:							
City, State, Zip						2007	2006
		2007	2006	State			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution				Local income tax withheld			
Taxable amount				Name of locality			
Total distribution				Local distribution			
Capital gain				State			
Federal income tax withheld				State income tax withheld			
Employee contributions or insurance premiums				State distribution			
Distribution code(s)				Local income tax withheld			
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality			
Your percentage of total distribution				Local distribution			

## Social Security Benefit Statement

		2007	2006			2007	2006		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

## Moving Expenses

Name:

SSN:

TSJ	Military move	2007	2006
Enter the number of miles from your OLD home to your NEW workplace			
Enter the number of miles from your OLD home to your OLD workplace			
Transportation and storage of household goods and personal effects			
Travel and lodging incurred during move (do NOT include cost of meals)			
Amount of moving expenses reimbursed by your employer			
Foreign Moving Expenses			
If you moved to a foreign country:		2007	2006
City and country in which your <b>old</b> workplace was located			
City and country in which your <b>new</b> workplace is located			

## Self-Employed Health Insurance and SE Pensions

TSJ	2007	2006
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Qualified long term care amount		
Enter your wages from an S corporation		
Plan contribution rate as a decimal		
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
Enter your allowable elective deferrals made during 2007		
Enter your catch-up contributions		

## Noncash Charitable Contributions

TSJ	Donee I.D.	PROPERTY TYPE (if over \$5,000)	
Name of donee organization			
Address of donee organization			
City, State, & ZIP of donee organization			
Description of donated property			
Physical condition of donated property			Art valued more than \$20,000
Valuation method used			Art valued less than \$20,000
How was it acquired?			Collectibles
Date acquired			Qualified Conservation Contribution
Date contributed			Other Real Estate
Donor's cost or adjusted basis			Intellectual Property
Fair market value			Equipment
Bargain sale price			Securities
Average security price			Other

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2007	2006	2007	2006
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2007				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid SSN: Amount				
Alimony paid SSN: Amount				
IRA contributions for 2007				
Student loan interest				
Tuition and fees deduction				
Other adjustments (please list):				



## Expenses for Business Use of Your Home

Name:

SSN:

TS  For

### Business Use of Home

	2007	2006
Area used regularly and exclusively for business		
Total area of home		

### Expenses

	Expenses directly related to business use only		Total Household expenses	
	2007	2006	2007	2006
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Other expenses				

### Cost of Home

	2007	2006
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date placed in service		
Value of land		

### Use of Home for Daycare

	2007	2006
Total hours used for daycare		
Did you live in the home all year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, enter the dates you lived in the home		

## Employee Business Expense

Name:

SSN:

TS Occupation override

### Part I - Employee Business Expense and Reimbursements

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for Armed Forces reservist

Portion of total expenses that is for impairment-related work expenses of disabled employee

Qualifying performing artist

Fee-based state or local government official

### Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2007	2006	2007	2006
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2007				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If an employer provided vehicle, is personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			



# Auto Expense Worksheet

Name:

SSN:

TS      For      Profession/Business

Description

Date placed in service

Enter the number of miles your vehicle was used for:

2007

2006

a Business

b Commuting

c Other

Do you have another vehicle available for personal use?     Yes     No

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

Do you have evidence to support your deduction?     Yes     No

If "Yes", is the evidence written?     Yes     No

**Expenses:**

2007

2006

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Repairs

Tires

Tolls

Registration fees

Other expenses (list):

Apply Business %

# Detail Worksheet

Name:

SSN:

Title

Description

2007

2006