

PERSONAL DATA

CLIENT _____

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

	TAXPAYER		SPOUSE	
First Name	0002		0003	
Last Name	0001		0076	
Title	0107		0028	
Salutation	0401		0402	
SSN	0004		0005	
Occupation	0006		0007	
Birthdate	0062		0063	
Blind	1103	<input type="checkbox"/> Yes	1104	<input type="checkbox"/> Yes
Death Date	0170		0110	
Over age 65	1101	<input type="checkbox"/> Yes	1102	<input type="checkbox"/> Yes
Permanently and totally disabled	1197	<input type="checkbox"/> Yes	1198	<input type="checkbox"/> Yes
E-mail address	8183		8300	
	Telephone Numbers		Telephone Numbers	
	Day or Evening		Day or Evening	
Home phone	0060	0199	8165	8152
Work phone	0296	0197	8166	8153
Cell phone	8248	8249	8151	8154
Fax	0130		8167	
President Elect Fd	1122	<input type="checkbox"/> Yes	1123	<input type="checkbox"/> Yes
Education expense	7076		7077	
Credit Type	8312		8313	

Address 0008 Apt No 0010
 City 0009 State 0011 ZIP Code 0012
 County 0101 County / municipal code 0341
 School District Name 0045 School District number 0126
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside 2245

Foreign address 0227
 City 0351 State or Province 0352
 Country 0229 Postal Code .. 0353

FILING STATUS

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

0133

- 1 = Single
 - 1111 Claimed as a dependent on someone else's return.
 - 8101 Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - 1391 Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - 1157 Dual status alien
 - 1139 Itemizing required for Schedule A
 - 1140 Taking standard deduction
 - 1393 Claiming spouse as a dependent
 - 1199 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) 2304

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

DEPENDENT INFORMATION

CLIENT _____

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	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"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
College Student . . .	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<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)	2324
Number of children listed above who did not live at home due to divorce or separation	2286
Number of other dependents listed above	2325

* 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:

ATTACH W2'S

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?	8208	Employer identification no.	8207																																		
Employer name	8204	Foreign address	8235	Yes																																	
Employer street address	8205																																				
Employer city	8197	State	8198	ZIP code	8199																																
Control number	8209																																				
2006 AMOUNTS																																					
1 Wages, tips, other compensation	7301			12a Code ..	8227	Amt 7291																															
2 Federal income tax withheld	7302			b Code ..	8228	Amt 7292																															
3 Social security wages	7303			c Code ..	8229	Amt 7293																															
4 Social security tax withheld	7304			d Code ..	8230	Amt 7294																															
5 Medicare wages and tips	7305			13 Statutory empl to Sch C #	8222																																
6 Medicare tax withheld	7306			Retirement plan?	8226	Yes																															
7 Social security tips	7307			Third-party sick pay?	8225	Yes																															
8 Allocated tips	7308			14 Other	8213	Amt 7313																															
9 Advance EIC payments	7309			Other	8214	Amt 7314																															
10 Dependent care benefits	7310			Other	8215	Amt 7315																															
11 Non-qualified plans	7311																																				
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2																																					
Corrected Form W-2?	8224	<input type="checkbox"/> Yes		Non-standard indicator?	8223	<input type="checkbox"/> Yes																															

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Attach additional W-2's

PENSIONS AND ANNUITIES

CLIENT _____

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1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.																																							
Taxpayer or Spouse	8208	Payer's federal identification no.			8207																																		
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8226	Yes																																						

ATTACH ANY ADDITIONAL 1099-R'S

A

ITEMIZED DEDUCTIONS

CLIENT _____

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MEDICAL AND DENTAL EXPENSES	2007 AMOUNTS		2006 AMOUNTS
	TAXPAYER	SPOUSE	
1 Prescription medicine and drugs	2345		
Medical insurance premiums (Medicare premiums are entered with Social Security)	2344		
Total medical miles	2548	MI	MI
Long-term care premiums:			
Taxpayer's amount	3730		
Spouse's amount	3731		
Dependent's amount	3732		
Dependent's birthdate 0046			
Doctors, dentists, nurses, and hospitals:			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			

TAXES PAID	2007 AMOUNTS		2006 AMOUNTS
5 Additional state and local income taxes	2347		
General sales tax from saved receipts	2581		
Gen sales tax specified items (motor veh, boats, other large items)	2926		
6 Real estate taxes (not land held for investment)	2346		
7 Personal property taxes (includes DMV tax based on value)	2348		
8 Other taxes:			
.....			
.....			
.....			

INTEREST PAID	2007 AMOUNTS		2006 AMOUNTS
10 Home mortgage interest and points reported on Form 1098	2357		
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name	T, S, J	
	Address	<input type="checkbox"/>	
	SSN		
	FEIN	Amount	
	Second name	T, S, J	
	Address	<input type="checkbox"/>	
	SSN		
	FEIN	Amount	
	Third name	T, S, J	
Address	<input type="checkbox"/>		
SSN			
FEIN	Amount		
12 Points not reported on Form 1098	2353		
13 Qualified mortgage insurance premiums			NEW
14 Deductible investment interest	2356		

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

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

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CONTRIBUTIONS	2007 AMOUNTS		2006 AMOUNTS
	TAXPAYER	SPOUSE	
16 Gifts made by cash or check:			
Total charitable mileage at 14 cents per mile	2932	MI	MI
Total charitable Hurricane Katrina Relief miles	3574	MI	MI
17 Contributions made other than by cash or check: (provide details)			
18 Contribution carryover from prior year	2367		
Contributions limited to 20% of AGI	2355		
Contributions limited to 30% of AGI	2246		

CASUALTY AND THEFT	2007 AMOUNTS	2006 AMOUNTS
20 Net loss before applying 10% of AGI	2362	
Details: _____		

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2007 AMOUNTS	2006 AMOUNTS
21 Union and professional dues	2426	
Job education	2752	
Form 2106 or Form 2106-EZ	2670	
Other unreimbursed expenses:		
22 Tax return preparation fees	2671	
23 Investment fees	2749	
Safe deposit box	2258	
Other limited miscellaneous deductions:		

OTHER MISCELLANEOUS DEDUCTIONS	2007 AMOUNTS	2006 AMOUNTS
28 Gambling losses	2826	
Other miscellaneous deductions:		

NONCASH CHARITABLE CONTRIBUTIONS

CLIENT _____

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 0256
- b** Total amount claimed as deduction for property listed in Part I: (1) For this tax year 2379
(2) For any prior tax years 2501
- 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 0258
Address (number, street, and room or suite no.) 0312
City or town 0313 State 0314 ZIP code 0315
- d** For tangible property, enter place where property is located or kept 0261
- e** Name of any person, other than the donee organization having actual possession of the property
0262

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? . . . 1301 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? 1302 Yes
- c** Is there a restriction limiting the donated property for a particular use? 1303 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.)	

0176

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

