

**2007 Organizer**  
prepared for:

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This Tax Organizer is designed to help you collect and report the information needed to prepare your 2007 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2007 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2006 information is included for your reference. You do not need to make any 2006 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2006 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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## Topic Index

**ORG2**

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|---|---|

## General Questions

ORG3

### PERSONAL INFORMATION

|   | Yes  | No                       |
|---|--|--------------------------|
| 1 Did your marital status change during 2007? .....   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| If <b>yes</b> , explain .....   |  |                          |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? .....  | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS.<br><b>Caution:</b> Review any transferred information for accuracy. |  |                          |
| Designee's Name .....   | ▶ _____  |                          |
| Phone Number .....  | ▶ _____ Personal Identification Number (5 digit PIN) ..... |                          |
| 3 Do you or your spouse plan to retire in 2008? .....   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2007? .....   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2007 or 2008): Taxpayer: _____ Spouse: _____  |  |                          |

### DEPENDENT INFORMATION

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 6a Do you have dependents who must file? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want us to prepare the return(s)? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7a Do you have children under age 18 with investment income greater than \$1,700? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>yes</b> , do you want to include your child's income on your return? .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are any of your dependents <b>not</b> U.S. citizens or residents? .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you provide over half the support for any other person during 2007? .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you incur adoption expenses during 2007? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |

### IRA AND PENSION PLAN

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 11 Did you receive payments from a pension or profit-sharing plan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you convert all or part of a regular IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you contribute to a Coverdell Education Savings Account? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### ITEMS RELATED TO INCOME/LOSSES

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 15 Did you receive any disability payments in 2007? .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Did you receive tip income <b>not</b> reported to your employer? .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you buy, sell or refinance a principal residence or other real property in 2007? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (Attach copies of your purchase and/or sale escrow statements.)                               |                          |                          |
| 18 Did you have any installment sale amounts from relatives? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2007? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### PRIOR YEAR TAX RETURNS

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enclose agent's report or notice of change.  |                          |                          |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

## General Questions (continued)

ORG3

### FOREIGN BANK ACCOUNTS AND TAXES

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter the name of the foreign country: _____  |                          |                          |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....            | <input type="checkbox"/> | <input type="checkbox"/> |

### HEALTH AND LIFE INSURANCE

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### MISCELLANEOUS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 29 Did you make energy-efficient improvements to your home or purchase any energy-saving property during 2007? If <b>yes</b> , attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you start paying mortgage insurance premiums in 2007? If <b>yes</b> , please attach details .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did you purchase a motor vehicle or boat during 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.  |                          |                          |
| 32 Did you purchase a hybrid vehicle in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____  |                          |                          |
| 33 Did you donate a vehicle in 2007? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 What is the sales tax rate in your locality? _____ % State ID .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you or your spouse make gifts of over \$12,000 to an individual or contribute to a prepaid tuition plan? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.  |                          |                          |
| 38 Did you or your spouse participate in a medical savings account in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| 39 Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you pay any individual for domestic services in 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you, your spouse, or your dependents attend post-secondary school in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.  |                          |                          |

### ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 44 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 46 If **yes**, please provide the following information:
- |   |  |
|---|--|
| a Name of your financial institution .....                                      | _____  |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ..... | _____  |
| c Account number .....  | _____  |
| d What type of account is this? .....   | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Business/Investment Questions

ORG4

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? .....<br>(Do not include stock sales included on your W-2.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2007? .....<br>If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2007;? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2007? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2007? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Do you have records, as described below, to support expenses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient. |                          |                          |
| 13 Did you purchase special fuels for non-highway use? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please list the type of use and the number of gallons for each fuel.  |                          |                          |
| <hr/>   |                          |                          |
| <hr/>   |                          |                          |
| <hr/>   |                          |                          |
| <hr/>   |                          |                          |
| 14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2006 federal income tax return? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

# Basic Taxpayer Information

ORG6

**PERSONAL INFORMATION**

|   | TAXPAYER   | SPOUSE   |
|---|--|--|
| Last name .....   | _____  | _____  |
| First name .....  | _____  | _____  |
| Middle initial and suffix .....                               | MI ..... Suffix .....                                    | MI ..... Suffix .....                                    |
| Social security number .....                                  | _____  | _____  |
| Occupation .....  | _____  | _____  |
| Work phone/extension .....                                    | _____  | _____  |
| Cell phone .....  | _____  | _____  |
| E-mail address .....  | _____  | _____  |
| Birthdate <b>or</b> age as of 1-1-2008 ...                    | MM/DD/YYYY .....   | MM/DD/YYYY .....   |
| Blind .....   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund .....       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return ..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|                          |  |
|--------------------------|--|
| Street address ... _____ | Apartment number ..... _____           |
| City ..... _____         | State ..... _____ ZIP code ..... _____ |
| Home phone ..... _____   | Foreign country ..... _____            |
| Fax ..... _____          | Foreign phone ..... _____              |

**FILING STATUS**

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ..... ▶   
 Check this box if you are eligible to claim spouse's exemption ..... ▶   
 Check this box if your spouse itemizes deductions ..... ▶

**4** Head of household  
 If the qualifying person is a child but not your dependent, enter  
 Child's name ..... Child's social security number .....

**5** Qualifying widow(er)  
 Check the box for the year the spouse died ..... ▶ 2005  2006

**DEPENDENT INFORMATION**

| Full Name<br>(first name, middle initial, last name, suffix) | Social Security Number | **Code | Date of Birth | 2007 Child Care Expense |              |
|--|------------------------|--------|---------------|-------------------------|--------------|
|  |                        |        |               | +Months in U.S.         | *Not Citizen |
|  |                        |        | _ _           |                         |              |
|  |                        |        | _ _           |                         |              |
|  |                        |        | _ _           |                         |              |
|  |                        |        | _ _           |                         |              |

\*\* For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien



## Medical and Tax Expenses

**ORG13**

| <b>MEDICAL AND DENTAL EXPENSES</b>   | <b>2007</b> | <b>2006</b> |
|--|-------------|-------------|
| <b>1</b> Prescription medications .....  |             |             |
| <b>2</b> Health insurance premiums (enter Medicare B on ORG10) .....   |             |             |
| <b>3</b> Qualified long-term care premiums   |             |             |
| <b>a</b> Taxpayer's gross long-term care premiums .....  |             |             |
| <b>b</b> Spouse's gross long-term care premiums .....  |             |             |
| <b>c</b> Dependent's gross long-term care premiums .....   |             |             |
| <b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity ..... |             |             |
| <b>5a</b> Insurance reimbursement .....  |             |             |
| <b>b</b> Medical (MSA) or health (HSA) savings account distributions .....   |             |             |
| <b>6</b> Doctors, dentists, etc .....  |             |             |
| <b>7</b> Hospitals, clinics, etc .....   |             |             |
| <b>8</b> Lab and X-ray fees .....  |             |             |
| <b>9</b> Expenses for qualified long-term care .....   |             |             |
| <b>10</b> Eyeglasses and contact lenses .....  |             |             |
| <b>11</b> Medical equipment and supplies .....   |             |             |
| <b>12</b> Miles driven for medical purposes .....  |             |             |
| <b>13</b> Ambulance fees and other medical transportation costs .....  |             |             |
| <b>14</b> Lodging .....  |             |             |
| <b>15</b> Other medical and dental expenses:   |             |             |
| <b>a</b> _____ .....   |             |             |
| <b>b</b> _____ .....   |             |             |
| <b>c</b> _____ .....   |             |             |
| <b>d</b> _____ .....   |             |             |
| <b>e</b> _____ .....   |             |             |
| <b>f</b> _____ .....   |             |             |
| <b>g</b> _____ .....   |             |             |
| <b>h</b> _____ .....   |             |             |
| <b>i</b> _____ .....   |             |             |
| <b>j</b> _____ .....   |             |             |
| <b>TAXES</b>   | <b>2007</b> | <b>2006</b> |
| Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>   |             |             |
| <b>16</b> Real estate taxes paid on principal residence .....  |             |             |
| <b>17</b> Real estate taxes paid on additional homes or land .....   |             |             |
| <b>18</b> Auto registration fees based on the value of the vehicle .....   |             |             |
| <b>19</b> Other personal property taxes .....  |             |             |
| <b>20</b> Other taxes:   |             |             |
| _____ .....  |             |             |
| _____ .....  |             |             |

**Interest Paid and Cash Contributions**

ORG14

| <b>HOME MORTGAGE INTEREST PAID</b> |                                  |             |             |
|------------------------------------|----------------------------------|-------------|-------------|
| <b>Lender's Name</b>               | <b>Check if NOT on Form 1098</b> | <b>2007</b> | <b>2006</b> |
|                                    | <input type="checkbox"/>         |             |             |
|                                    | <input type="checkbox"/>         |             |             |
|                                    | <input type="checkbox"/>         |             |             |
|                                    | <input type="checkbox"/>         |             |             |

| <b>POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME</b> |                                  |             |
|--|----------------------------------|-------------|
| <b>Lender's Name</b>   | <b>Check if NOT on Form 1098</b> | <b>2007</b> |
|  | <input type="checkbox"/>         |             |
|  | <input type="checkbox"/>         |             |
|  | <input type="checkbox"/>         |             |
|  | <input type="checkbox"/>         |             |

| <b>SELLER FINANCED MORTGAGE</b> |                           |                |
|---------------------------------|---------------------------|----------------|
| <b>Individual's Name</b>        | <b>Identifying Number</b> | <b>Address</b> |
|                                 |                           | -----          |
|                                 |                           | -----          |

| <b>OTHER POINTS</b>   |                          |                    |                     |                            |                             |
|---|--------------------------|--------------------|---------------------|----------------------------|-----------------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. |                          |                    |                     |                            |                             |
| <b>Lender's Name</b>  | <b>Loan Over</b>         | <b>Points Paid</b> | <b>Date of Loan</b> | <b>Loan Length (years)</b> | <b>2006 Points Deducted</b> |
|   | <input type="checkbox"/> |                    |                     |                            |                             |
|   | <input type="checkbox"/> |                    |                     |                            |                             |
|   | <input type="checkbox"/> |                    |                     |                            |                             |
|   | <input type="checkbox"/> |                    |                     |                            |                             |

| <b>INVESTMENT INTEREST</b>  |             |             |
|---|-------------|-------------|
|   | <b>2007</b> | <b>2006</b> |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) ..... |             |             |

**Interest Paid and Cash Contributions (continued)**

ORG14

| CASH CONTRIBUTIONS                                  |   |      |      |
|---|---|------|------|
| Name of Donee Organization                          | Check if Statement Exists for Gifts \$250 or More | 2007 | 2006 |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
|   | <input type="checkbox"/>                          |      |      |
| Charitable miles driven .....                       |   |      |      |
| Parking fees, tolls, and local transportation ..... |   |      |      |

# Noncash Contributions

ORG14A

Copy 1

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Amount |
|----------------------------|--|-------------------|-------------------|
| A _____                    | <input type="checkbox"/>                             |                   |                   |
| B _____                    | <input type="checkbox"/>                             |                   |                   |
| C _____                    | <input type="checkbox"/>                             |                   |                   |
| D _____                    | <input type="checkbox"/>                             |                   |                   |
| E _____                    | <input type="checkbox"/>                             |                   |                   |
| F _____                    | <input type="checkbox"/>                             |                   |                   |
| G _____                    | <input type="checkbox"/>                             |                   |                   |
| H _____                    | <input type="checkbox"/>                             |                   |                   |
| I _____                    | <input type="checkbox"/>                             |                   |                   |

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____                         |        |                               |
| B _____                         |        |                               |
| C _____                         |        |                               |
| D _____                         |        |                               |
| E _____                         |        |                               |
| F _____                         |        |                               |
| G _____                         |        |                               |
| H _____                         |        |                               |
| I _____                         |        |                               |

| * Method for Fair Market Value | Date of Contribution | Complete these columns <b>only</b> for each contribution over \$500 |                 |           |
|--------------------------------|----------------------|---|-----------------|-----------|
|                                |                      | Date Acquired (month, year)   | How Acquired*** | Your Cost |
| A _____                        |                      |   |                 |           |
| B _____                        |                      |   |                 |           |
| C _____                        |                      |   |                 |           |
| D _____                        |                      |   |                 |           |
| E _____                        |                      |   |                 |           |
| F _____                        |                      |   |                 |           |
| G _____                        |                      |   |                 |           |
| H _____                        |                      |   |                 |           |
| I _____                        |                      |   |                 |           |

**\* Methods of determining FMV:**

- |               |                          |                   |
|---------------|--------------------------|-------------------|
| Appraisal     | Capitalization of income | Present value     |
| Average share | Comparative sales        | Replacement cost  |
| Catalog       | Consignment shop         | Reproduction cost |

**\*\* Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

\*\*\*How Property was Acquired: Purchase, Gift, Inheritance, Exchange

## Miscellaneous Itemized Deductions

**ORG15**

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION)   | 2007 | 2006 |
|--|------|------|
| <b>Employee Business Expenses</b>  |      |      |
| <b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses. |      |      |
| 1 Union and professional dues .....  |      |      |
| 2 Professional subscriptions .....   |      |      |
| 3 Uniforms and protective clothing .....   |      |      |
| 4 Job search costs .....   |      |      |
| 5 Other unreimbursed employee expenses:  |      |      |
| a _____ .....  |      |      |
| b _____ .....  |      |      |
| c _____ .....  |      |      |
| d _____ .....  |      |      |
| e _____ .....  |      |      |
| <b>Other Expenses Subject to the 2% Limitation</b>   |      |      |
| Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |      |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No   |      |      |
| Check to code assets as Investment Expense ..... <input type="checkbox"/>  |      |      |
| Use <b>ORG50</b> to record dispositions.   |      |      |
| Use <b>ORG51A</b> to enter additional assets.  |      |      |
| Use <b>ORG11a</b> for investment expenses related to interest income.  |      |      |
| Use <b>ORG11b</b> for investment interest related to dividend income.  |      |      |
| 6 Tax return preparation fees .....  |      |      |
| 7 Investment counsel and advisory fees .....   |      |      |
| 8 Certain attorney and accounting fees .....   |      |      |
| 9 Safe deposit box rental .....  |      |      |
| 10 IRA custodial fees .....  |      |      |
| 11 Other expenses (list):  |      |      |
| a _____ .....  |      |      |
| b _____ .....  |      |      |
| c _____ .....  |      |      |
| d _____ .....  |      |      |
| e _____ .....  |      |      |
| OTHER MISCELLANEOUS DEDUCTIONS   | 2007 | 2006 |
| 12 Amortizable bond premiums (acquired before 10/23/86) .....  |      |      |
| 13 Gambling losses (to the extent of gambling income) .....  |      |      |
| 14 Other miscellaneous deductions:   |      |      |
| a _____ .....  |      |      |
| b _____ .....  |      |      |
| c _____ .....  |      |      |
| d _____ .....  |      |      |
| e _____ .....  |      |      |

# State Information Worksheet

ORG60

## GENERAL INFORMATION

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Taxpayer</b>          | <b>Spouse</b>            |
| 1 Enter your state of residence .....                                |                          |                          |
| 2 Check the appropriate box if:                                      | <b>Taxpayer</b>          | <b>Spouse</b>            |
| a Full year resident .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Part year resident .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Nonresident .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Date of entry: _____     | Date of exit: _____      |
| 3 Resident locality: _____   |                          |                          |
| 4 County: _____ School district: _____ School district number: _____ |                          |                          |
| 5 Check if disabled .....  | <input type="checkbox"/> | <input type="checkbox"/> |

## STATE CREDITS

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____   |      |        |
| b _____   |      |        |
| c _____   |      |        |
| d _____   |      |        |
| e _____   |      |        |

## VOLUNTARY STATE CONTRIBUTIONS

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____  |      |        |
| b _____  |      |        |
| c _____  |      |        |
| d _____  |      |        |
| e _____  |      |        |

## MISCELLANEOUS QUESTIONS

|  |  |  |                          |
|--|--|--|--------------------------|
|  |  | <b>Yes</b>   | <b>No</b>                |
| 8 Did you file a state return for 2006? .....  | <input type="checkbox"/>                                 | <input type="checkbox"/>                             | <input type="checkbox"/> |
| 9 Do you want state forms and instructions sent to you next year? .....                      | <input type="checkbox"/>                                 | <input type="checkbox"/>                             | <input type="checkbox"/> |
| 10 Do you want any applicable penalty and interest calculated and added to the return? ..... | <input type="checkbox"/>                                 | <input type="checkbox"/>                             | <input type="checkbox"/> |
| 11 How do you want your state refund (if any) applied?                                       |  |  |                          |
| a Refunded ..... <input type="checkbox"/>  | b Apply to 2008 estimates ..... <input type="checkbox"/> | c Apply to 2008 taxes ..... <input type="checkbox"/> |                          |
| 12 Additional state information: _____   |  |  |                          |
| _____  |  |  |                          |
| _____  |  |  |                          |