

Callero & Callero,LLP  
7800 N Milwaukee Ave  
Niles, IL 60714-3124

*2007 Client Organizer*

Dear :

Enclosed please find the 2007 individual tax preparation package from our firm. This package consists of four (4) components:

1. Engagement Letter
2. Information regarding Electronic Filing
3. Client Questionnaire
4. Client Organizer

It is important that you review each of these documents and sign where appropriate. Below please find further definitions of each of these documents.

The Engagement Letter outlines the services that Callero & Callero, LLP will provide as part of our tax processing fee. This letter also identifies the collection policies and terms of our firm. **The Engagement Letter must be signed and on file with our office prior to release of your tax return information.** This is a requirement of the A.I.C.P.A. (American Institute of Certified Public Accountants) as well as other regulatory organizations.

The Client Questionnaire asks pertinent tax questions necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

The Client Organizer is designed to help you gather tax information needed to prepare your 2007 personal income tax return. We have preprinted certain information from your 2006 personal income tax return to help you complete the organizer with minimal time and effort. Enter this year's information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.  
*Please note that if the Brokerage Statements do not have the cost basis on stock, bond or mutual fund transactions, you will need to call and obtain this information from your broker. Check your Year End Statement from the Brokerage House or call your broker for this information.*
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and real estate taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- Copy of Closing Statement if you purchased or sold a home during this year.
- A copy of your income tax return from last year, if not prepared by this office.

**Please call (847) 966-2040 Monday through Friday between 9AM & 5PM to make your appointment.**

**Our Fax Number is (847) 966-2179**

Thank you for the opportunity to serve you.

Sincerely,

Callero & Callero,LLP

**ENGAGEMENT LETTER**

Dear :

This letter confirms the arrangements for accounting and tax services that we will perform for you. It is also meant to ensure a more complete understanding of the nature and extent of the services we agree to perform, your responsibilities, and our fee arrangements. We have set forth in the following paragraphs our understanding of these agreements and responsibilities.

We will prepare your Federal and State income tax returns for the year from information furnished to us by you. We will not audit or independently verify the data you submit. However, we may ask for clarification of some of the information. We will furnish you with worksheets to guide you in gathering the required information for us. You have the final responsibility for the income tax returns, and therefore, you should review them carefully before you sign and file them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Our fee for these services will be based upon the amount of required time, billed at our standard billing rates and any out of pocket costs. **All invoices will be due and payable upon presentation.** Thirty (30) days after billing all unpaid balances will be charged interest of one percent (1%) per month. A ten dollar (\$10.00) billing charge will also be assessed with each monthly bill. To secure payment of unpaid balances, the undersigned hereby agrees to pay all collection costs, including legal and court costs, as well as billing and interest charges on the unpaid balance.

Although we are available to answer inquiries on specific tax matters, or to assist you in planning to minimize income or estate taxes, we are not obligated to do so unless you specifically request it. Our policy is to put all tax planning advice in writing. Therefore, you should not rely on any unwritten advice because it may be tentative and not yet fully reviewed.

All returns are subject to review by taxing authorities. In the event of such government tax examination, or if you are in receipt of government inquiry notices, we will be available, upon request, to represent or to assist you. Such additional services are not included in our fee for preparation of the return.

As a result of Congressional action during the past several years, the responsibilities of taxpayers and professional return preparers have increased significantly. Penalties for failure to satisfy those responsibilities can be substantial.

Certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to the government, you may be waiving this privilege. To protect your rights, please consult with us or your attorney prior to disclosing any information about our tax advice.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided. If you have any questions, please do not hesitate to call. We appreciate the opportunity to serve you, and look forward to a continuation of our relationship.

Sincerely,  
CALLERO & CALLERO LLP

The above terms and conditions are accepted and affirmed for the tax year 2007.

\_\_\_\_\_  
(Taxpayer) (Date) Daytime Phone Number

\_\_\_\_\_  
(Spouse) (Date) Evening Phone Number

**(PLEASE READ AND SIGN IN THE SPACE PROVIDED ABOVE)**

# ***ELECTRONIC FILING***

## Does it make sense for you?

The Internal Revenue Service has made significant progress in refining their Electronic Filing Program. We continue to be encouraged by the changes which have made Electronic Filing an attractive option for the taxpayers.

For those of you who will be due a refund, electronic filing can return a check in your hands faster than if the return was filed on paper, and if you elect the direct deposit method, you will receive your money even sooner.

We at Callero & Callero, LLP are encouraging our clients to elect this option for the following reasons:

1. It provides proof of filing: We obtain a confirmation from the IRS that they received and accepted your return timely. Paper returns are generally filed by making a trip to the post office and paying additional money for Certified Mail and obtaining a stamped, dated receipt.
2. Provides for faster refunds: Should you opt for Direct Deposit the IRS says your refund will be in your bank in 1 to 2 weeks. If you prefer a paper check, it takes 2 to 3 weeks. This compares favorably to a paper return which could take 4 to 6 weeks.
3. File without payment: For those of you who are expecting to owe money, you can still file electronically and remit your payment on April 15th.
4. Reduce notices: The IRS says that entry errors (on the part of the IRS) on electronic returns average approximately 1%, compared to 20% for paper returns. It eliminates "human" errors which exist in a paper return. (Remember that your paper return must be keypunched by someone, and this results in errors which in turn may generate needless IRS notices.)
5. Save money: No postage required and we do not charge extra for electronic filing.
6. In almost all cases, the state return will also automatically be e-filed with the same benefits as the federal return.

Last year we electronically filed over 60% of all our returns and believe this number will continue to grow to over 70% this year.

Unfortunately, not all returns can be filed electronically. We encourage you to ask your preparer about this option, and address any concerns you may have about this process.

Sincerely,

Callero & Callero,LLP

## Questions

Please check the appropriate box and include all necessary details.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
<i>If you have new dependents please provide your dependents first name, last name, SS# (exactly as it appears on his/her Social Security Card) and date of birth, it is required.</i>		
Do you have any children under age 18 with unearned income in excess of \$1700?	p	p
Did you pay for child care while you were working?	p	p
<i>Please provide the SSN or FEIN of the person/organization who provided the child care services as well as the amount paid.</i>		
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
<i>For stock and mutual fund sales we need to know the date purchased and how much you paid for it, including reinvestments. For purchases and sales of property please provide a copy of the closing statement.</i>		
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive a lump-sum payment from a pension, profit sharing or 401(k) plan?	p	p
Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?	p	p
Did you make any withdrawals from or contributions to a retirement plan (including IRA) due to Hurricane Katrina, Rita, or Wilma?	p	p
Did you make any withdrawals from an education savings/529 Plan account?	p	p
Did you receive any disability income during the year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
<b>Itemized Deduction Information</b>		
Did you incur a casualty or theft loss during year?	p	p
Do you have evidence to substantiate charitable contributions of \$250 or more?	p	p
Do you have any non-cash charitable contributions during the year?	p	p
Do you have evidence to substantiate non-cash charitable contributions of \$250 or more?	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any educational expenses or make any student loan interest payments during the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases (car, boats, camper) during the year?	p	p
<i>For major purchases please provide the date purchased, cost of purchase and a copy of the purchase receipt to calculate a potential Sales Tax Deduction.</i>		

**Miscellaneous Information**

	Yes	No
Did you make gifts of more than \$12,000 to any individual?	p	p
Did you engage in any bartering transactions?	p	p
Are you covered by a pension or retirement plan?	p	p
Did you incur moving costs because of a job change?	p	p
Were you a grantor or transferor for a foreign trust, have an interest in or a signature of other authority over a bank account, securities account, or other financial account in a foreign country?	p	p
Did you receive correspondence from the State or the Internal Revenue Service?	p	p
If yes, explain: _____		
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	p	p
Checking yes will not change your tax or reduce your refund.		

**Electronic Filing/Deposit**

Are you interested in filing your return Electronically in 2007?	p	p
In the event your return results in a refund are you interested in direct deposit?	p	p

If you are interested in direct deposit of your refund, please provide us with :

- a) Bank Name \_\_\_\_\_
- b) Account Type (Checking or Savings) \_\_\_\_\_
- c) Bank Routing Number \_\_\_\_\_
- d) Bank Account Number \_\_\_\_\_

or

**ENCLOSE A "VOIDED" CHECK**

**Note: If you are filing "Jointly" direct deposit refunds must be made to a "Joint" account.**

**Residential Energy Credits**

Did you add insulation material or systems to reduce heat loss in your home in 2007?	p	p
Did you add exterior windows and/or doors which reduced heat loss in your home in 2007?	p	p
Did you purchase a high efficiency furnace/boiler, hot water heater or main circulating fan for your home in 2007?	p	p

If you answered yes to any of the above credits please provide the amount you spent and a description of the purchase (preferably the purchase receipt) in order to determine if you qualify for this credit.

**NOTES AND OTHER ITEMS TO ASK ABOUT?**

- 1.
- 2.
- 3.
- 4.
- 5.

-----  
**Telephone Number    Day**

-----  
**Evening**  
-----

Form ID: 1040

**Personal Information**

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]

Mark if you were married but living apart all year \_\_\_\_\_ [2]

	Taxpayer	Spouse
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Date of birth	_____ [18]	_____ [19]
Date of death	_____ [20]	_____ [21]
Work/daytime telephone number/ext number	_____ [22] _____ [23]	_____ [24] _____ [25]
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No)	_____ [26]	

**Present Mailing Address**

Address \_\_\_\_\_ [30]  
 Apartment number \_\_\_\_\_ [31]  
 City \_\_\_\_\_ [32]  
 State postal code \_\_\_\_\_ [33]  
 Zip code \_\_\_\_\_ [34]  
 Home/evening telephone number \_\_\_\_\_ [35]  
 Email address \_\_\_\_\_ [36]  
 In care of addressee \_\_\_\_\_ [37]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

[38] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent \_\_\_\_\_ [39]

Social security number of qualifying person \_\_\_\_\_ [40]

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>4 = Claimed under pre-1985 agreement</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> <li>9 = Qualifying child for Child Tax Credit only, who is not a dependent</li> <li>10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

Form ID: Info	<b>Direct Deposit/Electronic Funds Withdrawal Information</b>	<b>2</b>
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If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [7]  
 Name of financial institution \_\_\_\_\_ [8]  
 Your account number \_\_\_\_\_ [9]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [10]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [13]  
 Name of financial institution \_\_\_\_\_ [14]  
 Your account number \_\_\_\_\_ [15]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

<b>Client Contact Information</b>
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Preparer - Enter on Screen Contac

Car telephone number \_\_\_\_\_ [6]  
 Fax telephone number \_\_\_\_\_ [7]  
 Mobile telephone number \_\_\_\_\_ [8]  
 Pager number \_\_\_\_\_ [9]  
 Other: \_\_\_\_\_ [10]  
     Telephone number \_\_\_\_\_ [11]  
     Extension \_\_\_\_\_ [12]

**NOTES/QUESTIONS:**

Form ID: Est	<b>Estimated Taxes</b>	<b>4</b>
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If you have an overpayment of 2007 taxes, do you want the excess:

Refunded \_\_\_\_\_ [38]  
 Applied to 2008 estimated tax liability \_\_\_\_\_ [39]

Do you expect a considerable change in your 2008 income? (1 = Yes, 2 = No) \_\_\_\_\_ [40]

If yes, please explain any differences: \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

Do you expect a considerable change in your deductions for 2008? (1 = Yes, 2 = No) \_\_\_\_\_ [45]

If yes, please explain any differences: \_\_\_\_\_ [46]  
 \_\_\_\_\_ [47]  
 \_\_\_\_\_ [48]  
 \_\_\_\_\_ [49]

Do you expect a considerable change in the amount of your 2008 withholding? (1 = Yes, 2 = No) \_\_\_\_\_ [50]

If yes, please explain any differences: \_\_\_\_\_ [51]  
 \_\_\_\_\_ [52]  
 \_\_\_\_\_ [53]  
 \_\_\_\_\_ [54]

Do you expect a change in the number of dependents claimed for 2008? (1 = Yes, 2 = No) \_\_\_\_\_ [55]

If yes, please explain any differences: \_\_\_\_\_ [56]  
 \_\_\_\_\_ [57]  
 \_\_\_\_\_ [58]  
 \_\_\_\_\_ [59]

<b>2007 Federal Estimated Tax Payments</b>
--

2006 overpayment applied to 2007 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount
1st quarter payment	4/17/07	_____ [5]	+	_____ [6]	_____
2nd quarter payment	6/15/07	_____ [7]	+	_____ [8]	_____
3rd quarter payment	9/17/07	_____ [9]	+	_____ [10]	_____
4th quarter payment	1/15/08	_____ [11]	+	_____ [12]	_____
Additional payment		_____ [13]	+	_____ [14]	_____

**NOTES/QUESTIONS:**

Form ID: St Pmt	<b>2007 State Estimated Tax Payments</b>	5
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Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2006 return + \_\_\_\_\_ [3]  
 2006 overpayment applied to '07 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

<b>2007 City Estimated Tax Payments</b>
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City #1		City #2
City name _____ [28]		City name _____ [49]
Amount paid with 2006 return + _____ [31]		Amount paid with 2006 return + _____ [51]
2006 overpayment applied to '07 estimates + _____ [32]		2006 overpayment applied to '07 estimates + _____ [52]
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [56]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4
City name _____ [72]		City name _____ [94]
Amount paid with 2006 return + _____ [75]		Amount paid with 2006 return + _____ [97]
2006 overpayment applied to '07 estimates + _____ [76]		2006 overpayment applied to '07 estimates + _____ [98]
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	<b>Income</b>	Form ID: B1
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## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S J	Type Code	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

*Dividend Codes	
Blank = Other	3 = Nominee





### Schedule C - General Information

**Preparer use only**

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business code/name _____ [10]	_____ [5]	
Principal business/profession	_____ [6]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [12]	
City	_____ [13]	
State postal code/Zip code	____ [14] _____ [15]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [16]	_____
If other:	_____ [18]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [19]	_____
If other enter explanation:	_____ [21]	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:	_____ [22]	
_____	_____	
_____	_____	
Did you "materially participate" in this business? (1 = Yes, 2 = No)	_____ [23]	_____
If not, number of hours you did significantly participate	_____ [25]	_____
Mark if you began or acquired this business in 2007	_____ [27]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [28]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [29]	_____
Medical insurance premiums paid by this activity	+ _____ [31]	_____
Long-term care premiums paid by this activity	+ _____ [33]	_____
Amount of wages received as a statutory employee	+ _____ [35]	_____

### Business Income

	2007 Information	Prior Year Information
Gross receipts or sales	+ _____ [40]	_____
Returns and allowances	+ _____ [42]	_____
Other income:		
_____	+ _____ [44]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

### Cost of Goods Sold

	2007 Information	Prior Year Information
Beginning inventory	+ _____ [46]	_____
Purchases	+ _____ [48]	_____
Labor:		
_____	+ _____ [50]	_____
_____	+ _____	_____
Materials	+ _____ [52]	_____
Other costs:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [56]	_____

Control Totals +

**Business**

### Schedule C - Expenses

Preparer use only

Principal business or profession \_\_\_\_\_

	2007 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 75% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [63]	+ _____ [64]
Schedule D - Short-term	+ _____ [65]	+ _____ [66]
Schedule D - Long-term	+ _____ [67]	+ _____ [68]
Schedule D - 28% rate	+ _____ [69]	+ _____ [70]
Form 4797 - Part I	+ _____ [71]	+ _____ [72]
Form 4797 - Part II	+ _____ [73]	+ _____ [74]
Section 179	+ _____ [61]	

Form ID: Rent **Rent and Royalty Property - General Information** 21

**Preparer use only**

	2007 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description: _____	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage) ..	_____ [11]	

**Rent and Royalty Income**

	2007 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

**Rent and Royalty Expenses**

	2007 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto and travel	+ _____ [25]	_____ [26]	
Cleaning and maintenance	+ _____ [28]	_____ [29]	
Commissions:			
_____	+ _____ [31]	_____ [33]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [37]	_____ [38]	
Management fees			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Mortgage interest	+ _____ [43]	_____ [44]	
Other interest:			
_____	+ _____ [46]	_____ [48]	
_____	+ _____	_____	
Repairs	+ _____ [49]	_____ [50]	
Supplies	+ _____ [52]	_____ [53]	
Taxes:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [58]	_____ [59]	
Depreciation	+ _____ [61]	_____ [62]	
Depletion	+ _____ [64]	_____ [65]	
Other expenses:			
_____	+ _____ [70]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description _____			
Total points paid/Current amort ( <b>Prep use only</b> ) _____	+ _____ [72]		
Date of Refinance _____	Total # Payments _____	Reported on 1098 in 2007 _____	

**Preparer use only**

Description \_\_\_\_\_

**Vacation Home Information**

Preparer - Enter on Screen Rent

**2007 Information**

**Prior Year Information**

Number of days home was used personally				_____[75]
Number of days home was rented				_____[77]
Number of day home owned, if not 365				_____[79]
Carryover of disallowed operating expenses into 2007	+			_____[81]
Carryover of disallowed depreciation expenses into 2007	+			_____[82]

	_____
	_____
	_____

**Passive and Other Information**

Preparer use only Carryovers		Regular		AMT	
Operating	+	[10]	+	[11]	
Schedule D - Short-term	+	[12]	+	[13]	
Schedule D - Long-term	+	[14]	+	[15]	
Schedule D - 28% rate	+	[16]	+	[17]	
Form 4797 - Part I	+	[18]	+	[19]	
Form 4797 - Part II	+	[20]	+	[21]	
Comm revitalization	+	[22]	+	[23]	
Section 179	+	[24]			

**NOTES/QUESTIONS:**

# Partnerships and S Corporations

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [10]  
 Tax shelter registration number \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [10]  
 Tax shelter registration number \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [10]  
 Tax shelter registration number \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

## Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_[2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [6]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) \_\_[2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [6]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) \_\_[2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [6]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Taxpayer/Spouse/Joint (T, S, J) \_\_[2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [6]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[59]	[60]
	Schedule D - Short-term	[61]	[62]
	Schedule D - Long-term	[63]	[64]
	Schedule D - 28% rate	[65]	[66]
	Form 4797 - Part I	[67]	[68]
	Form 4797 - Part II	[69]	[70]
	Comm revitalization	[71]	[72]

Form ID: IRA	<b>Traditional IRA</b>	<b>35</b>
--------------	------------------------	-----------

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2007	+ _____ [5]	+ _____ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2007	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2008 for use in 2007	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2007:	+ _____ [15]	+ _____ [16]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

<b>Roth IRA</b>
-----------------

**Please provide copies of any 1998 through 2006 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2007	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2007	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2006	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2007	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2006	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2007:	+ _____ [43]	+ _____ [44]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

**NOTES/QUESTIONS:**



### Schedule A - Medical and Dental Expenses

T/S/J 2007 Information Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

_[1]		+	[2]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—		+		
—		+		
—		+		
—		+		
—		+		
—		+		
—		+		
—		+		
—		+		
Medical insurance premiums you paid*:				
_[4]		+	[5]	
—		+		
—		+		
—		+		
—		+		
Long-term care premiums you paid*:				
_[7]		+	[8]	
—		+		
Prescription medicines and drugs:				
_[10]		+	[11]	
—		+		
—		+		
—		+		
—		+		
_[13]	Miles driven for medical items		[14]	

\*Not entered elsewhere

### Schedule A - Tax Expenses

T/S/J 2007 Information Prior Year Information

State/local income taxes paid:

_[16]		+	[17]	_____ _____ _____ _____ _____ _____ _____ _____ _____
—		+		
—		+		
—		+		
—		+		
—		+		
2006 state and local income taxes paid in 2007:				
_[19]		+	[20]	
—		+		
—		+		
Real estate taxes paid on:				
_[22]		+	[23]	
—		+		
—		+		
Personal property taxes:				
_[25]		+	[26]	
—		+		
—		+		
Other taxes, such as: Intangible taxes and State disability taxes				
_[28]		+	[29]	
—		+		
—		+		
—		+		
Sales tax paid on major purchases:				
_[34]		+	[35]	
—		+		
Sales tax paid on actual expenses:				
_[37]		+	[38]	
—		+		
—		+		



## Charitable Contributions

T/S/J		2007 Information	Prior Year Information
	Contributions made by cash or check		
__[1]	_____	+ _____ [2]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
__[4]	Volunteer miles driven _____	_____ [5]	
	Noncash items, such as: Goodwill, Salvation Army		
__[7]	_____	+ _____ [8]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

## Miscellaneous Deductions

T/S/J		2007 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__[10]	_____	+ _____ [11]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Union dues:		
__[13]	_____	+ _____ [14]	
—	_____	+ _____	
__[16]	Tax preparation fees _____	+ _____ [17]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__[19]	_____	+ _____ [20]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
__[22]	Safe deposit box rental _____	+ _____ [23]	
	Investment expenses, other than on K1s:		
__[25]	_____	+ _____ [26]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
__[29]	_____	+ _____ [30]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
__[32]	_____	+ _____ [33]	
—	_____	+ _____	