

2007	1040	US	Dependents	2
-------------	-------------	-----------	-------------------	----------

Please add, change or delete information for 2007.

DEPENDENTS

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		
	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

--	--	--

2007

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2007?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2007?

Did you have any children under age 18 on January 1, 2008 with interest and dividend income in excess of \$850, or total investment income in excess of \$1,700?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2007?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2007?

Did you purchase a new hybrid vehicle in 2007?

Did you have any debts cancelled or forgiven?

Did anyone owe you money which had become uncollectible?

2007

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Did you apply an overpayment of 2006 taxes to your 2007 estimated tax (instead of being refunded)?

If you have an overpayment of 2007 taxes, do you want the excess applied to your 2008 estimated tax (instead of being refunded)?

Do you expect your 2008 taxable income and withholdings to be different from 2007?

MISCELLANEOUS

Do you want to electronically file your tax return?

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2007

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust? |

2007

1040

US

Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2007 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2007 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006.....				
1st quarter payment (due 4/17/07).....				
2nd quarter payment (due 6/15/07).....				
3rd quarter payment (due 9/17/07).....				
4th quarter payment (due 1/15/08).....				

Additional Estimated Tax Payments

Paid with extension (not later than 4/15/08)

State

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006.....				
1st quarter payment (due 4/17/07).....				
2nd quarter payment (due 6/15/07).....				
3rd quarter payment (due 9/17/07).....				
4th quarter payment (due 1/15/08).....				

Additional Estimated Tax Payments

Paid with extension (not later than 4/15/08)

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

Hash Total

3, 6

2007

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2007 information.

APPLICATION OF 2007 OVERPAYMENT (7.1)

If you have an overpayment of 2007 taxes, do you want the excess refunded? or applied to 2008 estimate?...

Other (please explain): _____

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be different from 2007? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2008 withholding to be different from 2007? Yes No

If "yes" explain any differences: _____

Hash Total

7.1

2007	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2007 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13) 1=spouse		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2006 Wages
					Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2 Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/07	2006 Distribution
						Federal (Box 4)	State (Box 10)		

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings	Tax Withheld		2006 Winnings
				Federal Withholding	State Withholding	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses	2007 Amount	TS	2006 Amount	
Winnings not reported on Form W-2G				

2007

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form

Number of form (1=first Schedule C, 2=second, etc.).....

1=spouse

1=performance artist, 2=handicapped, 3=fee-basis government official.....

EMPLOYEE BUSINESS EXPENSES

	2007 Amount	2006 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (75% meal allowance).....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>

Other business expenses:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2007	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
-------------	-------------	-----------	--	------------------

Please enter all pertinent 2007 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2007 Amount		2006 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2007...				
Employer-provided benefits forfeited in 2007.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2007.....			2006 amt:
	1=disabled..... 1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2007.....			2006 amt:
	1=disabled..... 1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....			
	Last name.....			
	Date of birth (m/d/y).....			
	Social security number.....			
	Qualified dependent care expenses incurred and paid in 2007.....			2006 amt:
	1=disabled..... 1=spouse, 2=joint.....			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....			
	Street address.....			
	City, state, ZIP code.....			
	Identification number (SSN or EIN).....			
	Amount paid to care provider in 2007.....			2006 amt:
	1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	Name of provider.....			
	Street address.....			
	City, state, ZIP code.....			
	Identification number (SSN or EIN).....			
	Amount paid to care provider in 2007.....			2006 amt:
	1=spouse, 2=joint.....			

