

# General Information

	Taxpayer	Spouse
First Name . . . . .	<input type="text"/>	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>	<input type="text"/>
Last Name . . . . .	<input type="text"/>	<input type="text"/>
Suffix . . . . .	<input type="text"/>	<input type="text"/>
Social Security Number . . . . .	XXX-XX-XXXX	XXX-XX-XXXX
Date of Birth . . . . .	<input type="text"/>	<input type="text"/>

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Work Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Home Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>

Legally Blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3)	<input type="checkbox"/>	<input type="checkbox"/>

Occupation . . . . .	<input type="text"/>	<input type="text"/>
E-mail address . . . . .	<input type="text"/>	<input type="text"/>

State of Residence as of 12/31	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31	<input type="text"/>	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>

If Part Year, Period of Residency . . . . . to . . . . . to . . . . .

## Filing Status

Status on 2006 return :

Status as of 12/31/2007 :  
Enter ("X") in the box

- 1** Single
- 2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)
- 4** Head of Household      Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5** Qualifying widow(er) with minor child      Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	34 Did you convert a traditional IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	35 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	36 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	37 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	38 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	39 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	40 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	41 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	42 Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	43 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	44 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	45 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	46 Did you receive any income not reported in this Organizer?

**Business and Rental Property Income**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	47 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	48 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	49 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	50 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	51 Did you remove any of your business assets for personal use?

**Business and Rental Property Deductions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	52 Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	53 Did you make any contributions to a Keogh or a self-employed SEP plan for 2007?
<input type="checkbox"/>	<input type="checkbox"/>	54 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	55 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	56 Did you purchase any furniture or equipment for your business?

**Other Deductions**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	57 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2007?
<input type="checkbox"/>	<input type="checkbox"/>	58 Did you make any contributions to HSA (Health Savings Account) in 2007?
<input type="checkbox"/>	<input type="checkbox"/>	59 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	60 Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	61 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	62 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	63 Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
<input type="checkbox"/>	<input type="checkbox"/>	64 Did any security become worthless during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	65 Did any debts become uncollectible during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	66 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2007?
<input type="checkbox"/>	<input type="checkbox"/>	67 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	68 Did you refinance a mortgage or take out a home equity loan during 2007?
<input type="checkbox"/>	<input type="checkbox"/>	69 Did you incur moving expenses during the year due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	70 Did you pay any educational tuition or fees for you or a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	71 Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	72 Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	73 Did you make any energy efficient improvements to your main home in 2007?