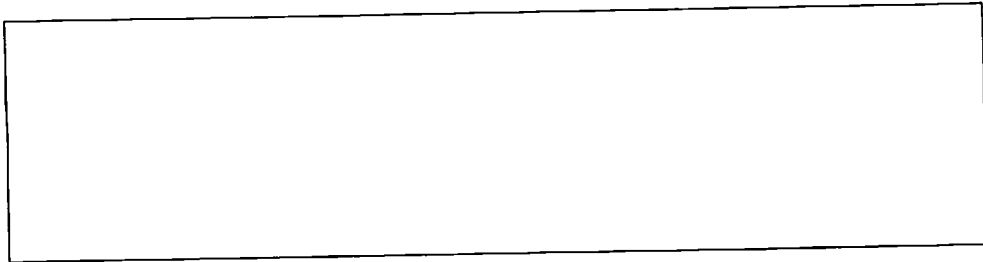


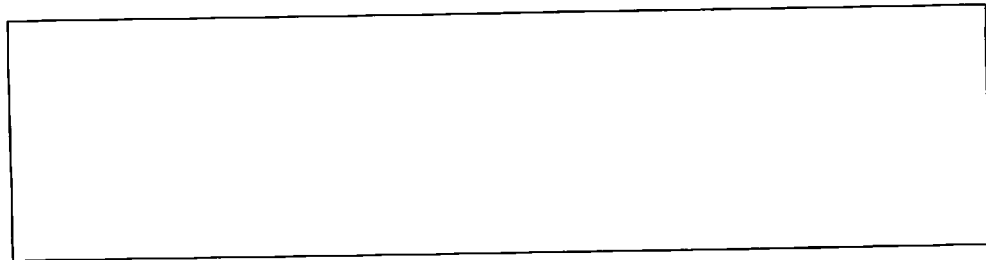
2007

TAX ORGANIZER

F
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This tax organizer has been prepared for your use in gathering the information needed for your 2007 tax return.

To save you time, selected information from your 2006 tax return has been entered within this organizer. Please line through any information which does not apply to your 2007 tax return.

In some cases, 2006 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2007

TAX ORGANIZER

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|--|

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

| | |
|--------------------|------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

| | | |
|--|---------------------------|-------------------------|
| Primary E-mail Address | Home Phone | Fax Number |
| Secondary E-mail Address | Taxpayer's Business Phone | Spouse's Business Phone |
| Preferred Method of Contact (i.e., cell phone, e-mail, etc.) | | |

For any question answered yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2007? Yes No
- If married, do you and your spouse want to file separate returns?
- Did your address change during 2007?
- Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

- Were there any changes in dependents from the prior year?
- Did you pay for child care while you worked or looked for work?
- Do you have any children under age 18 with unearned income more than \$850?
- Did you adopt a child or begin adoption proceedings during 2007?

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2007?
- Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2007?
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2007?
- Did you sell, exchange or purchase any real estate in 2007? If so, please attach closing statements.
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?
- Did you pay any student loan interest in 2007?
- Did you have an outstanding home equity loan at the end of 2007? If so, please provide the principle balance and interest rate at the beginning and end of the year.
- Did you take out a home equity loan in 2007?
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?
- Did you engage in any put or call transactions? If Yes, please provide details.
- Did you close any open short sales during 2007?
- Did you sell any securities not reported on your 1099-B?

Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- Did you incur any casualty or theft losses during the year?
- Did you make any large purchases, such as motor vehicles and boats?

Miscellaneous:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2007? If you received a distribution from an MSA, please include Form 1099-SA. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2007? If you received a distribution from an HSA, please include Form 1099-SA. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your dependents incur any post-secondary education expenses, such as tuition? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Months | |
| Did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay in excess of \$1,000 in any quarter, or \$1,500 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive unreported tip income of \$20 or more in any month of 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC. | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new "hybrid", or alternative technology vehicle in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2007 because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous: (continued)

| | | |
|---|--------------------------|--------------------------|
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$12,000 to any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

| | | |
|--|--------------------------|--------------------------|
| Did you retire or change jobs in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr).

| |
|------|
| Date |
| |

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Sale of Your Home:

| | | |
|---|--------------------------|--------------------------|
| Did you sell your home in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever rent out this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

| | | |
|---|--------------------------|--------------------------|
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

| Name of Designated Beneficiary | Social Security Number | State Sponsoring Plan | Account Number | 2007 Amount Contributed |
|--------------------------------|------------------------|-----------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Miscellaneous: (continued)

- | | | |
|---|--------------------------|--------------------------|
| Did you engage in any bartering transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$12,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

Severance/Retirement:

- | | | |
|--|--------------------------|--------------------------|
| Did you retire or change jobs in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr).

| |
|-------------|
| Date |
| |

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Sale of Your Home:

- | | | |
|---|--------------------------|--------------------------|
| Did you sell your home in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever rent out this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
- At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

- | | | |
|---|--------------------------|--------------------------|
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

| Name of Designated Beneficiary | Social Security Number | State Sponsoring Plan | Account Number | 2007 Amount Contributed |
|--------------------------------|------------------------|-----------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Personal Information, Dependent(s) and Wages

Taxpayer:

| | | |
|-------------------------------|--------------------------|-------------------------------|
| First Name and Initial | Last Name | Social Security Number |
| Occupation | Date of Birth (Mo/Da/Yr) | Daytime/Work Telephone Number |
| Evening/Home Telephone Number | Primary Email Address | Secondary Email Address |

Spouse:

| | | |
|------------------------|--------------------------|------------------------|
| First Name and Initial | Last Name | Social Security Number |
| Occupation | Date of Birth (Mo/Da/Yr) | |

Present Mailing Address:

| | |
|-----------------|------------------|
| Street Address | Apartment Number |
| City | State |
| Foreign Country | ZIP code |

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Taxpayer | Spouse |
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,400?

| First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Relationship to Taxpayer | Months Lived in Your Home | X if Disabled | Yes or No |
|------------------------|-----------|------------------------|--------------------------|--------------------------|---------------------------|---------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If the account should be used for a refund anticipation loan, please mark both the refund anticipation loan box and either the checking or trad. savings box.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents relating to interest received

(List all items sold during the year on Form 7.)

Interest Income:

| | | | | |
|------------------------|---|------------------------------|----------------------|--|
| Special Interest Code: | 2 - Seller Financed | 3 - Early Withdrawal Penalty | 5 - Accrued Interest | 7 - Amortizable Bond |
| | 1 - Qualified Educational Series EE Bonds | Mortgage Interest | 4 - Nominee Interest | 6 - Original Issue Discount Adjustment |
| | | | | Premium Adjustment |

| TSJ | Source | Savings/Loans, Bank, and Other | U.S. Bonds and Obligations | Code | Special Interest |
|-----|--------|-----------------------------------|-------------------------------|------|------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

| Social Security No. of Home Buyer | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | 2006 Interest Amount |
|--------------------------------------|------------------------|------------------------|------------------------|----------------------|-------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|---|---------------------|---------------------------------------|--|---------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Interest is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |

Foreign Bank Accounts and Trusts:

At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2007, whether or not you had any beneficial interest in it? Yes No

Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents relating to dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

| TSJ | Source | Form 1099-DIV | | | Tax-Exempt Interest | 2006 Gross Dividends Amount |
|-----|--------|------------------------------------|-------------------------------|--|---------------------|-----------------------------|
| | | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | U.S. Bond Interest Amount or Percent in Box 1a | | |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

| Box 2a Total Capital Gain Distribution | Form 1099-DIV | | | | | | |
|---|--|-----------------------------|-----------------------------------|-----------------------------------|------------------------------|------------------------------|-------------------|
| | Box 2b Unrecaptured Section 1250 Gain | Box 2c Section 1202 Gain | Box 2d Collectibles (28%) Gain | Box 3 Nontaxable Distributions | Box 4 Federal Withholding | Box 5 Investment Expenses | State Withholding |
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |

Foreign Bank Accounts and Trusts:

At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2007, whether or not you had any beneficial interest in it?

Foreign Bank and Financial Accounts

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Enter all countries in which you have foreign bank accounts _____

Joint Ownership Information:

If you jointly own these accounts with anyone other than your spouse, complete the following items.

Indicate the number of joint owners _____
 ID number of joint owner _____
 Last name or organization name of joint owner _____
 First name of joint owner _____
 Middle initial of joint owner _____

Information on Foreign Financial Accounts:

| Select Account Type | |
|---------------------|--------------------|
| 1 | Bank Account |
| 2 | Securities Account |
| 3 | Other |

| Select Account Value | |
|----------------------|--------------------------|
| 1 | Under \$10,000 |
| 2 | \$10,000 to \$99,999 |
| 3 | \$100,000 to \$1,000,000 |
| 4 | Over \$1,000,000 |

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name | Country in Which Account is Held |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|----------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |

If you have no financial interest in the account, please complete the account owner information below.

| | Last Name or Organization Name | First Name | Middle Initial | Taxpayer ID Number |
|---|--------------------------------|------------|----------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |

| | Street Address | City | State | ZIP/Postal Code | Country |
|---|----------------|------|-------|-----------------|---------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2007:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ | | |

Income:

| | 2007 Amount | 2006 Amount |
|-----------------------------------|-------------|-------------|
| Gross receipts or sales _____ | | |
| Less returns and allowances _____ | | |

Cost of Goods Sold:

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Beginning inventory _____ | | |
| Purchases less cost of items withdrawn for personal use _____ | | |
| Cost of labor (do not include amounts paid to yourself) _____ | | |
| Materials and supplies _____ | | |

Other Costs of Cost of Goods Sold:

| Description | 2007 Amount | 2006 Amount |
|------------------------|-------------|-------------|
| | | |
| | | |
| | | |
| Ending inventory _____ | | |

Other Income:

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Business Expenses - Vehicle Information

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2007:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

| Vehicle 1 | | Vehicle 2 | |
|--|-------------|--|-------------|
| | | | |
| <p>Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for use during off-duty hours?</p> | | <p>Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for use during off-duty hours?</p> | |
| 2007 Miles | 2006 Miles | 2007 Miles | 2006 Miles |
| | | | |
| | | | |
| | | | |
| 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | |
| | | | |
| | | | |
| | | | |

Business Expenses

6C

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

| | 2007 Amount | 2006 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |
| Other Business Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses

Amount received for meals and entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

| 2007 Amount | 2006 Amount |
|-------------|-------------|
| | |
| | |

Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

| | 2007 | 2006 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2007:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support the business use percentage claimed on listed property? | Yes | No |
| Is the evidence to support the business use written? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

| | | |
|---|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .. | Yes | No |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? ..

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

| Vehicle 1 | |
|---|------------|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |

| Vehicle 2 | |
|---|------------|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |

Mileage:

Total miles

Total miles applicable to business

Total commuting miles for the year

Business Use of Home

6E

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2007 | 2006 |
|------|------|
| | |
| | |
| | |

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |

Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
 Date acquired (Mo/Da/Yr) _____
 Date sold (Mo/Da/Yr) _____
 Selling price

Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

| | |
|--|--------------|
| Number of miles from old home to new workplace | Miles |
| Number of miles from old home to old workplace | |
| Number of automobile miles in move | |

Transportation Expenses:

| | |
|---|---------------|
| Costs of transportation of household goods and personal effects | Amount |
| Costs of travel and lodging (do not include meals or automobile expenses) | |
| Automobile expenses (gasoline, oil, etc.) | |
| Meals (Pennsylvania only) | |

Individual Retirement Account (IRA):

TS
 Name of payer

IRA Questions for 2007:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you receive distributions in 2007 from a traditional IRA, Roth IRA or Coverdell Education Savings Account?
- Did you convert a traditional IRA to a Roth IRA in 2007?
- Did you use your IRA as security for a loan this year?
- Did you have any transactions with your IRA during the year?
- If Yes, please explain.

| Yes | No |
|-----|----|
| | |
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| | |
| | |

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2007

Outstanding rollovers on December 31, 2007

IRA distributions received during 2007

Total distributions converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:

Contributions in 2007 for the 2007 tax return

Contributions in 2008 for the 2007 tax return

Amount for 2007 you choose to be treated as nondeductible

Roth IRA:

Contributions made for the 2007 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2007 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a | | 2006 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|-----------|------|--------------------------|
| | | | | | | Rollover? | IRA? | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

- Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
- Do you wish to contribute the maximum amount allowed?

Contributions to:

- Simplified employee pension plan
- Defined benefit plan
- Defined contribution plan
- SIMPLE plan

| Taxpayer | | Spouse | |
|----------------------|----------------------|----------------------|----------------------|
| Yes | No | Yes | No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2007 Amount | | 2007 Amount | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |

Rental and Royalty
Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

| Description | Date Acquired (Mo/Da/Yr) | Cost |
|-------------|-----------------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|-----------------------------|------|-------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2007 Amount | 2006 Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Rental and Royalty Vehicle Information

Location of Property: _____

Vehicle Questions for 2007:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |
| 2007 Amount | 2006 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |
| 2007 Amount | 2006 Amount |
| | |
| | |
| | |
| | |
| | |

Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

| | 2007 Amount | 2006 Amount |
|-----------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |
| Other Business Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals and entertainment | | |

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle _____
 Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
 Was your vehicle available for personal use during off-duty hours? Yes No

| | 2007 | 2006 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2007 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? .. Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

| | 2007 Amount | 2006 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |
| Other Business Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals and entertainment | | |

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

| | 2007 | 2006 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Passthrough Business' Use of Home

Activity Name:

Partial Use of Your Home for Business:

| |
|------|
| 2007 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| | | |
|---|-------------------------------------|--|
| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
| | | |

Farm Vehicle Information

Proprietor's Name: _____

Principal Crop or Activity: _____

Vehicle Questions for 2007:

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| | | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |
| 2007 Amount | 2006 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |
| 2007 Amount | 2006 Amount |
| | |
| | |
| | |
| | |
| | |

Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

| | 2007 Amount | 2006 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |

Other Business Expenses:

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals and entertainment | | |

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

| | 2007 | 2006 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Proprietor's Name: _____

Principal Crop or Activity: _____

Questions About Listed Property for 2007:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

| | | |
|---|-------------------------------------|------------------------------------|
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the evidence to support the business use written? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

| | | |
|--|-------------------------------------|------------------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

| Vehicle 1 | |
|--|------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |

| Vehicle 2 | |
|--|------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2007 Miles | 2006 Miles |
| | |
| | |
| | |

Mileage:

Total miles

Total miles applicable to business

Total commuting miles for the year

Farm Business Use of Home

12E

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

| |
|------|
| 2007 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

| | TSJ _____ | | TSJ _____ | |
|--|-------------|-------------|-------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Taxable pensions and annuities received | | | | |
| Nontaxable pensions and annuities received | | | | |
| Federal withholding on pensions and annuities | | | | |
| State withholding on pensions and annuities | | | | |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2007 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2007 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2007 | | | | |
| Taxable IRA distributions | | | | |
| Nontaxable IRA distributions | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

| TS | 2007 Amount | 2006 Amount |
|----|-------------|-------------|
| | | |
| | | |

Other Income:

| TSJ | Nature and Source | 2007 Amount | 2006 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Adjustments to Income: (Please enclose all Forms 1098-E for Student Loan Interest Paid)

| TSJ | Nature and Source | 2007 Amount | 2006 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2007 Amount | 2006 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid (Do not include medicare premiums paid)

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

| TSJ | 2007 Amount | 2006 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

| 2007 Amount | 2006 Amount |
|-------------|-------------|
| | |
| | |

Other Medical Expenses:

| TSJ | Description | 2007 Amount | 2006 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

| TSJ | 2007 Amount | 2006 Amount |
|-----|-------------|-------------|
| | | |
| | | |

| TSJ | Real Estate Taxes | 2007 Amount | 2006 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2007 Amount | 2006 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2007, did you include any taxes from your closing statement in the amounts above? Yes No

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2007:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, please enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please enclose the closing statements from the purchase and sale of your new and former homes. | | |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2007 Amount | 2006 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2007 Amount | 2006 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2007 Amount | 2006 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2007 Amount |
|-----|-------------|
| | |
| | |
| | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2007 Amount | 2006 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

| TSJ | Organization or Description of Contribution | 2007 Amount | 2006 Amount |
|-----|---|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| TSJ | Conservation Real Property | 2007 Amount | 2006 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2007 Miles | 2006 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling Less Than or Equal to \$500:

| TSJ | Description of Donated Property | 2007 Amount | 2006 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500:

TSJ

Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value?

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange

Itemized Deduction - Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2007 | 2006 |
|------|------|
| | |
| | |
| | |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |

Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

| | 2007 Amount | 2006 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |
| Other Business Expenses: | | |

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

| | 2007 Amount | 2006 Amount |
|---|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals and entertainment | | |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

| | 2007 | 2006 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2007 Amount | 2006 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2007 | 2006 |
|------|------|
| | |
| | |
| | |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2007 Amount | 2006 Amount | 2007 Amount | 2006 Amount |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2006 but paid in 2007
 Employer-provided dependent care benefits that were forfeited in 2007
 2006 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

| | 2007 Amount | 2006 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2007 | | |
| Expenses incurred and not paid in 2007 | | |

Provider 2:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

| | 2007 Amount | 2006 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2007 | | |
| Expenses incurred and not paid in 2007 | | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2007 Expenses Incurred | 2006 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | Grade | 2007 Qualified Expenses |
|------------------------|-----------|------------------------|-------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,500 or more in 2007? Yes No

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007?

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

| 2007 Amount | 2006 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

| 2007 Amount | 2006 Amount |
|--|-------------|
| Total cash wages subject to FUTA tax | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2008

| Name of State | State Reporting Number | Taxable Wages | Contribution Paid to Unemployment Fund | X | 2006 Amount |
|---------------|------------------------|---------------|--|---|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Refund Application:

If you have an overpayment of 2007 taxes, do you want the excess:

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Refunded | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Applied to your 2008 estimated tax liability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Federal Estimated Tax Payments:

| | |
|---------------------------------|------------------|
| 2007 1st Quarter Estimate | (Due 04-17-2007) |
| 2007 2nd Quarter Estimate | (Due 06-15-2007) |
| 2007 3rd Quarter Estimate | (Due 09-17-2007) |
| 2007 4th Quarter Estimate | (Due 01-15-2008) |

| Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|--|-------------|
| | |
| | |
| | |
| | |

2006 overpayment applied to 2007 estimate

State and City Estimated Tax Payments:

| |
|---------------------------------|
| 2007 1st Quarter Estimate |
| 2007 2nd Quarter Estimate |
| 2007 3rd Quarter Estimate |
| 2007 4th Quarter Estimate |

| TSJ _____ State/City _____ | |
|-------------------------------|-------------|
| Date Paid (Mo/Da/Yr) | Amount Paid |
| | |
| | |
| | |
| | |

| TSJ _____ State/City _____ | |
|-------------------------------|-------------|
| Date Paid (Mo/Da/Yr) | Amount Paid |
| | |
| | |
| | |
| | |

| | | |
|---|----------------------|----------------------|
| 2006 overpayment applied to 2007 estimate | <input type="text"/> | <input type="text"/> |
| Balance of prior year(s)' tax paid in 2007 plus amount paid with 2006 extensions | <input type="text"/> | <input type="text"/> |
| Estimated tax payments for 2006 paid in 2007 | <input type="text"/> | <input type="text"/> |

Tax Planning Information for Tax Year 2008:

Do you expect any of the following to occur in 2008?

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, please provide details.

| |
|--|
| |
| |
| |
| |

Foreign Employment Information
(Page 1 of 3)

General Information:

TS _____

Foreign address _____
.....
.....

Name of employer _____
Employer's U.S. address _____
.....
.....

Employer's foreign address _____
.....
.....

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year (after 1981) that Form 2555 was
filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

2006

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | |
|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-------|----|----|----|----|----|----|-------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 26 | 27 | 28 | 26 | 27 | 28 | 29 | 30 | 31 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | | |
| 29 | 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | |

| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | |
|-----|----|----|----|----|----|----|------|----|----|----|----|----|----|------|----|----|----|----|----|----|--------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 25 | 26 | 27 | 28 | 29 | 30 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | 31 | | | |
| 28 | 29 | 30 | 31 | | | | | | | | | | 30 | 31 | | | | | | | | | | | | | |

| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | |
|-----------|----|----|----|----|----|----|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 26 | 27 | 28 | 29 | 30 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | |
| | | | | | | | 29 | 30 | 31 | | | | | | | | | | | | | | | | | | |

2007

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | |
|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-------|----|----|----|----|----|----|-------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 25 | 26 | 27 | 28 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | |
| 28 | 29 | 30 | 31 | | | | | | | | | | | | | | | | | 29 | 30 | | | | | | |

| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | |
|-----|----|----|----|----|----|----|------|----|----|----|----|----|----|------|----|----|----|----|----|----|--------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | | | | | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 27 | 28 | 29 | 30 | 31 | | | | | | | | 29 | 30 | 31 | | | | | | | | 26 | 27 | 28 | 29 | 30 | 31 |

| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | |
|-----------|----|----|----|----|----|----|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 5 | 6 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 25 | 26 | 27 | 28 | 29 | 30 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| 30 | | | | | | | 28 | 29 | 30 | 31 | | | | | | | 30 | 31 | | | | | | | | | |

2008

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | |
|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|-------|----|----|----|----|----|----|-------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 5 | | | | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 24 | 25 | 26 | 27 | 28 | 29 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 27 | 28 | 29 | 30 | 31 | | | | | | | | 30 | 31 | | | | | | | 27 | 28 | 29 | 30 | | | | |

| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | |
|-----|----|----|----|----|----|----|------|----|----|----|----|----|----|------|----|----|----|----|----|----|--------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 29 | 30 | 27 | 28 | 29 | 30 | 31 | 27 | 28 | 29 | 30 | 31 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | | | | | | | 31 | | | | | | | | |

| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | |
|-----------|----|----|----|----|----|----|---------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | 28 | 29 | 30 | 31 | | | | | |

700431 05-08-07

NOTE: Only complete Forms 34 and/or 35 if in 2007:

- You made gifts of cash or marketable securities to an individual that exceeded \$12,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

| | | | | |
|--|--|---------------------------------|--------------------------------|--|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint | |
| Name of person receiving the gift | _____ | | | |
| Address of person | _____ | | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | | |
| Age of the person | _____ | | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | | |
| Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock) | _____ | | | |
| Cost basis of assets gifted if other than cash | <table border="1" style="width: 100%; height: 15px;"> <tr><td> </td></tr> </table> | | | |
| | | | | |
| Value of assets gifted if other than cash | <table border="1" style="width: 100%; height: 15px;"> <tr><td> </td></tr> </table> | | | |
| | | | | |

Gift 2:

| | | | | |
|--|--|---------------------------------|--------------------------------|--|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint | |
| Name of person receiving the gift | _____ | | | |
| Address of person | _____ | | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | | |
| Age of the person | _____ | | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | | |
| Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock) | _____ | | | |
| Cost basis of assets gifted if other than cash | <table border="1" style="width: 100%; height: 15px;"> <tr><td> </td></tr> </table> | | | |
| | | | | |
| Value of assets gifted if other than cash | <table border="1" style="width: 100%; height: 15px;"> <tr><td> </td></tr> </table> | | | |
| | | | | |

Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$12,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

- A copy of the trust document(s) unless previously furnished to us.**
- A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**

2007 Tax Return Checklist

Client Name: _____

| | Prior Year | Current Year |
|---|------------|--------------|
| Income: | | |
| Wages (IRS W-2) | _____ | _____ |
| Interest Income (IRS 1099-INT) | _____ | _____ |
| Dividend Income (IRS 1099-DIV) | _____ | _____ |
| Brokerage Statements (Form 1099-A,B,S) | _____ | _____ |
| IRA/Pension/Annuity Income (IRS 1099R) | _____ | _____ |
| Schedule K-1s (IRS K-1) | _____ | _____ |
| Miscellaneous Income (IRS-1099-MISC, G) | _____ | _____ |
| Itemized Deductions: | | |
| Medical/Dental Expenses | _____ | _____ |
| Real Estate Taxes | _____ | _____ |
| Property Taxes | _____ | _____ |
| Mortgage Interest (Form 1098) | _____ | _____ |
| Charitable Contributions | _____ | _____ |
| Other: | | |
| Estimated Tax Payments | _____ | _____ |

* Please provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.

Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2007 1st Quarter Estimate (Due 04-17-2007)
 2007 2nd Quarter Estimate (Due 06-15-2007)
 2007 3rd Quarter Estimate (Due 09-17-2007)
 2007 4th Quarter Estimate (Due 01-15-2008)

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2007 1st Quarter Estimate
 2007 2nd Quarter Estimate
 2007 3rd Quarter Estimate
 2007 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|----------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2007 1st Quarter Estimate
 2007 2nd Quarter Estimate
 2007 3rd Quarter Estimate
 2007 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|----------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2007 1st Quarter Estimate
 2007 2nd Quarter Estimate
 2007 3rd Quarter Estimate
 2007 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|----------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2007 1st Quarter Estimate
 2007 2nd Quarter Estimate
 2007 3rd Quarter Estimate
 2007 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|----------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

General Information:

Daytime telephone number (including area code)

Taxpayer
Spouse

Has your address changed from 2006? Yes No

Do you qualify for the blind exemption? Taxpayer Spouse

Are you a noncustodial parent? Did you receive Form MA 1099-HC? If yes, please attach

Total purchases in 2007 subject to Massachusetts use tax

Sales/use tax paid to other state or jurisdiction

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Massachusetts for all of 2007, enter the dates you did live in Massachusetts

Enter the state names other than Massachusetts for which you had income

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund? Yes No Taxpayer Spouse

Enter the amount you wish to contribute on your 2007 tax return to:

Organ Transplant Fund
Endangered Wildlife Conservation
Massachusetts AIDS Fund
Massachusetts United States Olympic Fund
Massachusetts Military Family Relief Fund

Rental Deduction Information:

Name of landlord

Rent paid

Enter Any Additional Massachusetts Information:

Empty box for additional information