

# 2007 Federal Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



Jack & Jill Robinson  
505 Pleasant Valley Lane  
Chicago, IL 75839

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows you owe a balance due of \$22,184.00.  You are paying by check.		
<b>2007 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	125,437.00
	Taxable Income	\$	93,173.00
	Total Tax	\$	29,724.00
	Total Payments/Credits	\$	7,540.00
	Payment Due	\$	22,184.00
	Effective Tax Rate		12.67%
<b>Payments You Need to Make</b>	You will be making estimated tax payments for 2008. However, the taxing authority did not release the estimated payment forms and vouchers in time to be included in TurboTax. When you are ready to make your first payment, come back to TurboTax and make sure you update the program. The forms will be included as soon as they are released, and you will receive them when you update.		
<b>Forms Included</b>	U.S. Individual Income Tax Return Estimated Tax Vouchers		

# Form Not Final - Do Not File

# Form Not Final - Do Not File

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **4/16/2007**

## 2007 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2007 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

5,546.

FDIA1901 07/20/06

1030

222 22 2345 333-33 4567  
JACK ROBINSON  
JILL ROBINSON  
505 PLEASANT VALLEY LANE  
CHICAGO IL 75839

INTERNAL REVENUE SERVICE CENTER  
PO BOX 970006  
ST LOUIS MO 63197-0006

# Form Not Final - Do Not File

222222345 QT ROBI 30 0 200812 430

# Form Not Final - Do Not File

# Form Not Final - Do Not File

----- ▼ **Detach Here and Mail With Your Payment** ▼ -----

Department of the Treasury  
Internal Revenue Service

**Calendar Year—**  
**Due 6/15/2007**

## **2007 Form 1040-ES Payment Voucher 2**

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury.** Write your social security number and '2007 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	5,546.
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FDIA1902 07/20/06 1030

222 22 2345 333-33 4567  
JACK ROBINSON  
JILL ROBINSON  
505 PLEASANT VALLEY LANE  
CHICAGO IL 75839

INTERNAL REVENUE SERVICE CENTER  
PO BOX 970006  
ST LOUIS MO 63197-0006

# Form Not Final - Do Not File

222222345 QT ROBI 30 0 200812 430

# Form Not Final - Do Not File

# Form Not Final - Do Not File

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▼ **Detach Here and Mail With Your Payment** ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **9/17/2007**

## 2007 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2007 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

5,546.

FDIA1904 07/20/06

1030

222 22 2345 333-33 4567  
JACK ROBINSON  
JILL ROBINSON  
505 PLEASANT VALLEY LANE  
CHICAGO IL 75839

INTERNAL REVENUE SERVICE CENTER  
PO BOX 970006  
ST LOUIS MO 63197-0006

# Form Not Final - Do Not File

222222345 QT ROBI 30 0 200812 430

# Form Not Final - Do Not File

# Form Not Final - Do Not File

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 1/15/2008

## 2007 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2007 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

5,546.

FDIA1905 07/20/06

1030

222 22 2345 333-33 4567  
JACK ROBINSON  
JILL ROBINSON  
505 PLEASANT VALLEY LANE  
CHICAGO IL 75839

INTERNAL REVENUE SERVICE CENTER  
PO BOX 970006  
ST LOUIS MO 63197-0006

# Form Not Final - Do Not File

222222345 QT ROBI 30 0 200812 430

To pay your taxes using an Discover, American Express, Visa or MasterCard, visit [www.officialpayments.com](http://www.officialpayments.com) or call 1-800-2PAY-TAX (1-800-272-9829).

To pay your taxes due by check, mail this form to the address listed below.

Form 1040-V (2007)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2007**

## Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . ▶	22,184.
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FDIA8601 06/11/07 1030

JACK & JILL ROBINSON  
505 PLEASANT VALLEY LANE  
CHICAGO IL 75839

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE CENTER  
KANSAS CITY MO 64999-0102

22222345 QT ROBI 30 0 200712 610

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20
Your first name MI Last name Jack Robinson
Your social security number 222-22-2345
If a joint return, spouse's first name MI Last name Jill Robinson
Spouse's social security number 333-33-4567
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 505 Pleasant Valley Lane
City, town or post office. If you have a foreign address, see instructions. State ZIP code Chicago IL 75839
Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) . . . . . You Spouse

Filing Status

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
6b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instr)
Elaine Robinson 456-78-9012 Daughter
Susan Robinson 567-89-0123 Daughter
Brandon Robinson 678-90-1234 Son
d Total number of exemptions claimed 5

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 38,550.
8a Taxable interest. Attach Schedule B if required 8a 2,345.
8b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a 3,546.
9b Qualified dividends (see instrs) 9b 452.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 59,018.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 -1,446.
14 Other gains or (losses). Attach Form 4797 14 -19.
15a IRA distributions 15a b Taxable amount (see instrs) 15b
16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 15,000.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 9,663.
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see instrs) 20b
21 Other income FORM W-2G 21 7,100.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 133,757.

Adjusted Gross Income

23 Educator expenses (see instructions) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27 4,170.
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction (see instructions) 29
30 Penalty on early withdrawal of savings 30 150.
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction (see instructions) 32
33 Student loan interest deduction (see instructions) 33
34 Tuition and fees deduction. Attach Form 8917 34 4,000.
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 - 31a and 32 - 35 36 8,320.
37 Subtract line 36 from line 22. This is your adjusted gross income 37 125,437.

Tax and Credits

Standard Deduction for -

People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-57 covering tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 58-63 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-72 covering payments.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 covering amount you owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and PIN.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature area with fields for signature, date, and occupation for both taxpayer and spouse.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, and firm information.



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Jack & Jill Robinson

222-22-2345

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) . . . . .	1		
	2	Enter amount from Form 1040, line 38 . . . . .	2		
	3	Multiply line 2 by 7.5% (.075) . . . . .	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4		
<b>Taxes You Paid</b>  (See instructions.)	<b>5 State and local (check only one box):</b>		5		
	a	<input checked="" type="checkbox"/> Income taxes, or		1,427.	
	b	<input type="checkbox"/> General sales taxes.			
	6	Real estate taxes (see instructions) . . . . .	6	2,690.	
	7	Personal property taxes . . . . .	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8 . . . . .	9	4,117.	
	<b>Interest You Paid</b>	10	Home mtg interest and points reported to you on Form 1098 . . . . .	10	5,727.
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11	
12		Points not reported to you on Form 1098. See instrs for spcl rules . . . . .	12		
13		Qualified mortgage insurance premiums (see instructions) . . . . .	13		
14		Investment interest. Attach Form 4952 if required. (See instrs.) . . . . .	14		
15		Add lines 10 through 14 . . . . .	15	5,727.	
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs . . . . .	16	1,470.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17	1,200.	
	18	Carryover from prior year . . . . .	18		
	19	Add lines 16 through 18 . . . . .	19	2,670.	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20		
(See instructions.)	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees . . . . .	22		
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23 . . . . .	24		
	25	Enter amount from Form 1040, line 38 . . . . .	25		
	26	Multiply line 25 by 2% (.02) . . . . .	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27		
<b>Other Miscellaneous Deductions</b>	28	Other — from list in the instructions. List type and amount ▶ See Statement	28	2,750.	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.	29	15,264.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

▶ **Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.**  
▶ **Attach to Form 1040, 1040NR, or 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor <b>Jack Robinson</b>		Social security number (SSN) <b>222-22-2345</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Computer Consulting</b>	<b>B</b> Enter code from instructions ▶ <b>541510</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN), if any	
E Business address (including suite or room no.) ▶ <b>505 Pleasant Valley Lane</b> City, town or post office, state, and ZIP code <b>Chicago, IL 75839</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2007, check here . . . . . <input type="checkbox"/>		

<b>Part I Income</b>	
1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here . . . . . ▶ <input type="checkbox"/>	1 90,000.
2 Returns and allowances . . . . .	2
3 Subtract line 2 from line 1. . . . .	3 90,000.
4 Cost of goods sold (from line 42 on page 2). . . . .	4
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5 90,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). . . . .	6
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ▶	7 90,000.

<b>Part II Expenses.</b> Enter expenses for business use of your home <b>only</b> on line 30.			
8 Advertising . . . . .	8 530.	18 Office expense . . . . .	18 1,286.
9 Car and truck expenses (see instructions) . . . . .	9 5,192.	19 Pension and profit-sharing plans	19
10 Commissions and fees . . . . .	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions) . . . . .	11	a Vehicles, machinery, and equipment . . . . .	20 a 252.
12 Depletion . . . . .	12	b Other business property . . . . .	20 b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13 3,759.	21 Repairs and maintenance . . . . .	21 189.
14 Employee benefit programs (other than on line 19) . . . . .	14	22 Supplies (not included in Part III) . . . . .	22
15 Insurance (other than health) . . . . .	15 1,200.	23 Taxes and licenses . . . . .	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc) . . . . .	16 a	a Travel . . . . .	24 a 4,356.
b Other . . . . .	16 b 262.	b Deductible meals and entertainment (see instructions) . . . . .	24 b
17 Legal & professional services . . . . .	17	25 Utilities . . . . .	25 1,420.
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns. . . . . ▶	28 24,317.	26 Wages (less employment credits) . . . . .	26
29 Tentative profit (loss). Subtract line 28 from line 7. . . . .	29 65,683.	27 Other expenses (from line 48 on page 2) . . . . .	27 5,871.
30 Expenses for business use of your home. Attach <b>Form 8829</b> . . . . .	30 6,665.		
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. <ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Form 1040, line 12,</b> and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>	31 59,018.		
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Form 1040, line 12,</b> and <b>Schedule SE, line 2,</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited.</li> </ul>		32 a <input checked="" type="checkbox"/> All investment is at risk.	
		32 b <input type="checkbox"/> Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	▶ _____
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for: a Business _____ b Commuting (see instructions) _____ c Other _____	
45	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

computer software	3,580.
books and seminars	1,500.
dues and subscriptions	500.
postage	291.
48 Total other expenses. Enter here and on page 1, line 27	5,871.

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**  
▶ **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **12**

Name(s) shown on return

Jack & Jill Robinson

Your social security number

222-22-2345

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .					
3 <b>Total short-term sales price amounts.</b> Add lines 1 and 2 in column (d) . . . . .					
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .					
7 <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (f) . . . . .					

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 Harrah Stock	06/01/04	08/01/07	554.00	2,000.00	-1,446.00
9 Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .					
10 <b>Total long-term sales price amounts.</b> Add lines 8 and 9 in column (d) . . . . .			554.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .					
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .					
13 Capital gain distributions. See instrs. . . . .					
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .					
15 <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (f). Then go to Part III on page 2 . . . . .					-1,446.

**BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.**

Schedule D (Form 1040) 2007

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p>	<p><b>16</b></p>	<p>-1,446.</p>
<p>If line 16 is:</p>		
<ul style="list-style-type: none"> <li>• A <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• <b>Zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p>		
<p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions. . . . . ▶</p>	<p><b>18</b></p>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶</p>	<p><b>19</b></p>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p>		
<p><input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p>		
<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	<p><b>21</b></p>	<p>-1,446.</p>
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input checked="" type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p>		
<p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc)  
▶ Attach to Form 1040, 1040NR, or Form 1041.  
▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **13**

Name(s) shown on return

Jack & Jill Robinson

Your social security number

222-22-2345

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days, or • 10% of the total days rented at fair rental value? (See instructions.)	Yes	No
A	single family house Owensboro, KY				X
B	condo Jacksonville, FL				X
C					

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received . . . . .	3 25,200.	27,375.		3 52,575.
4 Royalties received . . . . .	4			4
<b>Expenses:</b>				
5 Advertising . . . . .	5 100.	200.		
6 Auto and travel (see instructions) . . . . .	6	2,050.		
7 Cleaning and maintenance . . . . .	7 488.	1,200.		
8 Commissions . . . . .	8			
9 Insurance . . . . .	9 1,265.	1,655.		
10 Legal and other professional fees . . . . .	10 125.			
11 Management fees . . . . .	11	2,400.		
12 Mortgage interest paid to banks, etc (see instructions) . . . . .	12 2,955.	4,444.		12 7,399.
13 Other interest . . . . .	13			
14 Repairs . . . . .	14 310.			
15 Supplies . . . . .	15 385.	200.		
16 Taxes . . . . .	16 2,004.	3,808.		
17 Utilities . . . . .	17			
18 Other (list) ▶	18			
19 Add lines 5 through 18 . . . . .	19 7,632.	15,957.		19 23,589.
20 Depreciation expense or depletion (see instructions) . . . . .	20 18,910.	11,273.		20 30,183.
21 Total expenses. Add lines 19 and 20 . . . . .	21 26,542.	27,230.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	22 -1,342.	145.		
23 Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 . . . . .	23 -2,342.	-1,700.		
24 <b>Income.</b> Add positive amounts shown on line 22. <b>Do not</b> include any losses . . . . .	24			24 145.
25 <b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here . . . . .	25			25 -4,042.
26 <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			26 -3,897.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Jack & Jill Robinson

222-22-2345

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if the loss was not reported on Form 8582), or unreimbursed partnership expenses... [ ] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include Stable Graphics, Inc. and Computer Creation Company.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes totals for 29a, 29b, 30, 31, and 32.

Table with 2 columns: (a) Name, (i) Employer ID no. Rows include A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals for 34a, 34b, 35, 36, and 37.

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes total for 39.

Table with 2 columns: (a) Name, (i) Employer ID no. Rows include A and B.



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

Jack Robinson

Social security number of person  
with **self-employment** income ▶

222-22-2345

**Who Must File Schedule SE**

You must file Schedule SE if:

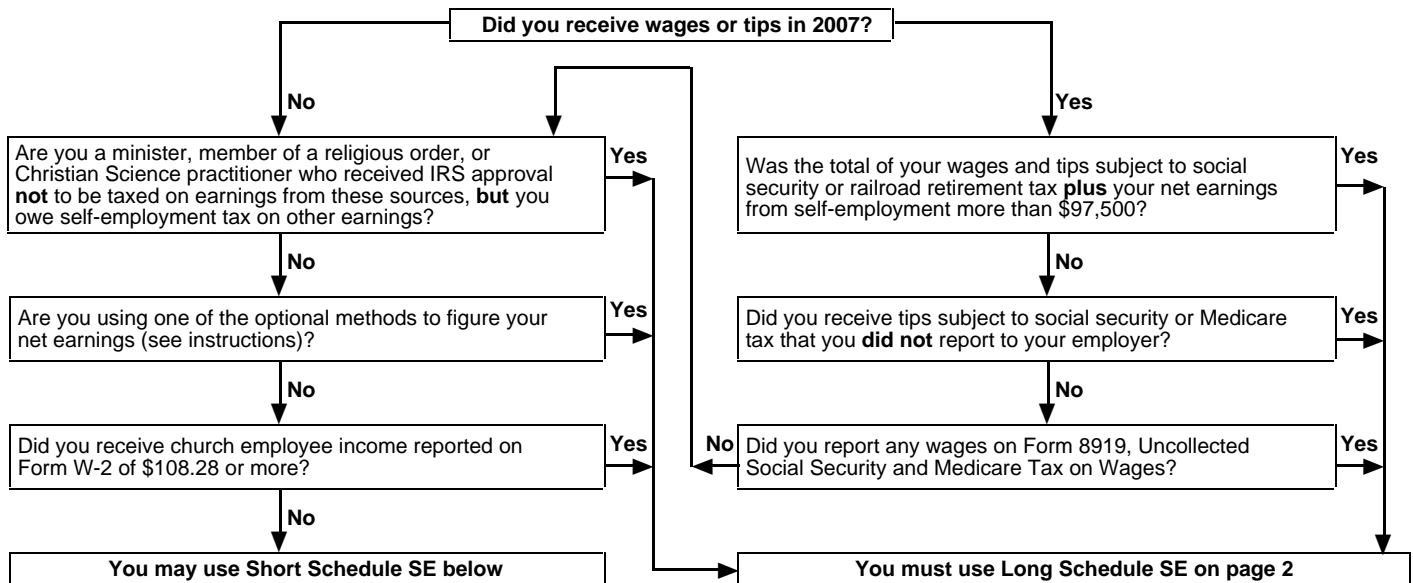
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 58.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



**Section A – Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report . . . . .	2	59,018.
3	Combine lines 1 and 2 . . . . .	3	59,018.
4	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax . . . . . ▶	4	54,503.
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 58.</b> • More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on <b>Form 1040, line 58.</b>	5	8,339.
6	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b> . . . . .   6		4,170.

**BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.**

Schedule **SE** (Form 1040) 2007

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return

Jack & Jill Robinson

Identifying number

222-22-2345

**1** Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	(a) Description of property	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	computer	06/01/03	01/01/07	500.	3,981.	4,500.	-19.

**3** Gain, if any, from Form 4684, line 39 . . . . . **3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**

**6** Gain, if any, from line 32, from other than casualty or theft . . . . . **6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . . **7** -19.

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . . **8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . . **9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


**11** Loss, if any, from line 7 . . . . . **11** -19.

**12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . . **12**

**13** Gain, if any, from line 31 . . . . . **13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**

**17** Combine lines 10 through 16 . . . . . **17** -19.

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from 'Form 4797, line 18a.' See instructions . . . . . **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . . **18b** -19.

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

**Alternative Minimum Tax – Individuals**

**2007**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

Jack & Jill Robinson

222-22-2345

Part I	Alternative Minimum Taxable Income (See instructions for how to complete each line.)	
1	Beginning net capital gain (Form 1040, line 16) or net long-term capital gain (Form 1040, line 4) and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	10,173.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38. If zero or less, enter -0-	0.
3	Taxes from Schedule A (Form 1040), line 9	4,117.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040)	
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Interest from specified private activity bonds exempt from the regular tax	
12	Qualified small business stock (7% of gain excluded under section 1202)	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
16	Disposition of property (difference between AMT and regular tax gain or loss)	-230.
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	-116.
18	Passive activities (difference between AMT and regular tax income or loss)	8,496.
19	Loss limitations (difference between AMT and regular tax income or loss)	
20	Circulation costs (difference between regular tax and AMT)	
21	Long-term contracts (difference between regular tax and AMT)	
22	Mining costs (difference between regular tax and AMT)	
23	Research and experimental costs (difference between regular tax and AMT)	
24	Income from certain installment sales before January 1, 1987	
25	Intangible drilling costs preference	
26	Other adjustments, including income-based related adjustments	
27	Alternative tax net operating loss deduction	0.
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$165,000, see instructions.)	122,440.

Part II	Alternative Minimum Tax															
29	Exemption. (If this form is for a child under age 18, see instructions.)															
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$33,750</td> <td rowspan="3">} . . . . .</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>45,000</td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>22,500</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$33,750	} . . . . .	Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	45,000	Married filing separately . . . . .	75,000 . . . . .	22,500	45,000.
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>														
Single or head of household . . . . .	\$112,500 . . . . .	\$33,750	} . . . . .													
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	45,000														
Married filing separately . . . . .	75,000 . . . . .	22,500														
30	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II		77,440.													
31	<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li> <li>• <b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>		20,085.													
32	Alternative minimum tax credit. See instructions															
33	Tentative minimum tax. Subtract line 32 from line 31		20,085.													
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)		16,097.													
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45		3,988.													

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	77,440.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax or the AMT, if necessary) (see instructions)	37	50.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary)	39	452.
40	Enter the smaller of line 36 or line 39.	40	452.
41	Subtract line 40 from line 36	41	76,988.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	20,017.
43	Enter: <ul style="list-style-type: none"> <li>• \$63,700 if married filing jointly or qualifying widow(er),</li> <li>• \$31,850 if single or married filing separately, or</li> <li>• \$42,650 if head of household.</li> </ul>	43	63,700.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	2,200.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37.	46	452.
47	Enter the smaller of line 45 or line 46.	47	0.
48	Multiply line 47 by 5% (.05)	48	0.
49	Subtract line 47 from line 46	49	452.
50	Multiply line 49 by 15% (.15) <b>If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.</b>	50	68.
51	Subtract line 46 from line 40	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	20,085.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	20,134.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	20,085.

**Tuition and Fees Deduction**

▶ See instructions.  
▶ Attach to Form 1040 or Form 1040A.

Name(s) shown on return

Jack & Jill Robinson

Your social security number

222-22-2345

**Caution:** You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** in the same year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions.
  - ✓ If you file Form 1040, use the instructions for line 36 to figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36.

<b>1</b> (a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
First name	Last name		
Elaine	Robinson	456-78-9012	6,600.
<b>2</b> Add the amounts on line 1, column (c), and enter the total . . . . .		<b>2</b>	6,600.
<b>3</b> Enter the amount from Form 1040, line 22, or Form 1040A, line 15 . . . . .	<b>3</b>	133,757.	
<b>4</b> Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, <b>or</b> • Form 1040A, lines 16 through 18 . . . . .	<b>4</b>	4,320.	
<b>5</b> Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you cannot take the deduction for tuition and fees . . . . .	<b>5</b>		129,437.
<b>6</b> <b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 2, or \$2,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19. <input checked="" type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 2, or \$4,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.	<b>6</b>		4,000.

\*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Publication 970 to figure the amount to enter.

**Expenses for Business Use of Your Home**  
 ▶ File only with Schedule C (Form 1040).  
**Use a separate Form 8829 for each home you used for business during the year.**  
 ▶ See separate instructions.

Name(s) of proprietor(s)

Jack Robinson

Your social security number

222-22-2345

<b>Part I</b>		<b>Part of Your Home Used for Business</b>	<b>Computer Consulting</b>
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)		800
2	Total area of home		2,800
3	Divide line 1 by line 2. Enter the result as a percentage		28.57 %
<b>For daycare facilities not used exclusively for business go to line 4. All others go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	4	hr
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	28.57 %

<b>Part II</b>		<b>Figure Your Allowable Deduction</b>	
8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	65,875.
<b>See instrs for columns (a) and (b) before completing lines 9-21.</b>			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	8,018.
11	Real estate taxes (see instructions)	11	3,766.
12	Add lines 9, 10, and 11	12	11,784.
13	Multiply line 12, column (b) by line 7	13	3,367.
14	Add line 12, column (a) and line 13	14	3,367.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	62,508.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	1,800.
21	Other expenses (see instrs)	21	
22	Add lines 16 through 21	22	1,800.
23	Multiply line 22, column (b) by line 7	23	514.
24	Carryover of operating expenses from 2006 Form 8829, line 42	24	
25	Add line 22 in column (a), line 23, and line 24	25	514.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	514.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	61,994.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from Part III below	29	2,784.
30	Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43	30	
31	Add lines 28 through 30	31	2,784.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	2,784.
33	Add lines 14, 26, and 32	33	6,665.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	6,665.

<b>Part III</b>		<b>Depreciation of Your Home</b>	
36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	500,000.
37	Value of land included on line 36	37	120,000.
38	Basis of building. Subtract line 37 from line 36	38	380,000.
39	Business basis of building. Multiply line 38 by line 7	39	108,566.
40	Depreciation percentage (see instructions)	40	2.5641 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	2,784.

<b>Part IV</b>		<b>Carryover of Unallowed Expenses to 2008</b>	
42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Jack & Jill Robinson

Identifying number

222-22-2345

Business or activity to which this form relates

Sch C Computer Consulting

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	3,500.
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	125,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	laptop computer	1,800.	1,800.
	desktop computer and printer	1,700.	1,700.
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	3,500.
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	3,500.
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	113,054.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	3,500.
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 . . . . . ▶	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007 . . . . .	17	3,043.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	
				MM	S/L	

**Section C – Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life . . . . .					S/L	
b 12-year . . . . .			12 yrs		S/L	
c 40-year . . . . .			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . .	22	6,543.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>24b</b> If 'Yes,' is the evidence written? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>								
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
Audi	01/01/02	83.33						
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .	10,000											
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	2,000											
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	12,000											
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	X											
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	X											
<b>36</b> Is another vehicle available for personal use? . . . . .	X											

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2007 tax year. . . . .				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	



**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

**2007**

Attachment  
Sequence No. **88**

Name(s) shown on return

Jack & Jill Robinson

Identifying number

222-22-2345

**Part I 2007 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
<b>1 a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1 a</b>	0.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1 b</b>	-1,342.	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1 c</b>	-1,000.	
<b>d</b> Combine lines 1a, 1b, and 1c . . . . .	<b>1 d</b>		-2,342.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
<b>2 a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .	<b>2 a</b>		
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2 b</b>		
<b>c</b> Add lines 2a and 2b . . . . .	<b>2 c</b>		
<b>All Other Passive Activities</b>			
<b>3 a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3 a</b>	1,700.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3 b</b>	0.	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3 c</b>	-2,000.	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3 d</b>		-300.
<b>4</b> Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. <b>Do not</b> complete Form 8582. Report the losses on the forms and schedules normally used. . . . .	<b>4</b>		-2,642.

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See the instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .	<b>5</b>		2,342.
<b>6</b> Enter \$150,000. If married filing separately, see the instructions . . . . .	<b>6</b>	150,000.	
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) . . . . .	<b>7</b>	135,949.	
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	14,051.	
<b>9</b> Multiply line 8 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>		7,026.
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>		2,342.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	<b>11</b>		
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>		
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>		
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>		

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>		1,700.
<b>16</b> <b>Total losses allowed from all passive activities for 2007.</b> Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>		4,042.

**BAA For Paperwork Reduction Act Notice, see the instructions.**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Owensboro, KY	0.	1,342.	1,000.		2,342.
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> . . . . . ▶	0.	1,342.	1,000.		

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b> . . . . . ▶			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Jacksonville, FL	145.	0.	2,000.		1,855.
Computer Creation Company	1,555.	0.		1,555.	
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> . . . . . ▶	1,700.	0.	2,000.		

**Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Owensboro, KY	E Ln 23	2,342.	1.00000000	2,342.	0.
<b>Total</b> . . . . . ▶		2,342.	1.00	2,342.	0.

**Worksheet 5 – Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Jacksonville, FL	E Ln 23	1,855.	1.00000000	300.
<b>Total</b> . . . . . ▶		1,855.	1.00	300.

**Worksheet 6 – Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Jacksonville, FL	E Ln 23	2,000.	300.	1,700.
<b>Total</b>		2,000.	300.	1,700.

**Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of Activity . . . . .	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Name of Activity . . . . .</b>					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Total</b>			1.00		

<b>Name of Activity . . . . .</b>					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule . . . . . ▶					
b Net income from form or schedule . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- . . . . . ▶					
<b>Total</b>			1.00		

### Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**  
▶ See separate instructions.

Name(s) shown on your income tax return

Jack & Jill Robinson

Identifying number

222-22-2345

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	Salvation Army Chicago IL	clothing and furniture
B		
C		
D		
E		

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	01/01/2007	Various	Purchase	3,000.	1,200.	Comparative sales
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2 a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest . . . . . ▶ \_\_\_\_\_  
If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year . . . . . ▶ \_\_\_\_\_  
(2) For any prior tax years . . . . . ▶ \_\_\_\_\_

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_

City or town \_\_\_\_\_ State ZIP code \_\_\_\_\_

**d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

**e** Name of any person, other than donee organization, having actual possession of the property ▶ \_\_\_\_\_

**3 a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

	Yes	No
3 a		
3 b		
3 c		

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .

**c** Is there a restriction limiting the donated property for a particular use? . . . . .

**Passive Activity Loss Limitations**  
ALT MIN TAX KEEP FOR YOUR RECORDS

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

**2007**

Attachment  
Sequence No. **88**

Name(s) shown on return

Jack & Jill Robinson

Identifying number

222-22-2345

**Part I 2007 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

<b>Rental Real Estate Activities With Active Participation</b> (For the definition of active participation, see <b>Special Allowance for Rental Real Estate Activities</b> in the instructions.)			
<b>1 a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .	<b>1 a</b>	931.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .	<b>1 b</b>	0.	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . .	<b>1 c</b>		
<b>d</b> Combine lines 1a, 1b, and 1c. . . . .	<b>1 d</b>		931.
<b>Commercial Revitalization Deductions From Rental Real Estate Activities</b>			
<b>2 a</b> Commercial revitalization deductions from Worksheet 2, column (a). . . . .	<b>2 a</b>		
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . .	<b>2 b</b>		
<b>c</b> Add lines 2a and 2b . . . . .	<b>2 c</b>		
<b>All Other Passive Activities</b>			
<b>3 a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .	<b>3 a</b>	5,223.	
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .	<b>3 b</b>	0.	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3 c</b>		
<b>d</b> Combine lines 3a, 3b, and 3c. . . . .	<b>3 d</b>		5,223.
<b>4</b> Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. <b>Do not</b> complete Form 8582. Report the losses on the forms and schedules normally used. . . . .	<b>4</b>		6,154.

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See the instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4. . . . .	<b>5</b>	
<b>6</b> Enter \$150,000. If married filing separately, see the instructions . . . . .	<b>6</b>	
<b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) . . . . .	<b>7</b>	
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
<b>8</b> Subtract line 7 from line 6. . . . .	<b>8</b>	
<b>9</b> Multiply line 8 by 50% (.5). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . .	<b>9</b>	
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .	<b>10</b>	0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

<b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . .	<b>11</b>	
<b>12</b> Enter the loss from line 4 . . . . .	<b>12</b>	
<b>13</b> Reduce line 12 by the amount on line 10 . . . . .	<b>13</b>	
<b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .	<b>14</b>	

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .	<b>15</b>	
<b>16</b> <b>Total losses allowed from all passive activities for 2007.</b> Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return . . . . .	<b>16</b>	

**BAA For Paperwork Reduction Act Notice, see the instructions.**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

AMT

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Owensboro, KY	931.	0.		931.	
<b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b>	931.	0.			

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total. Enter on Form 8582, lines 2a and 2b</b>			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

AMT

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Jacksonville, FL	3,668.	0.		3,668.	
Computer Creation Company	1,555.	0.		1,555.	
<b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b>	5,223.	0.			

**Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b>			1.00		

**Worksheet 5 – Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>			1.00	

# Charitable Organization Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return <u>Jack &amp; Jill Robinson</u>	Social Security Number <u>222-22-2345</u>
--	--

Charity Name . . . church  
 Address . . . . . \_\_\_\_\_  
 City . . . . . Chicago State . . . . IL ZIP code . . \_\_\_\_\_

<b>Combined Amounts Worksheet</b>				
<b>Note:</b> Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	1,470.00
			Total:	1,470.00

<b>ItsDeductible Item Donations Worksheet</b>								
<b>Note:</b> Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Jack & Jill Robinson

222-22-2345

Other Item Donations Worksheet				
<b>Note:</b> Double-click on to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet							
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring			2007 Amount
1	Various	122.50	12	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/> Recur	1,470.00
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		



Jack & Jill Robinson

222-22-2345

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

**Charitable Organization Questions**

- 1 Was the **entire interest** given for all property donated to this charity? . . . . .  **Yes**  **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ►  **Yes**  **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ►  **Yes**  **No**
- 4 What Type of charitable organization was it? Check one:  
 **(a)** 50% charity                       **(b)** Other than 50% charity

# Charitable Organization Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
---	---------------------------------------

Charity Name . . . Salvation Army  
 Address . . . . . \_\_\_\_\_  
 City . . . . . Chicago State . . . . IL ZIP code . . \_\_\_\_\_

### Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	01/01/2007	clothing and furniture	Items you valued	1,200.00
Total:				1,200.00

### ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Jack & Jill Robinson

222-22-2345

Other Item Donations Worksheet				
<b>Note:</b> Double-click on to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed
1	01/01/2007 Various	clothing and furniture A - Household Purchase	3,000.00 Comparative sales 1,200.00	1,200.00

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2007 Amount		
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		

Jack & Jill Robinson

222-22-2345

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

**Charitable Organization Questions**

- 1 Was the **entire interest** given for all property donated to this charity? . . . . .  **Yes**  **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ►  **Yes**  **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ►  **Yes**  **No**
- 4 What Type of charitable organization was it? Check one:  
 **(a)** 50% charity                       **(b)** Other than 50% charity

Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

**Employee Business Expenses – Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and handicapped employees claimed elsewhere . . . . .	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	2a	
b	Educator Expense Deduction (from 1040, line 23) . . . . .	2b	
c	Excess Educator Expenses (line 2a less line 2b) . . . . .	2c	
3	Union and professional dues . . . . .	3	
4	Professional subscriptions . . . . .	4	
5	Uniforms and protective clothing . . . . .	5	
6	Job search costs . . . . .	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21) . . . . .	8	

**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment expense ↓

9	Depreciation and amortization deductions . . . . .	<input checked="" type="checkbox"/>	9	
10	Casualty/theft losses of property used in services as an employee . . . . .		10	
11	REMIC expenses, from Schedule E . . . . .	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income . . . . .	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1 . . . . .		14	
15	Excess deductions on termination, from Schedule(s) K-1 . . . . .		15	
16	Investment counsel and advisory fees . . . . .	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees . . . . .	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees . . . . .	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees . . . . .	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs . . . . .		20	
21	Loss incurred from total distribution of all Roth IRAs . . . . .		21	
22	Hobby expense (limited to hobby income) . . . . .		22	
23	Other: _____ _____ _____		23	
24	Combine lines 9 through 23 (to Schedule A, line 23) . . . . .		24	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

25	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	25	
26	Federal estate tax paid on decedent's income reported on this return . . . . .		26	
27	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .		27	
28	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .		28	
29	Gambling losses . . . . .		29	2,750.00
30	Casualty/theft losses of income-producing property . . . . .		30	
31	Other: _____ _____ _____		31	
32	Combine lines 25 through- 31 (to Schedule A, line 28) . . . . .		32	2,750.00

# Federal Information Worksheet

**2007**

▶ Keep for your records

## Part I – Personal Information

Information in Part I is **completely calculated** from the Personal Information Worksheets. Enter taxpayer and spouse information on the applicable Personal Worksheet.

### Taxpayer:

First Name . . . . . Jack  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . Robinson  
 Social Security No. . . . . 222-22-2345  
 Occupation . . . . . Computer Consultant  
 Date of Birth . . . . . 12/01/1961 (mm/dd/yyyy)  
 or Age as of 1/1/2008. . . . . 46  
 Daytime Phone . . . . . \_\_\_\_\_ Ext . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** taxpayer be claimed as dependent of another person (such as parent)? . . . . .  Yes  No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . .  Yes  No

### Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . . .  Yes  No

### Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . . .  Yes  No

### Spouse:

First Name . . . . . Jill  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . Robinson  
 Social Security No. . . . . 333-33-4567  
 Occupation . . . . . Customer Service Rep  
 Date of Birth . . . . . 08/05/1963 (mm/dd/yyyy)  
 or Age as of 1/1/2008. . . . . 44  
 Daytime Phone . . . . . \_\_\_\_\_ Ext . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** spouse be claimed as dependent of another person (such as parent)? . . . . .  Yes  No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . .  Yes  No

### Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . . .  Yes  No

### Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . . .  Yes  No

## Part II – Address and Federal Filing Status

Address . . . . . 505 Pleasant Valley Lane Apt No. . . . . \_\_\_\_\_  
 City . . . . . Chicago State . . . . . IL ZIP Code . . . . . 75839  
 Foreign country . . . . . \_\_\_\_\_

APO/FPO address, check if appropriate . . . . . APO  FPO

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . . . .  Home  Taxpayer daytime  Spouse daytime

### Federal filing status:

- 1  Single
- 2  Married filing jointly
- 3  Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ▶   
 Check this box if you are eligible to claim your spouse's exemption (see *Help*) . . . . . ▶
- 4  Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_
- 5  Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . ▶ 2005  2006

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from the Dependent and Nondependent Information Worksheets. Enter Part III information on the Dependent Information Worksheet.

First Name	MI	Social Security Number	Date of Birth			Qualified child/dependent care expenses incurred and paid in 2007	E I C	Lived with taxpayer in U.S.	Education tuition and fees	* Dep
			Age	C o d e	Not qualified for child tax credit					
Last Name	Suffix	Relationship								
Elaine		456-78-9012	06/21/1987							
Robinson		Daughter	20	L				<input checked="" type="checkbox"/>	Yes	
Susan		567-89-0123	09/23/1988							
Robinson		Daughter	19	L				<input type="checkbox"/>	Yes	
Brandon		678-90-1234	10/01/1994							
Robinson		Son	13	L				<input type="checkbox"/>	Yes	
								<input type="checkbox"/>		

\*'Yes' qualifies as dependent. 'No' does not qualify as dependent.

If you are eligible for the child tax credit or the earned income credit enter amounts **not** considered earned income (see *Help*).

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2007? ... Yes No
If the SSN of either the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help)
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2007
Check if EIC was disallowed or reduced in a previous year and you are required to file Form 8862 this year.
Check if you were notified by the IRS that EIC cannot be claimed in 2007.

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic Filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of financial institution (optional)
Check the appropriate box ... Checking Savings
Routing number Account number

To enter information for the Installment Agreement Request, see Form 9465.

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above
Balance-due amount from this return

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction
Check this box if you are married filing separately and your spouse itemized deductions
Check this box to take the standard deduction even if less than itemized deductions

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116
Resident country ... USA

Excludable Income from American Samoa, Guam, Commonwealth of the Northern Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name
Third party designee phone number Personal identification number

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information

**Part VII – State Filing Information** Enter taxpayer and spouse state of residence on the applicable Personal Information Worksheet.

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2007 . . . . . IL

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year. . . . .

Taxpayer is a resident of the state above for only part of year. . . . .

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2007. . . . . IL

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . .

Spouse is a resident of the state above for only part of year. . . . .

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
KY	

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . . .

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . .

Check if this is the joint return created to file joint state tax return (see Help) . . . . .



**Personal Information Worksheet  
For the Taxpayer**

**2007**

▶ Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶

**Part I – Taxpayer’s Personal Information**

First name . . . Jack Middle initial . . .      Last name . . . Robinson  
Suffix . . . . .     

Social security no. . . . . 222-22-2345

Date of birth . . . . . 12/01/1961 (mm/dd/yyyy) age as of 1-1-2008 . . . . . 46

Occupation . . . . . Computer Consultant Daytime phone . . . . .                      Ext     

Marital status . . . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2007 ▶  2007 ▶  2006 ▶  2005 ▶  Before 2005 ▶

**Can** someone (such as your parent) claim you as a dependent? . . . . . ▶  Yes  No

If so, are you actually claimed as a dependent on that person’s tax return? . . . . . ▶  Yes  No

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ▶  Yes  No

Check if this person is legally blind . . . . . ▶

If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)                     

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ▶  Yes  No

**Part II – Taxpayer’s State Residency Information**

Enter this person’s state of residence as of December 31, 2007 . . . . . IL

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . .

This person is a resident of the state above for only part of year . . . . .

Date this person established residence in state above . . . . . ▶                     

In which state (or foreign country) did this person reside before this change? . . . . . ▶     

**Part III – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2007 . . . . .

**Part IV – Qualified Education**

- 1 Are you enrolled in a degree, certificate, or credential program at a qualified institution?  Yes  No
- 2 Did you take post high-school classes at an eligible education institution to improve or acquire job skills?  Yes  No
- 3 Are you enrolled in the first or second year of education after high school?  Yes  No
- 4 Did you carry at least 1/2 full-time class schedule for one academic period?  Yes  No
- 5 Have you been convicted of possessing or distributing a controlled substance?  Yes  No
- 6 Check this box if you received a Form 1098-T
- 7 Check if you paid education expenses but didn't receive a Form 1098-T
- 8 Check if you received tax-free education assistance
- 9 Qualified for the Hope credit?  Yes  No
- 10 Qualified for the lifetime learning credit?  Yes  No
- 11 Qualified for the tuition and fees deduction?  Yes  No

Check one of the three boxes below to manually choose a credit or deduction:

- 12 Choose to take the Hope credit?
- 13 Choose to take the lifetime learning credit?
- 14 Choose to take the tuition and fees deduction?

**QuickZoom** to launch the Optimizer on the Education Tuition and Fees Worksheet . . . . . ►

**15 Education Expenses:**

- a Tuition amounts reported on Form(s) 1098-T . . . . . \_\_\_\_\_
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T. . . . . \_\_\_\_\_
- c Enter amount of enrollment and attendance fees . . . . . \_\_\_\_\_
- d Enter amount paid directly to the institution(s) for books . . . . . \_\_\_\_\_
- e Enter amount paid directly to the institution(s) for equipment . . . . . \_\_\_\_\_
- f Enter amount paid directly to the institution(s) for supplies. . . . . \_\_\_\_\_
- g Enter other expenses paid directly to the institution(s) . . . . . \_\_\_\_\_
- h Total Education Expenses** Add lines 15a through 15g . . . . . \_\_\_\_\_

**16 Tax-Free Education Assistance:**

- a Scholarships or grants reported on Form(s) 1098-T . . . . . \_\_\_\_\_
- b Enter Scholarship amounts excluded from gross income . . . . . \_\_\_\_\_
- c Enter Fellowship amounts received . . . . . \_\_\_\_\_
- d Enter Pell Grant amounts received . . . . . \_\_\_\_\_
- e Enter Veterans' educational assistance . . . . . \_\_\_\_\_
- f Enter employer-provided educational assistance . . . . . \_\_\_\_\_
- g Enter other tax-free assistance . . . . . \_\_\_\_\_
- h Total Tax-Free Education Assistance** Add lines 16b through 16g . . . . . \_\_\_\_\_

**17 Qualified Education Expenses.** Subtract line 16h from line 15h. Calculates only if qualifying person for education . . . . . \_\_\_\_\_

**18 Form(s) 1098-T**

Copy No.	School Name	Qualified Tuition (Box 1)	Scholarships or Grants (Box 5)

**Personal Information Worksheet  
For the Spouse**

**2007**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Spouse’s Personal Information**

First name . . . Jill Middle initial . . .      Last name . . . Robinson  
Suffix . . . . .     

Social security no. . . . 333-33-4567

Date of birth . . . . . 08/05/1963 (mm/dd/yyyy) age as of 1-1-2008 . . . . . 44

Occupation . . . . Customer Service Rep Daytime phone . . . .                      Ext     

Marital status . . . .                     

If widowed, check the appropriate box for the year your spouse died:

After 2007 ►  2007 ►  2006 ►  2005 ►  Before 2005 ►

**Can** someone (such as your parent) claim you as a dependent? . . . . . ►  Yes  No

If so, are you actually claimed as a dependent on that person's tax return? . . . . . ►  Yes  No

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ►  Yes  No

Check if this person is legally blind . . . . . ►

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)                     

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ►  Yes  No

**Part II – Spouse’s State Residency Information**

Enter this person’s state of residence as of December 31, 2007 . . . . . IL

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . .

This person is a resident of the state above for only part of year . . . . .

Date this person established residence in state above . . . . . ►                     

In which state (or foreign country) did this person reside before this change? . . . . . ►     

**Part III – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2007 . . . . .

Part IV – Qualified Education

- 1 Are you enrolled in a degree, certificate, or credential program at a qualified institution?  Yes  No
- 2 Did you take post high-school classes at an eligible education institution to improve or acquire job skills?  Yes  No
- 3 Are you enrolled in the first or second year of education after high school?  Yes  No
- 4 Did you carry at least 1/2 full-time class schedule for one academic period?  Yes  No
- 5 Have you been convicted of possessing or distributing a controlled substance?  Yes  No
- 6 Check this box if you received a Form 1098-T
- 7 Check if you paid education expenses but didn't receive a Form 1098-T
- 8 Check if you received tax-free education assistance
- 9 Qualified for the Hope credit?  Yes  No
- 10 Qualified for the lifetime learning credit?  Yes  No
- 11 Qualified for the tuition and fees deduction?  Yes  No

Check one of the three boxes below to manually choose a credit or deduction:

- 12 Choose to take the Hope credit?
- 13 Choose to take the lifetime learning credit?
- 14 Choose to take the tuition and fees deduction?

QuickZoom to launch the Optimizer on the Education Tuition and Fees Worksheet . . . . . ►

15 Education Expenses:

- a Tuition amounts reported on Form(s) 1098-T . . . . . \_\_\_\_\_
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T. . . . . \_\_\_\_\_
- c Enter amount of enrollment and attendance fees . . . . . \_\_\_\_\_
- d Enter amount paid directly to the institution(s) for books . . . . . \_\_\_\_\_
- e Enter amount paid directly to the institution(s) for equipment . . . . . \_\_\_\_\_
- f Enter amount paid directly to the institution(s) for supplies. . . . . \_\_\_\_\_
- g Enter other expenses paid directly to the institution(s) . . . . . \_\_\_\_\_
- h Total Education Expenses Add lines 15a through 15g . . . . . \_\_\_\_\_

16 Tax-Free Education Assistance:

- a Scholarships or grants reported on Form(s) 1098-T . . . . . \_\_\_\_\_
- b Enter Scholarship amounts excluded from gross income . . . . . \_\_\_\_\_
- c Enter Fellowship amounts received . . . . . \_\_\_\_\_
- d Enter Pell Grant amounts received . . . . . \_\_\_\_\_
- e Enter Veterans' educational assistance . . . . . \_\_\_\_\_
- f Enter employer-provided educational assistance . . . . . \_\_\_\_\_
- g Enter other tax-free assistance . . . . . \_\_\_\_\_
- h Total Tax-Free Education Assistance Add lines 16b through 16g . . . . . \_\_\_\_\_

17 Qualified Education Expenses. Subtract line 16h from line 15h. Calculates only if qualifying person for education . . . . . \_\_\_\_\_

18 Form(s) 1098-T

Copy No.	School Name	Qualified Tuition (Box 1)	Scholarships or Grants (Box 5)

**Dependent and Nondependent Information Worksheet 2007**

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ► \_\_\_\_\_

**Part I – Personal Information**

First name . . . Elaine Middle initial . . .      Last name . . . Robinson  
Suffix . . . . .     

Social security no. . . . 456-78-9012

Date of birth . . . . . 06/21/1987 (mm/dd/yyyy) age as of 12-31-2007 . . . . . 20

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

Dependency code . . . . . L

**Part II – Earned Income Credit and Child Tax Credit**

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . .  Yes  No  
Is this person a resident of Canada or Mexico? . . . . .  Yes  No

Qualifying for the earned income credit . . . . . \_\_\_\_\_

Months lived with taxpayer in the United States . . . . . \_\_\_\_\_

Check if this person is **not** a qualifying child for the child tax credit . . . . .

**Part III – Dependent Care Expenses**

Qualified child or dependent care expenses incurred and paid in 2007 . . . . . \_\_\_\_\_

**Part IV – Qualified Education**

- 1 Are you enrolled in a degree, certificate, or credential program at a qualified institution?  Yes  No
- 2 Did you take post high-school classes at an eligible education institution to improve or acquire job skills?  Yes  No
- 3 Are you enrolled in the first or second year of education after high school?  Yes  No
- 4 Did you carry at least 1/2 full-time class schedule for one academic period?  Yes  No
- 5 Have you been convicted of possessing or distributing a controlled substance?  Yes  No
- 6 Check this box if you received a Form 1098-T
- 7 Check if you paid education expenses but didn't receive a Form 1098-T
- 8 Check if you received tax-free education assistance
- 9 Qualified for the Hope credit?  Yes  No
- 10 Qualified for the lifetime learning credit?  Yes  No
- 11 Qualified for the tuition and fees deduction?  Yes  No

Check one of the three boxes below to manually choose a credit or deduction:

- 12 Choose to take the Hope credit?
- 13 Choose to take the lifetime learning credit?
- 14 Choose to take the tuition and fees deduction?

**QuickZoom** to launch the Optimizer on the Education Tuition and Fees Worksheet. . . . . ▶

**15 Education Expenses:**

- a Tuition amounts reported on Form(s) 1098-T . . . . . 6,600.
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T. . . . . \_\_\_\_\_
- c Enter amount of enrollment and attendance fees . . . . . \_\_\_\_\_
- d Enter amount paid directly to the institution(s) for books . . . . . \_\_\_\_\_
- e Enter amount paid directly to the institution(s) for equipment . . . . . \_\_\_\_\_
- f Enter amount paid directly to the institution(s) for supplies. . . . . \_\_\_\_\_
- g Enter other expenses paid directly to the institution(s) . . . . . \_\_\_\_\_
- h Total Education Expenses** Add lines 15a through 15g . . . . . 6,600.

**16 Tax-Free Education Assistance:**

- a Scholarships or grants reported on Form(s) 1098-T . . . . . \_\_\_\_\_
- b Enter Scholarship amounts excluded from gross income . . . . . \_\_\_\_\_
- c Enter Fellowship amounts received . . . . . \_\_\_\_\_
- d Enter Pell Grant amounts received . . . . . \_\_\_\_\_
- e Enter Veterans' educational assistance . . . . . \_\_\_\_\_
- f Enter employer-provided educational assistance . . . . . \_\_\_\_\_
- g Enter other tax-free assistance . . . . . \_\_\_\_\_
- h Total Tax-Free Education Assistance** Add lines 16b through 16g . . . . . \_\_\_\_\_

**17 Qualified Education Expenses.** Subtract line 16h from line 15h. Calculates only if qualifying person for education . . . . . 6,600.

**18 Form(s) 1098-T**

Copy No.	School Name	Qualified Tuition (Box 1)	Scholarships or Grants (Box 5)
1	_____	6,600.	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Dependent and Nondependent Information Worksheet** **2007**

▶ Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶ \_\_\_\_\_

**Part I – Personal Information**

First name . . . Susan Middle initial . . .      Last name . . . Robinson  
Suffix . . . . .     

Social security no. . . . 567-89-0123

Date of birth . . . . . 09/23/1988 (mm/dd/yyyy) age as of 12-31-2007 . . . . . 19

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

Dependency code . . . . . L

**Part II – Earned Income Credit and Child Tax Credit**

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . .  Yes  No  
Is this person a resident of Canada or Mexico? . . . . .  Yes  No

Qualifying for the earned income credit . . . . .     

Months lived with taxpayer in the United States . . . . .     

Check if this person is **not** a qualifying child for the child tax credit . . . . .

**Part III – Dependent Care Expenses**

Qualified child or dependent care expenses incurred and paid in 2007 . . . . . \_\_\_\_\_

**Dependent and Nondependent Information Worksheet** **2007**

▶ Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶ \_\_\_\_\_

**Part I – Personal Information**

First name . . . Brandon Middle initial .    Last name . . . Robinson  
Suffix . . . . .   

Social security no. . . . 678-90-1234

Date of birth . . . . . 10/01/1994 (mm/dd/yyyy) age as of 12-31-2007 . . . . . 13

Relationship to taxpayer or spouse . . . . . Son

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

Dependency code . . . . . L

**Part II – Earned Income Credit and Child Tax Credit**

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . .  Yes  No  
Is this person a resident of Canada or Mexico? . . . . .  Yes  No

Qualifying for the earned income credit . . . . .   

Months lived with taxpayer in the United States . . . . .   

Check if this person is **not** a qualifying child for the child tax credit . . . . .

**Part III – Dependent Care Expenses**

Qualified child or dependent care expenses incurred and paid in 2007 . . . . . \_\_\_\_\_



► Keep for your records

Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .		38,550.00	38,550.00
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .		4,540.00	4,540.00
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .		38,550.00	38,550.00
<b>4</b>	Total social security tax withheld . . . . .		2,390.00	2,390.00
<b>5</b>	Total Medicare wages and tips . . . . .		38,550.00	38,550.00
<b>6</b>	Total Medicare tax withheld . . . . .		559.00	559.00
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Total advance earned income credit . . . . .			
<b>10</b>	Total dependent care benefits . . . . .			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .		1,427.00	1,427.00
<b>b</b>	Elective deferrals to qualified plans . . . . .		1,427.00	1,427.00
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Tier 1 wages . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RRTA tips . . . . .			
<b>h</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .		38,550.00	38,550.00
<b>17</b>	Total state tax withheld . . . . .		1,427.00	1,427.00
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Jack & Jill Robinson

222-22-2345 Page 2

**Form W-2G Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total gross winnings . . . . .	5,500.00	1,600.00	7,100.00
2	Total federal tax withheld . . . . .			
14	Total state tax withheld . . . . .			
16	Total local tax withheld. . . . .			

► Keep for your records

Name  
Jill Robinson

Social Security Number  
333-33-4567

**Spouse's W-2**  
 **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No . 333-33-4567  
**b** Employer's ID number . . . . .  
**c** Employer's name, address, and ZIP code  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 *Employer has foreign address (see Help)*  
**d** Control number . . . . .

**1** Wages, tips, other compensation  
38,550.00  
**3** Social security wages  
38,550.00  
**5** Medicare wages and tips  
38,550.00  
**7** Social security tips  
\_\_\_\_\_  
**9** Advance EIC payment  
\_\_\_\_\_  
**11** Nonqualified plans  
\_\_\_\_\_  
**12** Enter box 12 below

**2** Federal income tax withheld  
4,540.00  
**4** Social security tax withheld  
2,390.00  
**6** Medicare tax withheld  
559.00  
**8** Allocated tips  
\_\_\_\_\_  
**10** Dependent care benefits  
\_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Transfer employee information from the Federal Information Worksheet**  
**e** Employee's name  
 First Jill M.I. \_\_\_\_\_  
 Last Robinson Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 505 Pleasant Valley Lane  
 City Chicago  
 State IL ZIP Code 75839  
 *Employee has foreign address (see Help)*

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount
D	1,427.00

If Box 12 code is:  
 A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_  
 P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_  
 R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_  
 Spouse . . . . . \_\_\_\_\_  
 G:  Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL		38,550.00	1,427.00

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name as Shown on Return Jack Robinson	Social Security Number 222-22-2345
--	---------------------------------------

**Certain Gambling Winnings**

Spouse's W-2G

Non-standard W-2G (handwritten, typewritten, or altered in any way)

Corrected W-2G

<b>Payer's Name</b> _____ _____ <b>Street Address</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____ <b>Federal ID Number</b> _____ <b>Telephone Number</b> _____ _____ <input type="checkbox"/> Payer has a foreign address (see Tax Help)	<b>1</b>	Gross winnings 5,500.00	<b>2</b>	Federal income tax withheld
	<b>3</b>	Type of wager	<b>4</b>	Date won
	<b>5</b>	Transaction	<b>6</b>	Race
	<b>7</b>	Winnings from identical wagers	<b>8</b>	Cashier
	<b>9</b>	Winner's taxpayer identification no. 222-22-2345	<b>10</b>	Window
	<b>11</b>	First identification	<b>12</b>	Second identification
	<b>13</b>	State/Payer's state identification no.	<b>14</b>	State income tax withheld
	<b>15</b>	Locality name	<b>16</b>	Local income tax withheld
	<input type="checkbox"/> <b>Transfer winner information from the Federal Information Worksheet</b>			
	<b>Winner's Name</b> Jack Robinson _____ <b>Street Address</b> 505 Pleasant Valley Lane _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____ Chicago IL 75839 _____ <input type="checkbox"/> Winner has a foreign address (see Tax Help)			

► Keep for your records

Name as Shown on Return Jill Robinson	Social Security Number 333-33-4567
--	---------------------------------------

**Certain Gambling Winnings**

**Spouse's W-2G**

Non-standard W-2G (handwritten, typewritten, or altered in any way)

Corrected W-2G

<b>Payer's Name</b> _____ _____ <b>Street Address</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____ <b>Federal ID Number</b> _____ <b>Telephone Number</b> _____  <input type="checkbox"/> <i>Payer has a foreign address (see Tax Help)</i>	<b>1</b>	Gross winnings 1,600.00	<b>2</b>	Federal income tax withheld	
	<b>3</b>	Type of wager	<b>4</b>	Date won	
	<b>5</b>	Transaction	<b>6</b>	Race	
	<b>7</b>	Winnings from identical wagers	<b>8</b>	Cashier	
	<b>9</b>	Winner's taxpayer identification no. 333-33-4567	<b>10</b>	Window	
	<b>11</b>	First identification	<b>12</b>	Second identification	
	<b>13</b>	State/Payer's state identification no.	<b>14</b>	State income tax withheld	
	<b>15</b>	Locality name	<b>16</b>	Local income tax withheld	
	<input type="checkbox"/> <b>Transfer winner information from the Federal Information Worksheet</b>				
	<b>Winner's Name</b> Jill Robinson _____ <b>Street Address</b> 505 Pleasant Valley Lane _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____ Chicago IL 75839 _____ <input type="checkbox"/> <i>Winner has a foreign address (see Tax Help)</i>				

► Keep for your records

Taxpayer's name Jack & Jill Robinson	Social Security No. 222-22-2345
---	------------------------------------

**Required: Select one of the links below**

Double-click to link this 1098-T to a Personal Information Worksheet for either the taxpayer or spouse to report this 1098-T information . . . . . ► \_\_\_\_\_

Double-click to link this 1098-T to a copy of the Dependent Information Worksheet to report this dependent's 1098-T . . . . . ► Elaine

Filer's name _____		1 Payments received for qualified tuition and related expenses . . . . \$ <u>6,600.</u>	
Street address _____			
City _____	State _____	2 Amounts billed for qualified tuition and related expenses . . . . . \$ _____	
Zip Code _____			
Telephone no. _____	Ext: _____	3 Check if you have changed your reporting method for 2007 . . . . . <input type="checkbox"/>	
Filer's Federal identification number _____	Student's Social Security Number. _____	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name _____		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2008 . . . . ► <input type="checkbox"/>
Street address _____	Apt. No. _____		
City _____	State _____	Zip Code _____	
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input type="checkbox"/>	9 Check if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

**Form 1099-INT Worksheet**

**2007**

► Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
---	---------------------------------------

**Ownership:** Check if Spouse   
 (defaults to taxpayer) Check if Joint

**Payer's name** . . . Happy Bank

<b>Box 1</b>	Interest income for 2007 (not included in box 3) . . . . . 424.00 _____ Choose type if special state handling (State Use Only – see Help).
<b>Box 2</b>	Early withdrawal penalty . . . . . _____
<b>Box 3</b>	Interest on U.S. Savings Bonds and Treasury obligations . . . . . _____
<b>Box 4</b>	Federal income tax withheld . . . . . _____ State income tax withheld . . . . . _____ State ID _____
<b>Box 5</b>	Investment expenses . . . . . _____
<b>Box 6</b>	Foreign tax paid (All interest is considered passive. See Help) . . . . . _____ <b>a</b> Check to deduct foreign taxes on Schedule A. . . . . <input type="checkbox"/> <b>OR</b> <b>b</b> <b>DoubleClick</b> to link to a copy of Form 1116. . . . . <input type="text"/> <b>c</b> For Form 1116, select which column. . . . . <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>d</b> Foreign source amount included in interest . . . . . _____
<b>Box 7</b>	Foreign country or U.S. possession . . . . . _____
<b>Box 8</b>	Tax-exempt interest . . . . . _____ State ID where exempt interest was earned. If more than 1 state, see Help . . . . . _____
<b>Box 9</b>	Special private activity bond included in Box 8, if any <b>OR</b> . . . . . _____ Private activity bond interest percentage of Box 8, if any . . . . . _____ %

**Adjustments to Interest**

Check the box that identifies the type of adjustment being made:

- |                                   |                                |                                   |  |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| <b>N</b> <input type="checkbox"/> | Nominee distribution           | <b>A</b> <input type="checkbox"/> | Accrued interest                               |
| <b>O</b> <input type="checkbox"/> | Original issue discount (OID)  | <b>H</b> <input type="checkbox"/> | Other  |
| <b>B</b> <input type="checkbox"/> | Amortizable bond premium (ABP) | <b>U</b> <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding) . . . . . \_\_\_\_\_

**Form 1099-INT Worksheet**

**2007**

► Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
---	---------------------------------------

**Ownership:** Check if Spouse   
 (defaults to taxpayer) Check if Joint

**Payer's name** . . . . Uptown Bank

<b>Box 1</b>	Interest income for 2007 (not included in box 3) . . . . . 1,576.00 _____ Choose type if special state handling (State Use Only – see Help).
<b>Box 2</b>	Early withdrawal penalty . . . . . 150.00
<b>Box 3</b>	Interest on U.S. Savings Bonds and Treasury obligations . . . . . 345.00
<b>Box 4</b>	Federal income tax withheld . . . . . _____ State income tax withheld . . . . . _____ State ID _____
<b>Box 5</b>	Investment expenses . . . . . _____
<b>Box 6</b>	Foreign tax paid (All interest is considered passive. See Help) . . . . . _____ <b>a</b> Check to deduct foreign taxes on Schedule A. . . . . <input type="checkbox"/> <b>OR</b> <b>b DoubleClick</b> to link to a copy of Form 1116. . . . . _____ <b>c</b> For Form 1116, select which column. . . . . <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>d</b> Foreign source amount included in interest . . . . . _____
<b>Box 7</b>	Foreign country or U.S. possession . . . . . _____
<b>Box 8</b>	Tax-exempt interest . . . . . _____ State ID where exempt interest was earned. If more than 1 state, see Help . . . . . _____
<b>Box 9</b>	Special private activity bond included in Box 8, if any <b>OR</b> . . . . . _____ Private activity bond interest percentage of Box 8, if any . . . . . _____ %

**Adjustments to Interest**

Check the box that identifies the type of adjustment being made:

- |                                   |                                |                                   |  |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| <b>N</b> <input type="checkbox"/> | Nominee distribution           | <b>A</b> <input type="checkbox"/> | Accrued interest                               |
| <b>O</b> <input type="checkbox"/> | Original issue discount (OID)  | <b>H</b> <input type="checkbox"/> | Other  |
| <b>B</b> <input type="checkbox"/> | Amortizable bond premium (ABP) | <b>U</b> <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding) . . . . . \_\_\_\_\_



**Form 1099-DIV Worksheet**

**2007**

▶ Keep for your records

Name(s) Shown on Return <u>Jack &amp; Jill Robinson</u>	Social Security Number <u>222-22-2345</u>
--	--

**QuickZoom** to another copy of Form 1099-DIV Worksheet . . . . . ▶  
**QuickZoom** to enter **exempt-interest dividends** from a mutual fund . . . . . ▶

**Ownership:** Check if Spouse . . . . .   
 (defaults to taxpayer) Check if Joint . . . . .

**Payer's name** . . . . Jones Brokerage Company

<b>Box 1a</b>	Total ordinary dividends . . . . . <u>3,546.00</u> U.S. government interest, if any, included in box 1a . . . . . _____
<b>Box 1b</b>	Qualified dividends . . . . . <u>452.00</u> Adjusted qualified dividends . . . . . _____
<b>Box 2a</b>	Total capital gain distributions . . . . . _____
<b>Box 2b</b>	Unrecaptured Section 1250 gain . . . . . _____
<b>Box 2c</b>	Section 1202 50% gain on QSB stock . . . . . _____ Section 1202 60% gain (QSB Empowerment Zone stock sold after 12/22/05) . . . . . _____
<b>Box 2d</b>	Collectibles (28%) gain . . . . . _____
<b>Box 3</b>	Nontaxable distributions . . . . . _____
<b>Box 4</b>	Federal income tax withheld . . . . . _____ State income tax withheld . . . . . _____ State ID _____
<b>Box 5</b>	Investment expenses . . . . . _____
<b>Box 6</b>	Foreign tax paid (All income is considered passive. See Help) . . . . . _____ <b>a</b> Check to deduct foreign taxes on Schedule A . . . . . <input type="checkbox"/> <b>OR</b> <b>b DoubleClick</b> to link to a copy of Form 1116 . . . . . <input type="text"/> <b>c</b> For Form 1116, select which column. . . . . <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>d</b> Foreign source amount included in dividends . . . . . _____
<b>Box 7</b>	Foreign country or U.S. possession . . . . . _____
<b>Box 8</b>	Cash liquidation distribution . . . . . _____
<b>Box 9</b>	Noncash (fair market value) liquidation distribution . . . . . _____

**Adjustments to Dividends or ESOP Distribution**

Check the box that identifies the type of adjustment being made or if ESOP distribution:

- N**  Nominee distribution
- H**  Other adjustment
- D**  ESOP distribution

Enter nominee or other adjustment amount (enter as positive) . . . . . \_\_\_\_\_

**Form 1099-R Summary**

**2007**

▶ Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security No. 222-22-2345
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<b>Traditional IRA Distributions</b>			<b>Taxpayer</b>	<b>Spouse</b>
<b>Gross</b>	<b>1</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>a</b>	Less: Amounts rolled over . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
	<b>e</b>	Less: Qualified charitable distributions . . . . .		
	<b>f</b>	Less: HSA funding distributions . . . . .		
	<b>2</b>	Balance of gross traditional IRA distributions . . . . .		
	<b>3</b>	Amount of line 2 converted to a Roth IRA . . . . .		
	<b>a</b>	Less: Amount recharacterized . . . . .		
	<b>4</b>	Net amount of line 2 converted to a Roth IRA . . . . .		
<b>5</b>	Amount of line 2 not converted to a Roth IRA . . . . .			
<b>Taxable</b>	<b>6</b>	Earnings on return of contributions . . . . .		
	<b>7</b>	Taxable amount of inherited IRAs on line 1c . . . . .		
	<b>8</b>	Taxable amount not converted to a Roth IRA . . . . .		
	<b>9</b>	Taxable amount of Roth IRA conversions . . . . .		
	<b>10</b>	Taxable amount included on Form 1040, line 15b . . . . .		
	<b>11</b>	If checked, taxable amount calculated on Form 8606 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth IRA Distributions</b>				
<b>Gross</b>	<b>12</b>	Total gross distributions from box 1 of Form 1099-R . . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
	<b>d</b>	Less: Return of contributions . . . . .		
<b>13</b>	Roth IRA distributions subject to distribution rules . . . . .			
<b>Qualified</b>	<b>14</b>	Total gross qualified distributions . . . . .		
	<b>a</b>	Less: Rollover to another Roth IRA . . . . .		
	<b>b</b>	Less: Inherited and treat as own . . . . .		
	<b>c</b>	Less: Other inherited Roth IRA amount . . . . .		
<b>15</b>	Qualified distributions subject to distribution rules . . . . .			
<b>Taxable</b>	<b>16</b>	Net nonqualified distributions for Form 8606 . . . . .		
	<b>17</b>	Earnings on return of contributions . . . . .		
	<b>18</b>	Taxable amount of inherited Roth IRAs on line 12c . . . . .		
	<b>19</b>	Taxable earnings on nonqualified distributions . . . . .		
	<b>20</b>	Taxable amount included on Form 1040, line 15b . . . . .		

Recharacterizations (See Help)			Taxpayer	Spouse
Gross	21 a	2007 form code N (included on Form 1040, line 15a) . .		
	21 b	2008 form code R (not included on 1040, line 15a) . . .		

**Roth Conversion Information**

	22	Modified adjusted gross income. . . . .		
	23	If checked, Roth conversion not allowed. Reason: . . . . .		
	a	Modified adjusted gross income too high. . . . .		
	b	Married filing separate and lived with spouse . . . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	24	Total gross distributions from box 1 of Form 1099-R . .	15,000.	
	a	Less: Lump sum transferred to Form 4972. . . . .		
	b	Less: Amount not reported on Form 1040, line 16. . . .		
	25	Distributions reported on Form 8891, line 7a. . . . .		
	26	Gross distribution transferred to Form 1040, line 16a . .	15,000.	
	a	Less: Amount rolled over . . . . .		
Taxable	27	Taxable amount in box 2a, Form 1099-R. . . . .	15,000.	
	a	Taxable amount rolled over . . . . .		
	b	Non-taxable amount rolled over. . . . .		
	c	Designated Roth account rolled over to a Roth IRA . . .		
	d	Insurance premiums for retired public safety officers . .		
	28	Lump sum amount transferred to Form 4972 . . . . .		
	29	Amount transferred to Form 1040, line 7 . . . . .		
	a	Disability before minimum retirement age . . . . .		
	b	Return of contributions. . . . .		
	30	Nontaxable amount from Simplified Method . . . . .		
	31	Capital gains from charitable gift annuities . . . . .		
	a	Capital gain subject to the 28% rate . . . . .		
	b	Unrecaptured section 1250 gain . . . . .		
32 a	Taxable amount of distributions . . . . .			
b	Taxable distributions reported on Form 8891, line 7b . .			
c	Taxable amount transferred to Form 1040, line 16b. . .	15,000.	0.	

**Section 1035 Tax-free Exchange**

Pensions	33	Total gross distributions from box 1 of Form 1099-R . .		
IRAs	34	Total gross distributions from box 1 of Form 1099-R . .		

**Distributions on 2007 1099-Rs Not Reported on the 2007 Return**

Code P	35	Distribution reported on 2006 tax return . . . . .		
Code D	36	Distributions reported on 2005 tax return. . . . .		
Code R	37	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. . . . .		

**Tax Withholding**

Box 4	38	Total federal tax withheld . . . . .	3,000.	
Box 10	39	Total state tax withheld . . . . .		
Box 13	40	Total local tax withheld. . . . .		

**Health Insurance Premiums**

	41	Health insurance deductible on Schedule A . . . . .		
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Keep for your records

Name Jack Robinson Social Security Number 222-22-2345

Source Form: 1099-R [X] CSA-1099-R [ ] CSF-1099-R [ ] RRB-1099-R [ ]
If Spouse's 1099-R, check this box [ ] Corrected [ ]

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
1 Gross distribution \$ 15,000.00
2 a Taxable amount (See Help) \$ 15,000.00
2 b Taxable amount not determined [ ] Total distribution [X]

Payer's Federal identification number Recipient's identification number 222-22-2345
3 Capital gain (included in box 2a) \$
4 Federal income tax withheld \$ 3,000.00

Check to transfer Recipient's information from Federal Information Worksheet [ ]
Recipient's name Jack Robinson
5 Employee contributions / Designated Roth contributions or insurance premiums \$
6 Net unrealized appreciation in employer securities \$

Street address (including apartment number) 505 Pleasant Valley Lane
7 Distribn code(s) 1st code 1 2nd code [ ] IRA/SEP/SIMPLE [ ]
8 Other \$ %

City Chicago State IL ZIP code 75839
9 a Your percentage of total distribution %
9 b Total employee contributions \$

Account number
10 State tax withheld \$
11 Payer's State / state no. /
12 State distribution \$

Special use code for first state (See Help) [ ]
Special use code for second state (See Help) [ ]
13 Local tax withheld \$
14 Name of locality
15 Local distribution \$

Check if NOT from a qualified retirement plan or IRA (see Help) [ ]
If box 7 code is J or T, check if a qualified distribution (see Help) [ ]
If box 7 code is J, enter amount used for first time home purchase [ ]
If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) [ ]

Rollovers Important. Do not enter a Roth conversion or recharacterization as a rollover.
Enter conversions and recharacterizations on lines B and C on page 2.
Entire distribution rolled over [ ] or amount of partial rollover [ ]
If box 7 code is B, check if rolled over into a Roth IRA [ ]

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) [ ]
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) [ ]
Spouse and not treat as recipient's own (taxable amount must be in box 2a) [ ]
Someone other than a spouse (taxable amount must be in box 2a) [ ]

Insurance Amount of insurance premiums deductible on Schedule A [ ]
Amount of health savings account (HSA) funding distributions [ ]
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution [ ]

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization [ ]


RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD [ ] or the amount of gross distbn that is the RMD [ ]

► Keep for your records.

Name as Shown on Return <b>Jack &amp; Jill Robinson</b>	Social Security Number <b>222-22-2345</b>
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**Caution!**

- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2007 and meet the other requirements listed below.
- If you are claiming the mortgage interest credit or the District of Columbia first-time homebuyer credit, complete the applicable credit form before you start this worksheet.

<b>Part 1</b>	<b>1</b> Number of qualifying children: <u>1</u> x 1,000. Enter the result . . . . .	<b>1</b>	<u>1,000.</u>
	<b>2</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 . . . . .	<b>2</b>	<u>125,437.</u>
	<b>3 1040 filers:</b> Enter the total of any –		
	• Exclusion of income from Puerto Rico, and		
	• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. . . . .	<b>3</b>	<u>0.</u>
	<b>1040A and 1040NR filers:</b> Enter -0-.		
	<b>4</b> Add lines 2 and 3. Enter the total . . . . .	<b>4</b>	<u>125,437.</u>
	<b>5</b> Enter the amount shown below for your filing status.		
	• Married filing jointly – \$110,000		
	• Single, head of household, or qualifying widow(er) – \$75,000		
	• Married filing separately – \$55,000	<b>5</b>	<u>110,000.</u>
	<b>6</b> Is the amount on line 4 more than the amount on line 5?		
	<input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7.		
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	<u>16,000.</u>
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
	<b>7</b> Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	<b>7</b>	<u>800.</u>
	<b>8</b> Is the amount on line 1 more than the amount on line 7?		
	<input type="checkbox"/> <b>No.</b>  You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 32; or Form 1040NR, line 47. You also cannot take the additional child tax credit on Form 1040, line 68; Form 1040A, line 41; or Form 1040NR, line 62. Complete the rest of your Form 1040, 1040A, or Form 1040NR.		
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	<b>8</b>	<u>200.</u>

<b>Part 2</b>	<b>9</b> Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43 . . . . .	<b>9</b>	<u>20,085.</u>
	<b>10</b> Add the amounts from –		
	<b>Form 1040 or Form 1040A or Form 1040NR</b>		
	Line 47      Line 29      Line 44      _____		
	Line 48      Line 30      ---      +      _____		
	Line 49      Line 31      ---      +      _____		
	Line 51      ---      Line 46      +      _____		
	Enter the total <b>10</b>		<u>0.</u>
	<b>11</b> Are you claiming any of the following credits?		
	• Retirement savings contribution credit, Form 8880.		
	• Adoption credit, Form 8839.		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . .	<b>11</b>	<u>0.</u>
	<input type="checkbox"/> <b>Yes.</b> Complete the Line 11 Worksheet to figure the amount to enter here. . . . .		
	<b>12</b> Subtract line 11 from line 9. Enter the result . . . . .	<b>12</b>	<u>20,085.</u>
	<b>13</b> Is the amount on line 8 of this worksheet more than the amount on line 12?		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8. . . . .		
	<input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below. . . . .	<b>13</b>	<u>200.</u>

**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 68; Form 1040A, line 41; or Form 1040NR, line 62 only if you answered 'Yes' on line 13.

- First, complete your Form 1040 through line 67, Form 1040A through line 40a, or Form 1040NR through line 61.
- Then, use Form 8812 to figure any additional child tax credit.

*Enter this amount on Form 1040, line 52; Form 1040A, line 32; or Form 1040NR, line 47.*

**Form 1040  
Line 44**

**Qualified Dividends and Capital Gain Tax  
Worksheet - Line 44**

**2007**

► Keep for your records

Name(s) Shown on Return <u>Jack &amp; Jill Robinson</u>	Social Security Number <u>222-22-2345</u>
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**Before you begin:** See the instructions for line 44 to see if you can use this worksheet to figure your tax.  
If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	<u>93,173.</u>	
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	<u>452.</u>	
<b>3</b>	Are you filing Schedule D? <input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D, but do not enter less -0- . . . . . <input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.	<b>3</b>	<u>0.</u>	
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>452.</u>	
<b>5</b>	If you are claiming investment interest expense on Form 4952, enter the amount from line 4g. Otherwise enter -0- . . . . .	<b>5</b>	<u>0.</u>	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	<u>452.</u>	
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	<u>92,721.</u>	
<b>8</b>	Enter the <b>smaller</b> of: • The amount on line 1 or • \$31,850 if single or married filing sep, \$63,700 if married filing jointly or qualifying widow(er), or \$42,650 if head of household.	<b>8</b>	<u>63,700.</u>	
<b>9</b>	Is the amount on line 7 equal to or more than the amount on line 8? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 9 through 11; go to line 12. . . . . <input type="checkbox"/> <b>No.</b> Enter the amount from line 7 . . . . .	<b>9</b>		
<b>10</b>	Subtract line 9 from line 8 . . . . .	<b>10</b>		
<b>11</b>	Multiply line 10 by 5% (.05) . . . . .			<b>11</b>
<b>12</b>	Are the amounts on lines 6 and 10 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 12 through 15; go to line 16 <input checked="" type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 1 or line 6 . . . . .	<b>12</b>	<u>452.</u>	
<b>13</b>	Enter the amt from line 10 (if line 10 is blank, enter 0) . . . . .	<b>13</b>	<u>0.</u>	
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	<u>452.</u>	
<b>15</b>	Multiply line 14 by 15% (.15) . . . . .			<b>15</b>
<b>16</b>	Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies. . . . .	<b>16</b>		<u>16,029.</u>
<b>17</b>	Add lines 11, 15, and 16 . . . . .	<b>17</b>		<u>16,097.</u>
<b>18</b>	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies. . . . .	<b>18</b>		<u>16,141.</u>
<b>19</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 17 or line 18 here and on Form 1040, line 44. . . . .	<b>19</b>		<u>16,097.</u>

# Tax Payments Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
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**Estimated Tax Payments for 2007** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/07		04/16/07			04/16/07		
2	06/15/07		06/15/07			06/15/07		
3	09/17/07		09/17/07			09/17/07		
4	01/15/08		01/15/08			01/15/08		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2007 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2007 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	4,540.	1,427.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .	3,000.		
13 Forms 1099-MISC and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18c . . . . .	7,540.	1,427.	
20 <b>Total Tax Payments for 2007</b> . . . . .	7,540.	1,427.	

Prior Year Taxes Paid In 2007 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2006 extensions . . . . .				
22 2006 estimated tax paid after 12/31/06 . . . . .				
23 Balance due paid with 2006 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

► Keep for your records

Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38 . . . . .	125,437.00
(2) Nontaxable income entered elsewhere on return . . . . .	0.00
(3) Available income: 2006 refundable credits in excess of tax . . . . .	0.00
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	125,437.00

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arkansas, California, Colorado, Georgia, New Jersey or New York only:*

Double-click in column (4) to select your locality for each state entered.

(1) S t a t e	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (motor vehicles, boats):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Enter actual sales taxes paid (instead of table amount) . . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 1,427.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 1,427.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . .  Sales Taxes . . . .  Greater amount .

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence . . . . . 3,766.00



<b>b</b>	Real estate taxes paid on additional homes or land . . . . .	_____	
	Personal portion of real estate taxes from Schedule E Worksheet for:		
<b>c</b>	Principal residence . . . . .	_____	
<b>d</b>	Vacation home . . . . .	_____	
<b>e</b>	Less real estate taxes deducted on Form 8829 . . . . .		-1,076.00
<b>f</b>	Add lines 2a through 2e (to Schedule A, line 6) . . . . .		2,690.00
<b>3</b>	<b>Personal property taxes:</b>		
<b>a</b>	Auto registration fees based on the value of the vehicle.		
	2006 Amount                      Enter 2007 description:		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____	
<b>c</b>	Other personal property taxes . . . . .	_____	
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	_____	
<b>4</b>	<b>Other taxes:</b>		
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____	
<b>e</b>	Other taxes.		
	2006 Amount                      Enter 2007 description:		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____	

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**Interest Deductions**

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<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>		
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .		8,018.00
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____	
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .		-2,291.00
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____	
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) . . . . .		5,727.00
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>		
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet . . . . .	_____	
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____	
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) . . . . .	_____	
<b>7</b>	<b>Points not reported on Form 1098:</b>		
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____	
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____	
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____	
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) . . . . .	_____	

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Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

1 Was the mortgage interest reported to you on Form 1098? . . . . . Yes  No

2 Recipient's/lender's name . . . . . Bank  
If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address:  
Recipient's SSN or ID number . . . . . \_\_\_\_\_  
Recipient's address . . . . . \_\_\_\_\_

**QuickZoom** if you paid more interest than is shown on Form 1098 . . . . .

If you and someone else were liable for this mortgage and the other person received the Form 1098, **QuickZoom** to complete information for that person . . . . .

3 Mortgage interest paid on your main home or second home in 2007 . . . . . 8,018.00  
4 Points paid in 2007 to buy your main home from Form 1098, box 2. . . . . \_\_\_\_\_

**Points NOT reported on Form 1098:**

5 Points not reported on Form 1098 that you paid in 2007 to purchase or improve your **main home** . . . . . \_\_\_\_\_  
6 If you paid other points to this lender which must be spread over the life of the loan, for example points you paid on your second home, on a home equity loan, or when you refinanced, enter the following:  
a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_  
b Date loan was made or date of refinance . . . . . \_\_\_\_\_  
c Length of loan (years) . . . . . \_\_\_\_\_  
d Points deducted in prior years for this loan . . . . . \_\_\_\_\_  
e Amortized points allowable this year . . . . . \_\_\_\_\_  
f Check this box if the points remaining for this loan are deductible in full in 2007 because you refinanced or paid off the loan . . . . .   
g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 6a) . . . . . \_\_\_\_\_

**QuickZoom** to another copy of Home Mortgage Interest Worksheet . . . . .



Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

**Part I Name of Charity and Donation Value**

1 Name of charity . . . . . Salvation Army  
2 a Value of contribution . . . . . 1,200.00

**Part II Type of Donated Property**

3 Check one:

**Tangible personal property**

- a  Household items & clothing
- b  Motor vehicle, boat, or airplane
- c  Art, Other than self-created
- d  Art, Self-created
- e  Collectibles
- f  Business equipment
- g  Business inventory
- h  Other

**Intangible property**

- i  Stock, Publicly traded
- j  Stock, Other than publicly traded
- k  Securities, Other than stock
- l  Intellectual property
- m  Other

**Real property**

- n  Real property, Conservation property
- o  Real property, Other than conservation

**Part III Additional Information**

If total noncash contributions are more than \$500, complete Part III

4 a Street address of charity . . . . . \_\_\_\_\_  
 b Charity City or Town . . Chicago State . . IL ZIP . \_\_\_\_\_  
 5 Unique description of donated property . . . . . clothing and furniture  
 \_\_\_\_\_  
 \_\_\_\_\_  
 6 Date of donation (mm/dd/yyyy or Various) . . . . . 01/01/2007  
 7 Method used to determine the fair market value . . Comparative sales

**Part IV Acquisition Information**

If the value of this contribution is more than \$500, complete Part IV

8 Date the donated property was acquired (mm/dd/yyyy) . . . . . Various  
 9 How the donated property was acquired . . . . . Purchase  
 10 Cost or adjusted basis in the donated property . . . . . 3,000.  
 11 If business equipment, enter accumulated depreciation . . . . . \_\_\_\_\_

**Part V Deduction**

12 Amount claimed as a deduction . . . . . 1,200.

Part VI Type of Charitable Organization

13 Check one: [X] (a) 50% charity [ ] (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? [ ] Yes [X] No

Part VIII Motor vehicle, boat, airplanes

15 Was Form 1098-C (or other written acknowledgement) received? [ ] Yes [ ] No

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? [ ] Yes [ ] No

17 Appraiser Information:

- a Date of Appraisal
b Appraiser Title
c Appraiser Identifying Number
d Appraiser Business Address
e Appraiser City or Town State ZIP Code

18 Charity Information:

- a Charity Date of Receipt of Gift
b Charity Representative Title
c Charity Identifying Number
d Charity Street Address
e Charity City or Town State ZIP Code

19 Other Information:

- a If a group of items was donated, describe any items
b For tangible property, give a brief summary of its overall physical condition
c For stock and securities, enter average trading price
d For bargain sales, enter the amount received

Part X Partial Interest Donations

If entire interest in the property was not donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the entire interest donated for this property? [X] Yes [ ] No

21 Partial interest donation information:

- a Amount claimed as a deduction on 2007 tax return
b Deduction claimed for this property on prior years' tax returns
c Location of tangible property donated
d Name of the person, other than the charity on line 1, who has possession of the donated property
e If a partial interest in this property was donated to a different charity in a prior year, enter the name of the charity
f Street address of prior charity
g City of prior charity State ZIP Code

**Part XI Restricted Use Property**

If restrictions were attached to the charity's right to use or dispose of the property, then complete Part XI.

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**22** Were **restrictions** attached to the charity's right to use or dispose of this property? . . . . . ▶  **Yes**  **No**  
If **yes**, complete line 23.

**23** Restriction information:

**a** Describe the restriction:

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**b** Did you give to anyone other than the charity on line 1 the right to income from the donated property or to possession of the donated property? . . . . . ▶  **Yes**  **No**

**c** If you checked **Yes** on line 23b, describe the right to income:

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**d** Were restrictions attached limiting the donated property to a specific use? . . . . . ▶  **Yes**  **No**

**e** If you checked **Yes** on line 23d, describe the use limitation:

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# Charitable Contributions Summary

2007

▶ Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit
church	1,470.	1,470.	
Totals:	1,470.	1,470.	

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Salvation Army	1,200.	1,200.			
Totals:	1,200.	1,200.			

## Part III Contribution Carryovers to 2008

	Total	Cash and Other Non-Capital Gain Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
1 2007 contributions . . . . .	2,670.	2,670.			
2 2007 contributions allowed . . . . .	2,670.	2,670.	0.	0.	0.
3 Carryover contributions:					
a From 2006 tax year . . . . .					
b From 2005 tax year . . . . .					
c From 2004 tax year . . . . .					
d From 2003 tax year . . . . .					
e From 2002 tax year . . . . .					
4 Carryovers allowed in 2007 . . . . .	0.	0.	0.	0.	0.
5 Carryovers disallowed in 2007 . . . . .	0.	0.	0.	0.	0.
6 Deductions disallowed:					
a 2007 carryover to 2008 . . . . .	0.	0.	0.	0.	0.
b 2006 carryover to 2008 . . . . .					
c 2005 carryover to 2008 . . . . .					
d 2004 carryover to 2008 . . . . .					
e 2003 carryover to 2008 . . . . .					
f 2002 carryover expired . . . . .					

## Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? . . . . .  Yes  No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ▶  Yes  No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ▶  Yes  No
- 4 Was any charity other than a 50% charity? . . . . .  Yes  No

Schedule E

Schedule E Worksheet

2007

► Keep for your records.

Name(s) as shown on return <b>Jack &amp; Jill Robinson</b>	Social Security Number <b>222-22-2345</b>
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This copy of the worksheet will be on . . . . . ► **Schedule E, Page 1, Copy 1, Property A**

**1** Property location . . . . . Owensboro, KY Property type . . . . . single family house

**Check all that apply**

<p><b>A</b> Owned by spouse . . . . . <input type="checkbox"/></p> <p><b>C</b> Rental property . . . . . <input checked="" type="checkbox"/></p> <p><b>E</b> Commercial property . . . . . <input type="checkbox"/></p> <p><b>G</b> Active participation . . . . . <input checked="" type="checkbox"/></p> <p><b>I</b> Some investment is not at risk . . . . . <input type="checkbox"/></p> <p><b>K</b> Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><b>L</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>B</b> Owned jointly . . . . . <input type="checkbox"/></p> <p><b>D</b> Royalty property . . . . . <input type="checkbox"/></p> <p><b>F</b> Other passive exceptions . . . . . <input type="checkbox"/></p> <p><b>H</b> Material participation . . . . . <input type="checkbox"/></p> <p><b>J</b> Complete disposition . . . . . <input type="checkbox"/></p>
---	--

**Ownership Percentage**

**M** Check to allocate income and expenses using ownership percentage . . . . .

**N** Enter ownership percentage . . . . . \_\_\_\_\_ %

**Combined personal residence and rental use**

**O** Check to allocate personal use items . . . . .

**P** Percentage of rental use . . . . . \_\_\_\_\_ %

**Vacation home**

**Q** Check if this is a vacation home property . . . . .

**R** Check to allocate interest and taxes using Tax Court Method . . . . .

**S** Number of days rented . . . . . \_\_\_\_\_

**T** Number of days personal use . . . . . \_\_\_\_\_

**U** Number of days property owned if less than 365 . . . . . \_\_\_\_\_

**Income**

		% if Different	Total
<b>3</b> Enter rental income (not reported on 1099) . . . . .	25,200.		
Rents from 1099-MISC Worksheets . . . . .			
Total rents received . . . . .	25,200.	100.000000	25,200.
<b>4</b> Enter royalties received (not reported on 1099) . . . . .			
Royalties 1099-MISC and K-1 Worksheets . . . . .			
Total royalties received . . . . .			

**Expenses**

	(a) Total	(b) Enter % if not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
<b>5</b> Advertising . . . . .	100.		100.		
<b>6a</b> Auto . . . . .					
<b>b</b> Travel . . . . .					
<b>7</b> Cleaning and maintenance . . . . .	488.		488.		
<b>8</b> Commissions . . . . .					
<b>9a</b> Mortgage insurance qualified . . . . .					
<b>b</b> Other insurance . . . . .	1,265.		1,265.		
<b>10</b> Legal and other professional fees . . . . .	125.		125.		
<b>11</b> Management fees . . . . .					
<b>12a</b> Mortgage interest qualified . . . . .	2,955.		2,955.		
<b>b</b> Mortgage interest other . . . . .					
<b>13</b> Other interest . . . . .					
<b>14</b> Repairs . . . . .	310.		310.		
<b>15</b> Supplies . . . . .	385.		385.		
<b>16a</b> Real estate taxes . . . . .	2,004.		2,004.		
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18</b> Other expenses . . . . .					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> Indirect operating expense . . . . .					
<b>f</b> Operating expense carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>19</b> Add lines 5 through 18 . . . . .	7,632.		7,632.		
<b>20a</b> Depreciation . . . . .	18,910.		18,910.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>21</b> Total expenses. Add 19 and 20 . . . . .			26,542.		
<b>22</b> Income or (loss) . . . . .			-1,342.		
<b>23</b> Deductible rental real estate loss . . . . .			-2,342.		



Schedule E

Schedule E Worksheet

2007

► Keep for your records.

Name(s) as shown on return <b>Jack &amp; Jill Robinson</b>	Social Security Number <b>222-22-2345</b>
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This copy of the worksheet will be on . . . . . ► **Schedule E, Page 1, Copy 1, Property B**

**1** Property location . . . . . Jacksonville, FL Property type . . . . . condo

**Check all that apply**

<p><b>A</b> Owned by spouse . . . . . <input type="checkbox"/></p> <p><b>C</b> Rental property . . . . . <input checked="" type="checkbox"/></p> <p><b>E</b> Commercial property . . . . . <input type="checkbox"/></p> <p><b>G</b> Active participation . . . . . <input type="checkbox"/></p> <p><b>I</b> Some investment is not at risk . . . . . <input type="checkbox"/></p> <p><b>K</b> Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><b>L</b> Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . . Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>B</b> Owned jointly . . . . . <input type="checkbox"/></p> <p><b>D</b> Royalty property . . . . . <input type="checkbox"/></p> <p><b>F</b> Other passive exceptions . . . . . <input type="checkbox"/></p> <p><b>H</b> Material participation . . . . . <input type="checkbox"/></p> <p><b>J</b> Complete disposition . . . . . <input type="checkbox"/></p>
--	--

**Ownership Percentage**

**M** Check to allocate income and expenses using ownership percentage . . . . .

**N** Enter ownership percentage . . . . . \_\_\_\_\_ %

**Combined personal residence and rental use**

**O** Check to allocate personal use items . . . . .

**P** Percentage of rental use . . . . . \_\_\_\_\_ %

**Vacation home**

**Q** Check if this is a vacation home property . . . . .

**R** Check to allocate interest and taxes using Tax Court Method . . . . .

**S** Number of days rented . . . . . \_\_\_\_\_

**T** Number of days personal use . . . . . \_\_\_\_\_

**U** Number of days property owned if less than 365 . . . . . \_\_\_\_\_

**Income**

		% if Different	Total
<b>3</b> Enter rental income (not reported on 1099) . . . . .	27,375.		
Rents from 1099-MISC Worksheets . . . . .			
Total rents received . . . . .	27,375.	100.000000	27,375.
<b>4</b> Enter royalties received (not reported on 1099) . . . . .			
Royalties 1099-MISC and K-1 Worksheets . . . . .			
Total royalties received . . . . .			

**Expenses**

	(a) Total	(b) Enter % if not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
<b>5</b> Advertising . . . . .	200.		200.		
<b>6a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	2,050.		2,050.		
<b>7</b> Cleaning and maintenance . . . . .	1,200.		1,200.		
<b>8</b> Commissions . . . . .					
<b>9a</b> Mortgage insurance qualified . . . . .					
<b>b</b> Other insurance . . . . .	1,655.		1,655.		
<b>10</b> Legal and other professional fees . . . . .					
<b>11</b> Management fees . . . . .	2,400.		2,400.		
<b>12a</b> Mortgage interest qualified . . . . .	4,444.		4,444.		
<b>b</b> Mortgage interest other . . . . .					
<b>13</b> Other interest . . . . .					
<b>14</b> Repairs . . . . .					
<b>15</b> Supplies . . . . .	200.		200.		
<b>16a</b> Real estate taxes . . . . .	3,808.		3,808.		
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .					
<b>18</b> Other expenses . . . . .					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> Indirect operating expense . . . . .					
<b>f</b> Operating expense carryover . . . . .					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>19</b> Add lines 5 through 18 . . . . .	15,957.		15,957.		
<b>20a</b> Depreciation . . . . .	11,273.		11,273.		
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover . . . . .					
<b>21</b> Total expenses. Add 19 and 20 . . . . .			27,230.		
<b>22</b> Income or (loss) . . . . .			145.		
<b>23</b> Deductible rental real estate loss . . . . .			-1,700.		

Partner's Name Jack Robinson

Social Security Number 222-22-2345

Part I Information About the Partnership

Part I form fields: A Partnership's Employer Identification Number, B Partnership's Name (Stable Graphics, Inc.), C IRS Center, D Check if publicly traded, E Tax shelter registration number, F Check if Form 8271 is attached.

Part II Information About the Partner

Part II form fields: G Partner's identifying Number (222-22-2345), H Partner's Name (Jack Robinson), I General Partner or LLC manager, J Domestic Partner, K What type of entity is this partner? (Individual), L Partner's Share of Profit, Loss, Capital, M Partner's Share of Liabilities at Year End, N Partner's Capital Account Analysis.

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

Part III form fields: Check Type of Activity Reported on this Schedule K-1 (Business checked), 1 Ordinary business income (loss) (12,005), 2 Net rental real estate income (loss), 3 Other net rental income (loss), 4 Guaranteed payments, 5 Interest income, 6 a Ordinary dividends, 6 b Qualifying dividends, 7 Royalties.

Partner's Name  
Jack Robinson

Social Security Number  
222-22-2345

Part I Information About the Partnership

- A Partnership's Employer Identification Number
B Partnership's Name: Computer Creation Company
Address, City, State, ZIP Code
C IRS Center where partnership filed return
D Check if this is a publicly traded partnership (PTP)
E Tax shelter registration number, if any
F Check if Form 8271 is attached, Check if foreign partnership

Part II Information About the Partner

- G Partner is Taxpayer (checked), Spouse, Joint
H Partner's identifying Number: 222-22-2345
I Name: Jack Robinson, Address: 505 Pleasant Valley Lane, City: Chicago, State: IL, ZIP Code: 75839
J General Partner or LLC manager, Domestic Partner (checked), Foreign Partner
K What type of entity is this partner?: Individual
L Partner's Share of Profit, Loss, Capital: Beginning, Ending
M Partner's Share of Liabilities at Year End: Nonrecourse, Qualified nonrecourse financing, Recourse
N All investment in partnership is at-risk (checked), Some investment in partnership is not at-risk
Partner's Capital Account Analysis: Beginning Capital Account, Capital Contributed During the Year, Current Year Increase (Decrease), Withdrawals & Distributions, Ending Capital Account
Tax Basis, Other (Explain), GAAP, Section 704(b) Book, Final K-1, Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

- Check Type of Activity Reported on this Schedule K-1: Business (checked), Rental Real Estate, Other Rental Activities, Other (investment club, etc.)
1 Ordinary business income (loss): 1,555
2 Net rental real estate income (loss)
3 Other net rental income (loss)
4 Guaranteed payments
5 Interest income
6 a Ordinary dividends
6 b Qualifying dividends
7 Royalties
Double-click to link royalties to Schedule E Worksheet

# Schedule SE Adjustments Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total for Schedule SE, line 1</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 a Total Schedules C . . . . .	59,018.	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>Total for Schedule SE, line 2</b> . . . . .	59,018.	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1 . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# Education Tuition and Fees Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return  
Jack & Jill Robinson

Your Social Security No.  
222-22-2345

## Part I - Student Identifying Information

For each person with qualified education expenses, **Quickzoom** to either a Personal Information Worksheet or a Dependent Information Worksheet to enter student education information

## Part II - Enter Qualified Education Expense Information

- 2 If you would like to use the **manual** method to classify the expenses, you **must** make that selection on one of the two worksheets:  
 Personal Information Worksheet . . . . . ▶ \_\_\_\_\_  
 Dependent Information Worksheet . . . . . ▶ \_\_\_\_\_
- 3 To **automatically** calculate the credit/deduction combination which yields the lowest net tax liability, go to Part III.

To enter qualified education expenses, use the <b>quickzoom above</b> to enter them on either the Personal Information Worksheet or the Dependent Information Worksheet	Classification Method <b>Relaunch Optimizer</b> Caution : See Part III Below
---	---

(a) Student's name			(b) Qualified Education Expenses	(c) Qualified for Hope Credit?	(d) Manual: Choose Credit or Deduction	(e) Automatic: TurboTax Choice(s) (See Part III Below)
First Name	MI					
Last Name	Suffix					
Social Security Number						
Elaine		6,600.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
Robinson				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/>
456-78-9012				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/>

**Part III - Optimize Education Expenses for the Lowest Tax**

**Note:** The Education Expense Optimizer automatically selects the Deduction or Credit choices that generate the lowest tax. TurboTax does this by calculating all possible Deduction and Credit combinations for up to 5 students. This could take a minute or more while the program recalculates up to 243 different scenarios of your tax return.

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . ▶
- 2 Automatic - Check to use the Credit choices calculated in Part II, column (e) above . . . ▶
- OR
- 3 Manual - Check to use the Credit choices you entered in Part II, column (d) above . . . ▶

**Part IV - Summary**

**Net Tax Liability based on the Credit combination selected in Part II**

<b>1</b>	<b>Total tax</b> . . . . .		<b>1</b>	29,724.
<b>2</b>	<b>Earned income credit (EIC)</b> . . . . .	<b>2</b> _____		
<b>3</b>	<b>Additional child tax credit.</b> . . . . .	<b>3</b> _____		
<b>4</b>	<b>Net tax Liability without carryforwards</b> . . . . . ▶		<b>4</b>	29,724.
<b>5</b>	<b>Credit Carryforwards</b>			
	<b>a</b> General Business Credit . . . . .	<b>5a</b> _____		
	<b>b</b> Adoption credit . . . . .	<b>b</b> _____		
	<b>c</b> Mortgage interest credit . . . . .	<b>c</b> _____		
	<b>d</b> Foreign tax credit . . . . .	<b>d</b> _____		
	<b>e</b> Residential Energy Credit . . . . .	<b>e</b> _____		
	<b>f</b> Other carryovers . . . . .	<b>f</b> _____		
<b>6</b>	<b>Total Carryovers</b> . . . . .	<b>6</b> _____		
<b>7</b>	<b>Net tax liability with carryforwards</b> . . . . . ▶		<b>7</b>	29,724.

**Tuition and Fees Deduction Summary**

<b>8</b>	Total 2007 tuition and fees paid for purposes of deduction. . . . .	<b>8</b>	6,600.
<b>9</b>	Modified adjusted gross income . . . . .	<b>9</b>	129,437.
<b>10</b>	Maximum deduction allowed . . . . .	<b>10</b>	4,000.
<b>11</b>	Allowable Tuition and Fees Deduction (lesser of line 8 or line 10). . . . .	<b>11</b>	4,000.

**Hope and Lifetime Learning Credits Summary**

<b>12</b>	Tentative Hope Credit . . . . .	<b>12</b>	_____
<b>13</b>	Tentative Lifetime Learning Credit . . . . .	<b>13</b>	_____
<b>14</b>	Total Education Credits (after limitations) . . . . .	<b>14</b>	_____

# Federal Carryover Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
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**2006 State and Local Income Tax Information** (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

Other Tax and Income Information		2006	2007
1 Filing status . . . . .	1	—	2 MFJ
2 Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3 Itemized deductions after limitation . . . . .	3		15,264.
4 Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income . . . . .	5		125,437.
6 Tax liability for Form 2210 or Form 2210-F . . . . .	6		29,724.
7 Alternative minimum tax . . . . .	7		3,988.
8 Federal overpayment applied to next year estimated tax . . . . .	8		

**QuickZoom to the IRA Information Worksheet for IRA information** (see Tax Help) . . . . . ▶

Excess Contributions		2006	2007
9 a Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers		2006	2007
12 a Short-term capital loss . . . . .	12 a		
b AMT Short-term capital loss . . . . .	b		
13 a Long-term capital loss . . . . .	13 a		
b AMT Long-term capital loss . . . . .	b		
14 a Net operating loss available to carry forward . . . . .	14 a		
b AMT Net operating loss available to carry forward . . . . .	b		
15 a Investment interest expense disallowed . . . . .	15 a		
b AMT Investment interest expense disallowed . . . . .	b		
16 Nonrecaptured net Section 1231 losses from:	16 a		19.
a 2007 . . . . .	a		
b 2006 . . . . .	b		
c 2005 . . . . .	c		
d 2004 . . . . .	d		
e 2003 . . . . .	e		
f 2002 . . . . .	f		

Jack & Jill Robinson

222-22-2345

Loss and Expense Carryovers (cont'd)				2006	2007
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2007 . . .	17 a	
		b	2006 . . .	b	249.
		c	2005 . . .	c	
		d	2004 . . .	d	
		e	2003 . . .	e	
		f	2002 . . .	f	
Credit Carryovers				2006	2007
18	General business credit . . . . .		18		
19	Adoption credit from:	a	2007 . . . . .	19 a	
		b	2006 . . . . .	b	
		c	2005 . . . . .	c	
		d	2004 . . . . .	d	
		e	2003 . . . . .	e	
		f	2002 . . . . .	f	
20	Mortgage interest credit from:	a	2007 . . . . .	20 a	
		b	2006 . . . . .	b	
		c	2005 . . . . .	c	
		d	2004 . . . . .	d	
21	Credit for prior year minimum tax . . . . .		21		
22	District of Columbia first-time homebuyer credit . . . . .		22		
23	Residential energy efficient property credit . . . . .		23		
24	Amount overpaid less earned income credit . . . . .		24		
Other Carryovers				2006	2007
25	Section 179 expense deduction disallowed . . . . .		25		0.
26	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	26 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	



Name(s) of Proprietor(s) Jack Robinson	Your SSN 222-22-2345
---	-------------------------

Business name . . . . . Computer Consulting  
505 Pleasant Valley Lane

**Part I – Calculation of Line 7**

*Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:*

1	Area used exclusively for daycare . . . . .	1	_____
2	Total area of home . . . . .	2	_____
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2 . . . . .	3	_____ %
4	Area used only partly for daycare . . . . .	4	_____
5	Divide line 4 by line 2 . . . . .	5	_____ %
6	Multiply days used for daycare during year by hours used per day . . . . .	6	_____ hr
7	Total hours available for use during the year (365 x 24 hours) . . . . .	7	_____ hr
8	Divide line 6 by line 7. Enter result as a decimal amount . . . . .	8	_____
9	Business % for area used only partly for daycare. Multiply line 8 by line 5 . . . . .	9	_____ %
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . . . .	10	_____ %

**Part II – Calculation of Line 8**

*Calculation for Form 8829, line 8 when part of gross income is from a place of business other than this home office:*

1	Gross income from Schedule C, line 7 . . . . .	1	_____ 90,000.
2	Percent of gross income from business use of home reported on Schedule C . . . . .	2	_____ 100.00 %
3	Gross income from business use of home. Multiply line 1 by line 2 . . . . .	3	_____ 90,000.
4	Gain from business use of your home shown on Schedule D or Form 4797 . . . . .	4	_____ 192.
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4 . . . . .	5	_____ 90,192.
6	Total expenses from Schedule C, line 28. . . . .	6	_____ 24,317.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number . . . . .</i>	7	_____
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number . . . . .</i>	8	_____
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, line 8 . . . . .	9	_____ 65,875.

**Part III – Calculation of Line 41**

1	Depreciation attributable to business use of home . . . . .	1	_____ 2,784.
2	Depreciation for additions and improvements attributable to business use of home . . . . .	2	_____
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 41. . . . .	3	_____ 2,784.

► Keep for your records

Name(s) Shown on Return Jack & Jill Robinson	Social Security Number 222-22-2345
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Description	Amount
<b>Income</b>	
Wages . . . . .	38,550.
Interest income before Series EE bond exclusion . . . . .	2,345.
Dividend income . . . . .	3,546.
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	59,018.
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	12,005.
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	-19.
Capital gains and losses . . . . .	-1,446.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	15,000.
Unemployment compensation . . . . .	
Other income . . . . .	7,100.
<b>Total income . . . . .</b>	<b>136,099.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	150.
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	<b>150.</b>
<b>Modified adjusted gross income . . . . .</b>	<b>135,949.</b>

## Disposition Report

**2007**

Name as Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

Activity: Computer Consulting

	(a) Description of Property	(b) Date Acquired	(c) Date Sold	(d) Gross Sales Price	(e) Cost or Other Basis and Expenses	(f) Depreciation Allowed or Allowable
1	computer	06/01/2003	01/01/2007	500.	4,500.	3,981.
2						
3						
4						
5						
6						
7						
8						
9						
10						

Activity: Computer Consulting

	(g) Suspended (Loss) Carryover from Prior Year	(h) Gain/(Loss) Limited by 6198 (if applicable)	(i) Disposition Gain (Loss) Allowed	(j) (Loss) Suspended Current Year
1	Form 4797, Pt I	-19.	-19.	
2				
3				
4				
5				
6				
7				
8				
9				
10				
Totals . . . . .		-19.	-19.	

# Car and Truck Expenses Worksheet

**2007**

▶ Keep for your records

Name(s) Shown on Return  
Jack & Jill Robinson

Social Security Number  
222-22-2345

Activity: Sch C Computer Consulting

## Part I – Vehicle Information

- 1 Make and model of vehicle . . . . . Audi Example: Ford Taurus
- 2 Date placed in service . . . . . 01/01/2002 Example: 06/15/07
- 3 Type of vehicle . . . . . A1 - Auto
- 4 a Ending mileage reading . . . . . \_\_\_\_\_ Enter mileage readings, or  
 b Beginning mileage reading . . . . . \_\_\_\_\_ enter total miles on line 4c
- c **Total miles** vehicle was driven during 2007 . . . . . 12,000 Line 4a less line 4b
- 5 Number of miles driven for business . . . . . 10,000
- 6 Number of miles driven for commuting . . . . . \_\_\_\_\_ Travel between home and work
- 7 Number of miles driven for personal purposes . . . . . 2,000 Line 4c less lines 5 and 6
- 8 Percent of business use . . . . . 83.33 % Line 5 divided by line 4c
- 9 Months for special allocation . . . . . \_\_\_\_\_ See Tax Help
- 10 Do you have another vehicle available for personal use? . . . . .  Yes  No
- 11 Was the vehicle available for personal use during off duty hours? . . . . .  Yes  No
- 12 Was the vehicle used primarily by a more than 5% owner of the business or related person? . . . . .  Yes  No
- 13 a Do you have evidence to support the business use claimed? . . . . .  Yes  No
- b If **Yes**, is the evidence written? . . . . .  Yes  No

## Part II – Standard Mileage Rate

- 14 Did you own this vehicle, lease this vehicle, or was it not your vehicle? . . . . .  Own  Lease  
 Not my vehicle
- 15 Did you use this vehicle for hire? . . . . .  Yes  No Example: taxicab
- 16 Did you use less than 5 vehicles for business at a time? . . . . .  Yes  No
- 17 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? . . . . .  Yes  No Only applies to vehicles placed in service in prior years
- If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:**
- 18 **Standard mileage deduction** . . . . . 4,850. line 5 times .485

## Part III – Actual Expenses

- 19 a Gasoline . . . . . \_\_\_\_\_ f Vehicle registration, license (excluding property tax) . . . . . \_\_\_\_\_
- b Oil . . . . . \_\_\_\_\_ g Garage rent . . . . . \_\_\_\_\_
- c Tires . . . . . \_\_\_\_\_ h Vehicle lease or rental fees . . . . . \_\_\_\_\_
- d Repairs . . . . . \_\_\_\_\_ i Less: inclusion amount . . . . . ( \_\_\_\_\_ )
- e Vehicle insurance . . . . . \_\_\_\_\_ j Other . . . . . \_\_\_\_\_
- 20 Expenses subtotal . . . . . \_\_\_\_\_ Sum of lines 19a thru 19j
- 21 Expenses applicable to business . . . . . \_\_\_\_\_ Line 20 times line 8
- 22 Vehicle depreciation and Section 179 . . . . . \_\_\_\_\_ From Part VI
- 23 **Total actual expenses** . . . . . \_\_\_\_\_ Line 21 plus line 22

Vehicle: Audi
Activity: Sch C Computer Consulting

Part IV - Standard Mileage versus Actual Expenses

- 24 [X] Standard mileage . . . . 4,850.
25 [ ] Actual expenses . . . .
The program automatically chooses the method that gives you the largest deduction. Check the other method if you want to use it instead.

Part V - Total Car and Truck Expenses

- 26 Line 24 or line 25 . . . . . 4,850.
27 Additional expenses:
a Parking fees . . . . . 342.
b Tolls . . . . .
c Local transportation . . . . .
d Property taxes (include property tax portion of registration) . . . . .
e Less: personal portion of property taxes . . . . . ( )
f Interest on vehicle . . . . .
g Less: personal portion of vehicle interest . . . . . ( )
28 Total expenses . . . . . 5,192. Sum of lines 26 & 27a thru 27g.
29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.
less inclusion amount (if using actual expenses) . . . . . ( ) Reported separately.
30 Less: depreciation and Section 179 (if using actual expenses) . . . . . ( ) Reported separately.
31 Total car and truck expenses . . . . . 5,192.

Part VI - Vehicle Depreciation Information

- 32 Enter the total cost when vehicle was acquired . . . . . Include sales tax. For trade-in or vehicle converted from personal use, see Tax Help.
33 Enter the amount of Section 179 expense elected . . . . . Cannot be greater than limit shown below.
34 Depreciation and Section 179 limit for luxury cars . . . . . See Tax Help for computation.
35 a Gulf Opportunity Zone - Qualified Property . . . . . [ ] Reg [ ] Ext [ ] No
b Qualified Property for Special Depreciation Allowance . . . . . [ ] 50% [ ] 30% [ ] No
c Elect OUT of Special Depreciation Allowance . . . . . [ ] Yes [ ] No
d Elect 30% in place of 50% Special Depreciation Allowance . . . . . [ ] Yes [ ] No
e QuickZoom to view the Election statements . . . . .
f Special Depreciation Allowance . . . . .
g AMT Special Depr Allowance . . . . .

- If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
36 Prior depreciation . . . . .
37 Depreciation deduction . . . . . [ ] Limited to luxury car maximum.
If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
38 AMT prior depreciation . . . . .
39 AMT depreciation deduction . . . . . [ ] Limited to luxury car maximum.
40 AMT adjustment/preference . . . . . See Tax Help for computation.
41 QuickZoom to Asset Life History . . . . .

Vehicle: Audi  
 Activity: Sch C Computer Consulting

**Part VII – Disposition of Vehicle** – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2007.

- 42 Date vehicle sold, given away or abandoned in 2007 . . . . . \_\_\_\_\_ Example: 5/01/07
- 43 Date vehicle acquired, if different from line 2 . . . . . \_\_\_\_\_ If converted from personal use
- 44 Sales price . . . . . \_\_\_\_\_ Enter business portion only
- 45 Expense of sale . . . . . \_\_\_\_\_ Enter business portion only
- 46 Sec 179 deduction allowed . . . . . \_\_\_\_\_
- 47 Double click to link sale to Form 6252 . . . . . ▶ \_\_\_\_\_
- 48 a Double click to link sale to Form 8824 . . . . . ▶ \_\_\_\_\_
- b Form 8824: Depreciation at 100% business use . . . . . \_\_\_\_\_
- c Form 8824: AMT depr at 100% business use . . . . . \_\_\_\_\_
- 49 Gain/loss basis, if different from line 32 . . . . . \_\_\_\_\_ Enter 100% of basis
- 50 AMT gain/loss basis, if different from line 72 . . . . . \_\_\_\_\_ Enter 100% of basis
- 51 Depreciation allowed or allowable . . . . . \_\_\_\_\_
- 52 AMT depreciation allowed or allowable . . . . . \_\_\_\_\_
- 53 Gain or loss . . . . . \_\_\_\_\_
- 54 AMT gain or loss . . . . . \_\_\_\_\_
- 55 Part of Form 4797 to which gain/loss carries . . . . . \_\_\_\_\_

**Part VIII – Detail Vehicle Depreciation Information** – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- |    |  |                                     |     |                                     |    |                                      |
|----|--|-------------------------------------|-----|-------------------------------------|----|--------------------------------------|
| 56 | Subject to automobile limitations? . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 57 | Truck or van? . . . . .                | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 58 | Electric passenger vehicle? . . . . .  | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |                                      |
| 59 | Heavy SUV? . . . . .                   | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 60 | Listed property? . . . . .             | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No | See Tax Help.                        |
| 61 | Eligible Section 179 property? . . . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No | Applies to current year assets only. |
| 62 | Use IRS tables for MACRS property?     | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |
| 63 | Indian reservation property? . . . . . | <input type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |                                      |

**Regular Depreciation**

- 64 Depreciation type . . . . . \_\_\_\_\_
- 65 Asset class . . . . . \_\_\_\_\_
- 66 Depreciation method . . . . . \_\_\_\_\_
- 67 MACRS convention . . . . . \_\_\_\_\_
- 68 **QuickZoom** to set 2007 convention . . . . . ▶ \_\_\_\_\_
- 69 Recovery period . . . . . \_\_\_\_\_
- 70 Year of depreciation . . . . . \_\_\_\_\_
- 71 Depreciable basis . . . . . \_\_\_\_\_

**Alternative Minimum Tax Depreciation**

- 72 AMT basis, if different from line 32 . . . . . \_\_\_\_\_
- 73 AMT depreciation method . . . . . \_\_\_\_\_
- 74 AMT recovery period . . . . . \_\_\_\_\_
- 75 AMT depreciable basis . . . . . \_\_\_\_\_

















# Tax History Report

**2007**

▶ Keep for your records

Name(s) Shown on Return

Jack & Jill Robinson

**Five Year Tax History:**

	2003	2004	2005	2006	2007
Filing status . . . . .					MFJ
Total income . . . . .					133,757.
Adjustments to income . . . . .					8,320.
Adjusted gross income . . . . .					125,437.
Tax expense . . . . .					4,117.
Interest expense . . . . .					5,727.
Contributions . . . . .					2,670.
Miscellaneous deductions . . . . .					2,750.
Other itemized deductions . . . . .					
Total itemized/standard deduction . . . . .					15,264.
Exemption amount . . . . .					17,000.
Taxable income . . . . .					93,173.
Tax . . . . .					16,097.
Alternative minimum tax . . . . .					3,988.
Total credits . . . . .					200.
Other taxes . . . . .					9,839.
Payments . . . . .					7,540.
Form 2210 penalty . . . . .					
Amount owed . . . . .					22,184.
Applied to next year's estimated tax . . . . .					
Refund . . . . .					
Effective tax rate % . . . . .					12.67
**Tax bracket % . . . . .					25

\*\*Tax bracket % is based on Taxable Income.

**Tax Summary**  
 ▶ Keep for your records

**2007**

Name (s)	SSN
Jack & Jill Robinson	222-22-2345
<b>Total income</b> .....	133,757.
<b>Adjustments to income</b> .....	8,320.
<b>Adjusted gross income</b> .....	125,437.
<b>Itemized/standard deduction</b> .....	15,264.
<b>Exemption amount</b> .....	17,000.
<b>Taxable income</b> .....	93,173.
<b>Tentative tax</b> .....	16,097.
<b>Additional taxes</b> .....	0.
<b>Alternative minimum tax</b> .....	0.
<b>Total credits</b> .....	200.
<b>Other taxes</b> .....	9,839.
<b>Total tax</b> .....	25,736.
<b>Total payments</b> .....	7,540.
<b>Estimated tax penalty</b> .....	0.
<b>Refund</b> .....	0.
<b>Balance due</b> .....	18,196.

**Which Form 1040 to file?**

You must use Form 1040 because  
 you filed Schedule C, Profit or Loss From Business.

## Compare to U. S. Averages

▶ Keep for your records

**2007**

Name(s) Shown on Return Jack & Jill Robinson	Social Security No 222-22-2345
---	-----------------------------------

Your 2007 adjusted gross income (AGI) . . . . . 125,437.  
 National adjusted gross income range used below . . . . . from 100,000. to 199,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	38,550.	118,444.
Taxable interest . . . . .	2,345.	2,716.
Tax-exempt interest . . . . .		9,556.
Dividends . . . . .	3,546.	4,680.
Business net income . . . . .	59,018.	39,261.
Business net loss . . . . .		-7,315.
Net capital gain . . . . .		25,664.
Net capital loss . . . . .	-1,446.	-2,375.
Taxable IRA . . . . .		23,914.
Taxable pensions and annuities . . . . .	15,000.	34,941.
Rent and royalty net income . . . . .		14,945.
Rent and royalty net loss . . . . .	-3,897.	-9,472.
Partnership and S corporation net income . . . . .	13,560.	42,879.
Partnership and S corporation net loss . . . . .		-13,718.
Taxable social security benefits . . . . .		17,889.
Medical and dental expenses . . . . .		10,369.
Taxes paid deductions . . . . .	4,117.	11,197.
Interest paid deductions . . . . .	5,727.	12,714.
Contributions . . . . .	2,670.	4,325.
Total itemized deductions . . . . .	15,264.	29,233.
Child care credit . . . . .		563.
Credit for the elderly or disabled . . . . .		0.
Earned income credit . . . . .		0.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	125,437.	141,200.
Taxable income . . . . .	93,173.	104,566.
Alternative minimum tax . . . . .	3,988.	1,926.
Total tax liability . . . . .	29,724.	18,821.



## Estimated Tax Payment Options

**Name:** Jack & Jill Robinson  
**SSN:** 222-22-2345

### Prepare My 2008 Estimated Taxes Based on

**Note:** Option 3 is only for qualified farmers and fishermen (see Help)

	Tax Amount
<input type="checkbox"/> 90% of tax on your 2008 estimated taxable income . . . . .	0.
<input type="checkbox"/> 100% of tax on your 2008 estimated taxable income . . . . .	0.
<input type="checkbox"/> 66-2/3% of tax on 2008 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2007 taxes (prior-year exception)	
<b>Note:</b> If your 2007 taxes were less than \$1000, see Tax Help . . . . .	29,724.

### Amount of Estimated Taxes to Pay in 2008

Taxes based on method above . . . . .	29,724.
Expected withholding for 2008 . . . . . (2007 actual withholding)	7,540.
Taxes due after withholding . . . . .	22,184.
Estimates you've already paid . . . . .	
Last year's overpayment you applied to this year . . . . .	
Balance of estimated taxes due . . . . .	22,184.

### Round My Payments Up

- To the next \$10  
 To the next \$100

### Prepare Estimated Tax Payment Vouchers

- The amount of estimated taxes due is \$1,000 or more (see Tax Help)  
 Even if the amount of estimated taxes due is less than \$1,000  
 No, do not prepare estimated tax payment vouchers

### Schedule of Estimated Tax Payments for 2008

Check the box for the payment date due next. We will prepare your vouchers based on your choice.

<input type="checkbox"/> Payment number 1, due April 15, 2008 . . . . .	5,546.
<input type="checkbox"/> Payment number 2, due June 16, 2008 . . . . .	5,546.
<input type="checkbox"/> Payment number 3, due September 15, 2008 . . . . .	5,546.
<input type="checkbox"/> Payment number 4, due January 15, 2009 . . . . .	5,546.

**Total estimated tax payments for 2008 . . . . . 22,184.**

### Print Estimated Tax Vouchers

- Yes, print those prepared by program  
 No, I will use those supplied by the IRS and write in the amounts

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>16,097.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Tax from Form(s) 8889 . . . . . _____
<b>H</b>	Additional tax on recapture of a charitable contribution deduction relating to the contribution of a fractional interest in tangible personal property . . . . . _____
<b>I</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>16,097.</u>

SMART WORKSHEET FOR: Schedule B: Interest & Dividend Income

<b>Interest Income Smart Worksheet</b>							
Payer's Name <small>To access Form 1099-INT Double-Click on payer</small>	Box 1		Box 2	Box 3	Box 8		Box 9
	Interest Income	Typ Int*	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST ID	Private Actvty Bond
Happy Bank	424.00						
Uptown Bank	1,576.00		150.00	345.00			

SMART WORKSHEET FOR: Schedule B: Interest & Dividend Income

Dividend Income Smart Worksheet					
Payer's Name To access 1099-DIV, <b>Double-Click</b> from payer	Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Capital Gain Distributions	Box 2b Unrecap. Sec 1250	Box 3 Nontaxable Distributions
Jones Brokerage Company	3,546.00	452.00			

SMART WORKSHEET FOR: Schedule C (Computer Consulting): Profit or Loss from Business

**Domestic Production Activities Smart Worksheet**

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column. For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production
<b>A</b> Gross receipts . . . . .	90,000.	
<b>B</b> Cost of goods sold . . . . .		
<b>C</b> Directly allocable deductions, expenses, or losses . . . . .		
<b>D</b> Indirectly allocable deductions, expenses, or losses . . . . .	30,982.	
<b>E</b> W-2 wages (adjust for wages from COGS, if necessary) . . . . .		

**QuickZoom** to Form 8903, Domestic Production Activities Deduction . . . ▶

SMART WORKSHEET FOR: Schedule C (Computer Consulting): Profit or Loss from Business

<b>Activity Summary Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Ownership . . . . .	Taxpayer	
<b>B</b> At risk status . . . . .	All	
<b>C</b> Passive status . . . . .	Nonpassive	
<b>Schedule C</b>		
<b>D</b> Tentative profit (loss) . . . . .	59,018.	58,902.
<b>E</b> Other preferences and adjustments . . . . .		
<b>F</b> At risk disallowed loss . . . . .		
<b>G</b> Passive carryover loss . . . . .		
<b>H</b> Passive disallowed loss . . . . .		
<b>I</b> Net profit (loss) allowed . . . . .	59,018.	58,902.
<b>Related Dispositions</b>		
<b>J</b> Tentative profit (loss) . . . . .	-19.	-249.
<b>K</b> At risk disallowed loss . . . . .		
<b>L</b> Passive carryover loss . . . . .		
<b>M</b> Passive disallowed loss . . . . .		
<b>N</b> Net profit (loss) allowed . . . . .	-19.	-249.

SMART WORKSHEET FOR: Schedule C (Computer Consulting): Profit or Loss from Business

<b>Carryforward to 2008 Smart Worksheet</b> Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Section 179 carryover . . . . .	0.	
<b>Passive Losses Carryover</b>		
<b>B</b> Schedule C suspended loss . . . . .		
<b>C</b> Schedule D short-term suspended loss . . . . .		
<b>D</b> Schedule D long-term suspended loss . . . . .		
<b>E</b> Form 4797 ordinary suspended loss . . . . .		
<b>F</b> Form 4797 long-term suspended loss . . . . .		

SMART WORKSHEET FOR: Schedule D: Capital Gains & Losses

**A** Is a statement with stock sale detail being attached instead of entering detail? . . . . .  Yes  No  
 If **yes**, Form **8453** is required to be mailed to IRS when electronically filing.

**B** Sort sales by date sold in Parts I and II? . . . . .  Yes  No

SMART WORKSHEET FOR: Form 6251: Alternative Minimum Tax

**Disposition of Property Line 16 Smart Worksheet**

**Other adjustments to gain or loss for AMT purposes:**

**A** Other adjustments to short-term capital gain and loss for AMT purposes . . . . . \_\_\_\_\_

**B** Other adjustments to long-term capital gain or loss for AMT purposes . . . . . \_\_\_\_\_

**C** Other adjustments to section 1231 gain or loss (Form 4797, Part I) for AMT . . . . . \_\_\_\_\_

**D** Other adjustments to ordinary gain or loss (Form 4797, Part II) for AMT . . . . . \_\_\_\_\_

**Total Gain or Loss:**

	Alternative Minimum Tax	Regular Tax
<b>E</b> Short-term capital gain or loss . . . . .	_____	_____
<b>F</b> Section 1231 gain or loss . . . . .	_____	_____
<b>G</b> Long-term capital gain or loss (including section 1231 gain) . . . . .	-1,446.	-1,446.
<b>H</b> Ordinary gain or loss (including section 1231 loss) . . . . .	-249.	-19.

**Difference between AMT and regular tax gain or loss:**

	Alternative Minimum Tax	Regular Tax	Difference
<b>I</b> Net capital gain or loss (Schedule D) . . . . .	-1,446.	-1,446.	0.
<b>J</b> Ordinary gain or loss (Form 4797, Part II) . . . . .	-249.	-19.	-230.
<b>K</b> Total (to line 16) . . . . .			-230.

SMART WORKSHEET FOR: Form 6251: Alternative Minimum Tax

**Alternative Tax Net Operating Loss Deduction Line 27 Smart Worksheet**

**A** Alternative minimum taxable income without ATNOL . . . . . 122,440.

**B** Enter Adjustments . . . . . \_\_\_\_\_

**C** Adjustment for domestic production activities deduction . . . . . \_\_\_\_\_

**D** Adjusted alternative minimum taxable income without ATNOL (Sum of A thru C) . . . . . 122,440.

**E** Alternative minimum tax NOL deduction limitation. Line D times 90%. . . . . 110,196.

**F** Alternative minimum tax net operating loss . . . . . \_\_\_\_\_

**G** Enter AMT NOL attributable to Gulf Opportunity Zone Losses . . . . . \_\_\_\_\_

**H** AMT NOL not attributable to Gulf Opportunity Zone Losses. (Line F minus G) . . . . . 0.

**I** AMT NOL deduction other than Gulf losses (lesser of Line E or Line H) . . . . . 0.

**J** AMT NOL Gulf Zone Deduction. (smaller of Line G or (Line D minus Line I) . . . . . 0.

**K** AMT NOL Deduction. Enter on Line 27 as negative. (Sum of Line I and J) . . . . . 0.

SMART WORKSHEET FOR: Form 6251: Alternative Minimum Tax

Capital Gain Amounts for Alternative Minimum Tax (AMT) Smart Worksheet		
	Entered Elsewhere	Other
<b>A</b> Net short-term gains (losses) . . . . .	_____	_____
<b>B</b> Net long-term gains (losses). . . . .	-1,446.	_____
<b>1</b> Net collectibles (28%) gains (losses) . . . . .	_____	_____
<b>2</b> Unrecaptured Section 1250 (25%) . . . . .	_____	_____
<b>C</b> Qualified dividends . . . . .	452.	_____
<b>D</b> Investment income election from Form 4952 for AMT. . . . .	_____	_____

SMART WORKSHEET FOR: Form 6251: Alternative Minimum Tax

Line 37 Smart Worksheet		
Schedule D Tax Worksheet lines 2 through 13, as refigured for the AMT		
<b>2</b> Enter your qualified dividends from Form 1040, line 9b. . . . .	_____	452.
<b>3</b> Enter the amount from Form 4952, line 4g. . . . .	0.	_____
<b>4</b> Enter the amount from Form 4952, line 4e. . . . .	_____	_____
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0-. . . . .	_____	0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0-. . . . .	_____	452.
<b>7</b> Enter the smaller of line 15 or line 16 of Schedule D . . . . .	_____	0.
<b>8</b> Enter the smaller of line 3 or line 4 . . . . .	_____	_____
<b>9</b> Subtract line 8 from line 7. If zero or loss, enter -0-. . . . .	_____	_____
<b>10</b> Add lines 6 and 9. . . . .	_____	452.
<b>11</b> Add lines 18 and 19 of Schedule D . . . . .	_____	_____
<b>12</b> Enter the smaller of line 9 or line 11 . . . . .	_____	_____
<b>13</b> Subtract line 12 from line 10. Enter result on line 37 below. . . . .	_____	452.

SMART WORKSHEET FOR: Schedule C (Computer Consulting) -- Form 8829 (505 Pleasant Valley Lane): Exp for Business Use of Home

Line 8 Calculation Smart Worksheet	
<b>A</b> Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home . . . . .	100.00 %
<b>B</b> Gain from business use of this home shown on Schedule D or Form 4797 . . . . .	192.
<b>C</b> Any losses from this business shown on Schedule D or Form 4797 <i>Enter the losses as a positive number</i> . . . . .	_____

SMART WORKSHEET FOR: Schedule C (Computer Consulting) -- Form 8829 (505 Pleasant Valley Lane): Exp for Business Use of Home

Mortgage Interest Smart Worksheet	
Double-click to link to copies of the Home Mortgage Interest Worksheet:	
Mortgage 1 . . . . .	Bank _____
Mortgage 2 . . . . .	_____
Mortgage 3 . . . . .	_____

SMART WORKSHEET FOR: Misc Itemized Deductions Stmt

<b>Depreciation Smart Worksheet</b>	
<b>A</b>	Enter Section 179 carryover from prior year . . . . . _____
<b>B</b>	<b>QuickZoom</b> to the Asset Entry Worksheet . . . . . ▶
<b>C</b>	<b>QuickZoom</b> to the Depreciation/Amortization Reports . . . . . ▶
<b>D</b>	<b>QuickZoom</b> to Form 4562 for Schedule A. . . . . ▶
<b>E</b>	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b>	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? . . . . . <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Schedule E Worksheet (Owensboro, KY)

<b>Carryovers to 2007 Smart Worksheet</b>		
	<b>Regular</b>	<b>AMT</b>
<b>A</b>	Section 179 carryover (Enter as a positive number) . . . . .	
	<b>Passive Losses Carryover</b>	
	Enter carryover losses as negative numbers.	
<b>B</b>	Schedule E suspended loss . . . . . -1,000.	
<b>C</b>	Schedule D short-term suspended loss . . . . .	
<b>D</b>	Schedule D long-term suspended loss . . . . .	
<b>E</b>	Form 4797 ordinary suspended loss . . . . .	
<b>F</b>	Form 4797 long-term suspended loss . . . . .	
	<b>Vacation Home Carryover</b>	
	Enter carryover expenses as positive numbers.	
<b>G</b>	Vacation home operating expenses . . . . .	
<b>H</b>	Vacation home depreciation . . . . .	

SMART WORKSHEET FOR: Schedule E Worksheet (Owensboro, KY)

Activity Summary Smart Worksheet																											
Supporting information provided by program. NO ENTRIES ARE NEEDED.																											
<p>A Ownership . . . . .</p> <p>B At-risk status . . . . .</p> <p>C Passive status . . . . .</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Taxpayer</td></tr> <tr><td style="text-align: center;">All</td></tr> <tr><td style="text-align: center;">Active RE</td></tr> </table>	Taxpayer	All	Active RE																							
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Regular	AMT																										
-1,342.	931.																										
-1,000.																											
0.																											
-2,342.	931.																										
<p><b>Schedule E</b></p> <p>D Tentative profit (loss) . . . . .</p> <p>E Other adjustments and preferences . . . . .</p> <p>F At-risk disallowed loss . . . . .</p> <p>G Passive carryover loss. . . . .</p> <p>H Passive disallowed loss . . . . .</p> <p>I Net profit (loss) allowed . . . . .</p> <p><b>Related Disposition</b></p> <p>J Tentative profit (loss) . . . . .</p> <p>K At-risk disallowed loss . . . . .</p> <p>L Passive carryover loss. . . . .</p> <p>M Passive disallowed loss . . . . .</p> <p>N Net profit (loss) allowed . . . . .</p>																											

SMART WORKSHEET FOR: Schedule E Worksheet (Jacksonville, FL)

Carryovers to 2007 Smart Worksheet																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Regular</th> <th style="width: 50%;">AMT</th> </tr> </thead> <tbody> <tr> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">-2,000.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Regular	AMT					-2,000.																
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-2,000.																								
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