

Prepared By:

DAVID M. KAUFMANN, CPA
7200 S ALTON WAY STE B195
CENTENNIAL, CO 80112

Prepared For:

,

2007 Client Organizer

From:

To:

DAVID M. KAUFMANN, CPA
7200 S ALTON WAY STE B195
CENTENNIAL, CO 80112



2007 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

**DAVID M. KAUFMANN, CPA
7200 S ALTON WAY STE B195
CENTENNIAL, CO 80112
720-493-4804**

,

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2007 personal income tax return. We have preprinted certain information from your 2006 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2007 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

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

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

DAVID M. KAUFMANN, CPA

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 18 with unearned income in excess of \$1700?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid or alternative motor vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$12,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you covered by a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Checking yes will not change your tax or reduce your refund.		
Do you own property outside of your state of residence?	<input type="checkbox"/>	<input type="checkbox"/>

Colorado Qualified Tuition Program Deduction

Amount paid to the Colorado Prepaid Tuition Program, Colorado CollegeInvest or to Scholars Choice during 2007: _____

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Foreign interest income	9	U.S. savings bonds educational exclusion	41
Foreign taxes paid	69	Wages and salaries	6, 8

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

1

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

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

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

Present Mailing Address

Address [30]

Apartment number [31]

City [32]

State postal code [33]

Zip code [34]

Home/evening telephone number [35]

Email address [36]

In care of addressee [37]

Dependent Information

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

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

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

Social security number of qualifying person [40]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
	9 = Qualifying child for Child Tax Credit only, who is not a dependent		
	10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent		

Direct Deposit/Electronic Funds Withdrawal Information**2**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Client Contact Information**Preparer - Enter on Screen Contac**

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

NOTES/QUESTIONS:

Estimated Taxes**4**

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

Refunded _____ [38]

Applied to 2008 estimated tax liability _____ [39]

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

If yes, please explain any differences:

_____ [41]

_____ [42]

_____ [43]

_____ [44]

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

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

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

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

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

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

2007 Federal Estimated Tax Payments

2006 overpayment applied to 2007 estimates + _____ [1]

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

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

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

NOTES/QUESTIONS:**Control Totals +****Payments** Form ID: Est

2007 State Estimated Tax Payments**5**

Taxpayer/Spouse/Joint (T, S, J)

____[1]

State postal code

____[2]

Amount paid with 2006 return

+ _____[3]

2006 overpayment applied to '07 estimates

+ _____[4]

Treat calculated amounts as paid

____[8]

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

2007 City Estimated Tax Payments

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

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

Calculated Amount

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

Calculated Amount

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

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

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

Calculated Amount

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

Calculated Amount

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

Control Totals +

Payments

Form ID: St Pmt

Wages and Salaries #1

8

Please provide all copies of Form W-2.

2007 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Both 1 & 2, 4 = National Guard) _____ [4]
 Mark if this is your current employer _____ [5]
 Federal wages and salaries (**Box 1**) + _____ [8]
 Federal tax withheld (**Box 2**) + _____ [10]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [12]
 Social security tax withheld (**Box 4**) + _____ [14]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [16]
 Medicare tax withheld (**Box 6**) + _____ [18]
 SS tips (**Box 7**) + _____ [20]
 Allocated tips (**Box 8**) + _____ [22]
 Advanced EIC (**Box 9**) + _____ [24]
 Dependent care benefits (**Box 10**) + _____ [26]
Box 13 -
 Statutory employee _____ [28]
 Retirement plan _____ [29]
 Third-party sick pay _____ [30]
 State postal code (**Box 15**) _____ [31]
 State wages (**Box 16**) (If different than federal wages) + _____ [33]
 State tax withheld (**Box 17**) + _____ [35]
 Local wages (**Box 18**) + _____ [37]
 Local tax withheld (**Box 19**) _____ [39]
 Name of locality (**Box 20**) _____ [42]

Control Totals +**Wages and Salaries #2**

Please provide all copies of Form W-2.

2007 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Both 1 & 2, 4 = National Guard) _____ [4]
 Mark if this your current employer _____ [5]
 Federal wages and salaries (**Box 1**) + _____ [8]
 Federal tax withheld (**Box 2**) + _____ [10]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [12]
 Social security tax withheld (**Box 4**) + _____ [14]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [16]
 Medicare tax withheld (**Box 6**) + _____ [18]
 SS tips (**Box 7**) + _____ [20]
 Allocated tips (**Box 8**) + _____ [22]
 Advanced EIC (**Box 9**) + _____ [24]
 Dependent care benefits (**Box 10**) + _____ [26]
Box 13 -
 Statutory employee _____ [28]
 Retirement plan _____ [29]
 Third-party sick pay _____ [30]
 State postal code (**Box 15**) _____ [31]
 State wages (**Box 16**) (If different than federal wages) + _____ [33]
 State tax withheld (**Box 17**) + _____ [35]
 Local wages (**Box 18**) + _____ [37]
 Local tax withheld (**Box 19**) _____ [39]
 Name of locality (**Box 20**) _____ [42]

Control Totals +**Income****Form ID: W2**

Interest Income

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

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

***Interest Codes**

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE & I Bond

Control Totals +

Income

Form ID: B1

Dividend Income

10

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

T S J	Type Code (*See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
-------------	---------------------------------	---------------------------	------------------------	------------------------------------	--------------	------------------------	---------------------	-------------------------	--------------------------------	-----------------------	--------------------------	---------------------------

		1	Payer										
			Amounts +										
		2	Payer										
			Amounts +										
		3	Payer										
			Amounts +										
		4	Payer										
			Amounts +										
		5	Payer										
			Amounts +										
		6	Payer										
			Amounts +										
		7	Payer										
			Amounts +										
		8	Payer										
			Amounts +										
		9	Payer										
			Amounts +										
		10	Payer										
			Amounts +										

***Dividend Codes**

Blank = Other

3 = Nominee

Control Totals +

Income

Form ID: B2

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2007? (1 = Yes; 2 = No)

[9]

Did you have any debts become uncollectible during 2007? (1 = Yes; 2 = No)

[10]

Did you have any commodity sales, short sales, or straddles? (1 = Yes; 2 = No)

[11]

Did you exchange any securities or investments for something other than cash? (1 = Yes; 2 = No)

[13]

[illegible]

	Control Totals +	Income	Form ID: D
--	-------------------------	---------------	------------

Form ID: Inc

Sale of Principal Residence**29**

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [4]
 Date former residence was acquired _____ [6]
 Date former residence was sold _____ [7]
 Selling price of former residence + _____ [8]
 Expenses related to the sale of your old home + _____ [9]
 Original cost of home sold including capital improvements + _____ [10]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [13]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [15]	_____ [16]
Number of days each person owned property used as main home	_____ [17]	_____ [18]
Number of days between date of sale of the other home and date of sale of this home	_____ [19]	_____ [20]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [22]
 Total current year payments received + _____ [23]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [24]
 Address _____ [25]
 City, State and Zip _____ [26] _____ [27] _____ [28]
 Identifying number of related party _____ [29]
 Was the property sold as a marketable security? (1 = Yes, 2 = No) _____ [30]
 Enter date of second sale if more than 2 years after the first sale _____ [31]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [32]
 Selling price of property sold by a related party + _____ [34]

NOTES/QUESTIONS:**Control Totals +****Per Sale** Form ID: Home

Traditional IRA**35****Taxpayer****Spouse**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)

__[1]

__[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

__[3]

__[4]

Enter the total traditional IRA contributions made for use in 2007

+ _____[5] + _____[6]

Taxpayer**Spouse**

Enter the nondeductible contribution amount made for use in 2007

+ _____[9] + _____[10]

Enter the nondeductible contribution amount made in 2008 for use in 2007

+ _____[11] + _____[12]

Traditional IRA basis

+ _____[13] + _____[14]

Value of all your traditional IRA's on December 31, 2007:

+ _____[15] + _____[16]

+ _____

+ _____

+ _____

+ _____

+ _____

Roth IRA

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

Taxpayer**Spouse**

Mark if you want to contribute the maximum Roth IRA contribution

__[25]

__[26]

Enter the total Roth IRA contributions made for use in 2007

+ _____[27] + _____[28]

Enter the total amount of Roth IRA conversion recharacterizations for 2007

+ _____[33] + _____[34]

Enter the total contribution Roth IRA basis on December 31, 2006

+ _____[37] + _____[38]

Enter the total Roth IRA contribution recharacterizations for 2007

+ _____[39] + _____[40]

Enter the Roth conversion IRA basis on December 31, 2006

+ _____[41] + _____[42]

Value of all your Roth IRA's on December 31, 2007:

+ _____[43] + _____[44]

+ _____

+ _____

+ _____

+ _____

+ _____

NOTES/QUESTIONS:

Moving Expenses**37**☐ **Preparer use only**

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

NOTES/QUESTIONS:

Form ID: Other

Student Loan Interest Paid

42

Complete this section if you paid interest on a qualified student loan in 2007 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid ^[1]	2007 Information	Prior Year Information
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2007.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____
—	—	_____	_____	_____	+ _____	_____

Important: You cannot claim the following for the same student in the same year:

- Hope credit and Lifetime learning credit

- Tuition and fees deduction and either the Hope credit or the Lifetime learning credit

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 2 years of post-secondary education
- have no drug convictions in 2007
- not have claimed the Hope credit in more than one prior tax year

***Education Expense Code**

- 1 = Hope credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Control Totals +

Educate

Form ID: Educ2

Education Savings Account**43****Taxpayer****Spouse**

Mark if you want to waive exclusion for qualified higher education expenses

__[1]

__[2]

Enter designated beneficiary information below for any child under age 18 for whom you made contributions to an ESA:

TSJ	Beneficiary SSN ^[5]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____

State Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____

Private Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____
—	_____	_____	_____	+	_____

NOTES/QUESTIONS:**Control Totals +****Educate****Form ID: Educ3**

Schedule A - Medical and Dental Expenses

45

T/S/J

2007 Information

Prior Year Information

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

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

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J

2007 Information

Prior Year Information

State/local income taxes paid:

_ [16]		+	_ [17]
—		+	
—		+	
—		+	
—		+	

2006 state and local income taxes paid in 2007:

_ [19]		+	_ [20]
—		+	
—		+	

Real estate taxes paid on:

_ [22]		+	_ [23]
—		+	
—		+	

Personal property taxes:

_ [25]		+	_ [26]
—		+	
—		+	

Other taxes, such as: Intangible taxes and State disability taxes

_ [28]		+	_ [29]
—		+	
—		+	
—		+	

Sales tax paid on major purchases:

_ [34]		+	_ [35]
—		+	

Sales tax paid on actual expenses:

_ [37]		+	_ [38]
—		+	
—		+	

Control Totals +

Itemized Form ID: A1

Interest Expenses

46

T/S/J	2007 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2007 Information	Prior Year Information
[4]			+	[5]
Address			+	
Address			+	
Address			+	
Address			+	
Address			+	
Address			+	
Address			+	

Refinancing Points paid in 2007:

Taxpayer/Spouse/Joint (T, S, J)

[7]

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2007 (Preparer use only)

Date of refinance

Total number of payments

Reported on Form 1098 in 2007

Taxpayer/Spouse/Joint (T, S, J)

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2007 (Preparer use only)

Date of refinance

Total number of payments

Reported on Form 1098 in 2007

T/S/J 2007 Information

Investment interest expense, other than on K-1s:

[10]	+	[11]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Itemized Form ID: A2

Charitable Contributions

T/S/J

2007 Information

Prior Year Information

Contributions made by cash or check

[1] _____

+ _____ [2]
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____

[4] Volunteer miles driven _____
 Noncash items, such as: Goodwill, Salvation Army

[7] _____

+ _____ [8]
 + _____
 + _____
 + _____
 + _____
 + _____

Miscellaneous Deductions

T/S/J

2007 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

[10] _____

+ _____ [11]
 + _____
 + _____
 + _____
 + _____

Union dues:

[13] _____

+ _____ [14]
 + _____

[16] Tax preparation fees

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees

[19] _____

+ _____ [20]
 + _____
 + _____
 + _____

[22] Safe deposit box rental

Investment expenses, other than on K1s:

[25] _____

+ _____ [26]
 + _____
 + _____

Other expenses, not subject to the 2% AGI limitation:

[29] _____

+ _____ [30]
 + _____
 + _____
 + _____

Gambling losses: (Enter only if you have gambling income)

[32] _____

+ _____ [33]
 + _____

Control Totals +

Itemized

Form ID: A3

Noncash Contributions Exceeding \$500**51**

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +**Noncash Contributions Exceeding \$500**

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +**Noncash Contributions Exceeding \$500**

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +**NOTES/QUESTIONS:**

Child and Dependent Care Expenses**62**

**Please enter all amounts paid in 2007 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2006 employer-provided dependent care benefits used during 2007 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2007	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2007		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (1 = Yes, 2 = No)		_____ [12]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____ [7]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Mark if provider is a tax-exempt organization _____
 Amount paid to care provider in 2007 + _____

Control Totals +**Credits****Form ID: 2441**

Form ID: CO

Colorado Contributions

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Special Olympics Colorado Fund	_____	[4]
Western Colorado State Veterans Cemetery Fund	_____	[5]
Pet Overpopulation Fund	_____	[6]
Watershed Protection Fund	_____	[7]
Family Resources Center Fund	_____	[8]
Alzheimer's Association Fund	_____	[9]
Dropout Prevention Activity Grant Fund	_____	[10]
Military Family Relief Fund	_____	[11]
Colorado Easter Seals Fund	_____	[12]
Multiple Sclerosis Fund	_____	[13]
Breast and Women's Reproductive Cancer Fund	_____	[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado.

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____ [15]	_____ [16]
Nonresident	_____ [17]	_____ [18]
Part-year resident	_____ [19]	_____ [20]
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

NOTES/QUESTIONS: