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<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**Williamson & Co., CPAs**  
 611 North Tenn Street  
 Cartersville, GA 30120  
 Telephone number: (770)382-3361  
 Fax number: (770)386-8382  
 E-mail address: taxpreparation@wcpas.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse. ....		
	Year spouse died, if qualifying widow(er) (2006 or 2007).....		
Taxpayer	First name and initial .....		
	Last name.....		
	Title/suffix .....		
	Social security number.....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind.....			
Spouse	First name and initial .....		
	Last name.....		
	Title/suffix .....		
	Social security number.....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind.....			
Address	In care of.....		
	Street address .....		
	Apartment number.....		
	City.....		
	State.....		
Foreign Address	ZIP code .....		
	Region.....		
	Postal code.....		
	Country.....		

Please add, change or delete information for 2008.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone. ....	
	Work phone. ....	
	Work extension. ....	
	Daytime phone (table) ....	
	Mobile phone. ....	
	Pager number. ....	
	Fax number. ....	
	E-mail address. ....	
Spouse Contact Information	Home phone. ....	
	Work phone. ....	
	Work extension. ....	
	Daytime phone (table) ....	
	Mobile phone. ....	
	Pager number. ....	
	Fax number. ....	
	E-mail address. ....	

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

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Dependents

2

Please add, change or delete information for 2008.

DEPENDENTS

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

Type of Dependent

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

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

Earned Income Credit

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

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

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

2

2008

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>PERSONAL INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2008?
		<b>DEPENDENTS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interest and dividend income in excess of \$900, or total investment income in excess of \$1,800?
		<b>INCOME</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		<b>PURCHASES, SALES AND DEBT</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid vehicle in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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US

## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<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 use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2009 taxable income and withholdings to be different from 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

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

Please enter all pertinent 2008 information.

**STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)**

Stimulus payment received from IRS .....		
1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

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

**2008 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
--	--	--	--	--

**State**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
--	--	--	--	--

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

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

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

7.1

Please enter all pertinent 2008 information.

**APPLICATION OF 2008 OVERPAYMENT (7.1)**

If you have an overpayment of 2008 taxes, do you want the excess refunded?  or applied to 2009 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2009 ESTIMATED TAX INFORMATION**

Do you expect your 2009 taxable income to be different from 2008? ..... Yes  No

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

Do you expect your 2009 withholding to be different from 2008? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hash Total

7.1

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2008 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2007 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/08	2007 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2007 Winnings
				Federal (Box 2)	State (Box 14)	

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

	<b>2008 Amount</b>	<b>TS</b>	<b>2007 Amount</b>
Total gambling losses .....			
Winnings not reported on Form W-2G .....			

**10, 13.1, 13.2**



<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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Please enter all pertinent 2008 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

Please add, change or delete 2008 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2008 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer .....			
	1=spouse .....			
	Unemployment compensation:			
	Total received (Box 1) .....			
	2008 Overpayment repaid .....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund .....			
	Tax year for box 2 if not 2007 (Box 3) .....			
	Federal income tax withheld (Box 4) .....			
	Taxable grants:			
	Federal taxable amount (Box 6) .....			
	State taxable amount, if different .....			
	Agriculture payments:			
Agriculture payments (Box 7) .....				
Number of farm .....				
1=box 2 is trade or business income (Box 8) .....				
State income tax withheld .....				

No. <input style="width:40px;" type="text"/>	Name of payer .....			
	1=spouse .....			
	Unemployment compensation:			
	Total received (Box 1) .....			
	2008 Overpayment repaid .....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund .....			
	Tax year for box 2 if not 2007 (Box 3) .....			
	Federal income tax withheld (Box 4) .....			
	Taxable grants:			
	Federal taxable amount (Box 6) .....			
	State taxable amount, if different .....			
	Agriculture payments:			
Agriculture payments (Box 7) .....				
Number of farm .....				
1=box 2 is trade or business income (Box 8) .....				
State income tax withheld .....				

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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**Please enter all pertinent 2008 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.**

**ESA'S AND QTP'S (Form 1099-Q)**

		2008 Amount	2007 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2008 contributions to this ESA.....			
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2008 contributions to this ESA.....			
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2008 contributions to this ESA.....			
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, state, ZIP code, if different from Form 1040 .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower c/m, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
1=W-2 earnings as statutory employee .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		

INCOME

	2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Inventory at end of the year .....		

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2008 Amount	2007 Amount
Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals and entertainment in full (50%) .....		
Department of Transportation meals in full (75%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2008 Amount	2007 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Kind of property.....   
 Location of property.....

Percentage of ownership if not 100% (.xxxx).....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx).....	<input type="text"/>	
1=spouse, 2=joint.....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty.....	<input type="text"/>	
1=did not actively participate.....	<input type="text"/>	
1=real estate professional.....	<input type="text"/>	
1=rental other than real estate.....	<input type="text"/>	
1=investment.....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	

**INCOME**

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1).....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2).....	<input type="text"/>	<input type="text"/>

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input type="text"/>	<input type="text"/>
Association dues.....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance.....	<input type="text"/>	<input type="text"/>
Commissions.....	<input type="text"/>	<input type="text"/>
Gardening.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Legal and professional fees.....	<input type="text"/>	<input type="text"/>
Licenses and permits.....	<input type="text"/>	<input type="text"/>
Management fees.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.).....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums.....	<input type="text"/>	<input type="text"/>
Excess mortgage interest.....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Painting and decorating.....	<input type="text"/>	<input type="text"/>
Pest control.....	<input type="text"/>	<input type="text"/>
Plumbing and electrical.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Supplies.....	<input type="text"/>	<input type="text"/>
Taxes - real estate.....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Telephone.....	<input type="text"/>	<input type="text"/>
Utilities.....	<input type="text"/>	<input type="text"/>
Wages and salaries.....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**OIL AND GAS**

	2008 Amount	2007 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

Number of days rented at fair market value .....		
Number of days personal use .....		
Number of days owned (if optional method elected) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		









Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2008 Amount	2007 Amount
Description of vehicle .....		
1=no evidence to support your deduction. ....		
1=no written evidence to support your deduction. ....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use. ....		
1=vehicle used primarily by more than 5% owner .....		
Number of months your job required a vehicle (if not 12 months) .....		

**AUTOMOBILE MILEAGE**

Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage .....		
Average daily round-trip commute .....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance .....		
Miscellaneous .....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106) .....		

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .				
Contributions made to date . . . . .				
1=covered by plan, 2=not covered . . . . .				
2008 payments from 1/1/09 to 4/15/09 . . . . .				

**ROTH IRA CONTRIBUTIONS**

	2008 Amount	2007 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .		
Contributions made to date . . . . .		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Defined benefit contributions you expect to make . . . . .				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Plan contribution rate if not .25 (.xxxx) . . . . .				
Individual 401k: SE elective deferrals (except Roth) (1=max.) . . . . .				
Individual 401k: SE designated Roth contributions (1=max.) . . . . .				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) . . . . .				
Employer matching rate if not .03 (.xxxx) . . . . .				
1=nonelective contributions (2%) . . . . .				
Contributions made to date . . . . .				

**ADJUSTMENTS TO INCOME**

	2008 Amount	2007 Amount
Self-employed health insurance:		
Total premiums (excluding long-term care) . . . . .		
Long-term care premiums . . . . .		
Student loan interest paid (1098-E, box 1) . . . . .		
Educator expenses (kindergarten thru grade 12) . . . . .		
Jury duty pay given to employer . . . . .		
Expenses from rental of personal property . . . . .		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name . . . . .				
Recipient's last name . . . . .				
Recipient's SSN . . . . .				
Amount paid . . . . .				
		2007 amt:		2007 amt:

Please enter all pertinent 2008 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2008 Amount	TS	2007 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars) .....			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven (1/1/08 - 6/30/08) .....			
Medical miles driven (7/1/08 - 12/31/08) .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2008 estimates are automatic.)

State income taxes - 1/08 payment on 2007 state estimate .....			
State income taxes - paid with 2007 state extension .....			
State income taxes - paid with 2007 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/08 payment on 2007 city/local estimate .....			
City/local income taxes - paid with 2007 city/local extension .....			
City/local income taxes - paid with 2007 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes .....			
Use taxes paid on 2008 purchases .....			
Use taxes paid with 2007 state return .....			
Taxes paid on vehicles, boats, and aircraft .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			
_____			

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

	2008 Amount	TS	2007 Amount
_____			
_____			
_____			

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	_____		
Payee's SSN or FEIN. . . . .	_____		
Payee's street address. . . . .	_____		
Payee's city, state, ZIP . . . . .	_____		
Amount paid . . . . .			

Points not reported on Form 1098:

_____			
_____			
_____			

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .


Investment interest (interest on margin accounts):

_____			
_____			
_____			

Passive interest . . . . .


Certain home mortgage interest included above (6251) . . . . .


NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			

Contributions above made for Midwestern disaster relief . . . . .

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Midwestern disaster relief miles (5/2/08 - 6/30/08) . . . . .

Midwestern disaster relief miles (7/1/08 - 12/31/08) . . . . .


Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Midwestern disaster relief miles (5/2/08 - 6/30/08) . . . . .

Midwestern disaster relief miles (7/1/08 - 12/31/08) . . . . .


Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2008 Amount	TS	2007 Amount

30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues.....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee.....

Safe deposit box rental.....

--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




If your total noncash contributions are in excess of \$500 in 2008, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

**1 How Property was Acquired**

1 = Purchase  
 2 = Gift  
 3 = Inheritance  
 4 = Exchange

**2 Method Used to Determine FMV**

1 = Appraisal  
 2 = Thrift shop value  
 3 = Catalog  
 4 = Comparable sales

For other methods, see IRS Pub. 561.

Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2008 Amount	2007 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

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

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2008 Amount	2007 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (75% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2008 Amount	2007 Amount
1=vehicle used primarily by more than 5% owner .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil .....		
Repairs.....		
Tires .....		
Insurance.....		
Miscellaneous .....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil .....		
Repairs.....		
Tires .....		
Insurance.....		
Miscellaneous .....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

2008

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . .				
Employer-provided benefits forfeited in 2008 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2008 . . . . .		2007 amt:
	1=spouse, 2=joint . . . . .		

No. <input type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2008 . . . . .		2007 amt:
	1=spouse, 2=joint . . . . .		

33.1,33.2

Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2008 Amount	2007 Amount
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
	1=hope credit, 2=lifetime learning credit .....		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....			
Amount of prior year refund or assistance* .....			

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.