

2007  
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2007 Individual Income Tax Return.

Enter this year's information in the area provided on the attached pages. If you need more space, please use the back of the pages. Please line through any preprinted data that does not apply to the current year. If necessary, please attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, please make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2's for wages, salaries, tips, and pensions
- 1098's for mortgage interest paid to financial institutions
- 1099's for interest, dividends, state tax refunds, and other payments
- K-1's from partnerships, s-corporations, estates, and trusts
- Additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Please contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2007 tax return. We appreciate the opportunity to serve you.

Courtesy of  
AccountMaster  
6 S. Main St. Ste. 409  
Washington PA 15301  
accountmaster@verizon.net  
(724)228-2937

2007  
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. Please answer each question by circling yes (Y) or no (N). For every question you answered yes, please provide details in the lined space at the end of this questionnaire. If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Would you like to have your tax return mailed to an address other than the one we have on file.
- Y N 2. Would you like to have your tax return filed electronically?
- Y N 3. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a **foreign country**?
- Y N 4. Did your marital status change during the year?
- Y N 5. Do you have any dependents living with you or are you supporting anyone not living with you?
- Y N 6. Were there any births, deaths, or marriages in your household or did any children cease to be your dependents in 2007?
- Y N 7. Did any of your dependent children under age 14 (or 24 if a college student) have any income (wages, interest, etc.)?
- Y N 8. Are you or any dependents disabled? Please provide details of the disability.
- Y N 9. Did you incur child care or dependent care expenses in 2007?
- Y N 10. Did you make cash or noncash charitable contributions in 2007?
- Y N 11. Did you have any casualty or theft losses during the year?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Do you own a vacation home that was rented to someone else at anytime during the year?
- Y N 14. Did you pay wages of \$1,500 or more in any calendar quarter this year to any one household employee?
- Y N 15. Did you pay any educational expenses for a dependent child?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses for 2007?
- Y N 18. Disability payments received in 2007?
- Y N 19. Did you make any gifts during the year directly or in a trust exceeding \$12,000 per person?
- Y N 20. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 21. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return)? If applicable, do you wish to contribute to any state fund(s) and if so, which funds?
- Y N 22. Did you make any energy efficient improvements to your home?
- Y N 23. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles).
- Y N 24. Did you purchase or sell a principal residence or other real estate? If yes, provide the settlement document (HUD-1) and Form 1099-S if applicable.
- Y N 25. Did you refinance your home mortgage during the year or establish a new home equity line of credit?
- Y N 26. Do you expect a significant fluctuation in your income, deductions or withholding next year?
- Y N 27. Did you buy, sell, or trade any assets during the year?
- Y N 28. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.
- Y N 29. Have you provided ALL your deductions? If you are uncertain about an item then provide details.
- Y N 30. Did you convert any retirement funds to Roth funds or have any other retirement fund transactions?
- Y N 31. If you or your spouse has self-employment income, did you pay any health insurance premiums or long-term care premiums? If yes, were either you or your spouse eligible to participate in an employee's health insurance or long-term care plan?
- Y N 32. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax returns?



PERSONAL DATA

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.

	TAXPAYER		SPOUSE	
First Name .....				
Last Name .....				
Title .....				
Salutation .....				
SSN .....				
Occupation .....				
Birthdate .....				
Blind .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date .....				
Over age 65 .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address .....				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone .....				
Work phone .....				
Cell phone .....				
Fax .....				
President Elect Fd .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Education expense .....				
Credit Type .....				

Address ..... Apt No \_\_\_\_\_  
 City ..... State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 County ..... County /municipal code \_\_\_\_\_  
 School District Name ..... School District number \_\_\_\_\_  
 If this is a military address, enter applicable code: 1= APO/FPO 2= Stateside \_\_\_\_\_

Foreign address .....  
 City ..... State or Province \_\_\_\_\_  
 Country ..... Postal Code .. . \_\_\_\_\_

**FILING STATUS**

Enter the number that corresponds with the filing status chosen: (1 - 2- 3- 4- 5)

- 1= Single
  - Claimed as a dependent on someone else's return.
  - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2= Married Filing Jointly
  - Spouse is claimed as a dependent on someone else's return
- 3= Married Filing Separately
  - Dual status alien
  - Itemizing required for Schedule A
  - Taking standard deduction
  - Claiming spouse as a dependent
  - Didn't live with spouse entire year
- 4= Head of Household
 

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5= Qualifying Widow(er) with Dependent Child
 

Year spouse died (2005 or 2006) \_\_\_\_\_

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number



PLEASE ENTER ALL PERTINENT 2007 INFORMATION.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse? .....		Employer identification no.		Foreign address		Yes	
Employer name .....		State		ZIP code			
Employer street address .....							
Employer city .....							
Control number .....							
		2006 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ...	Amt	
2	Federal income tax withheld			b	Code ..	Amt	
3	Social security wages			c	Code ..	Amt	
4	Social security tax withheld			d	Code ..	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay? .....			
8	Allocated tips			14 Other <input type="checkbox"/> Yes <input type="checkbox"/>			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
		State	State Employer I.D. Number	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1			////////////////////		////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2? .....		<input type="checkbox"/> Yes		Non-standard indicator? .....		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse? .....		Employer identification no.		Foreign address		Yes	
Employer name .....		State		ZIP code			
Employer street address .....							
Employer city .....							
Control number .....							
		2006 AMOUNTS					
1	Wages, tips, other compensation			12a	Code ...	Amt	
2	Federal income tax withheld			b	Code ...	Amt	
3	Social security wages			c	Code ...	Amt	
4	Social security tax withheld			d	Code ...	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C #			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay? .....			
8	Allocated tips			14 Other <input type="checkbox"/> Yes <input type="checkbox"/>			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
		State	State Employer I.D. Number	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1			////////////////////		////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2? .....		<input type="checkbox"/> Yes		Non-standard indicator? .....		<input type="checkbox"/> Yes	

Attach additional W-2's

# BUSINESS INCOME

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2007 AMOUNTS	2006 AMOUNTS
This is the spouse's business .....		<input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code .....			
A	Principal business or profession .....		
B	Principal business code .....		
C	Business name .....		
E	Business street address .....		
	Business city, state, ZIP code .....		
D	Business address and city, state, ZIP code are same as on Form 1040 .....	<input type="checkbox"/> Yes	
Federal employer identification number .....			
F	ACCOUNTING METHOD		
	IF NOT CASH		
	S		
	Accrual method .....	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Other .....	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Specify other method .....		
G	Were you a "material participant" in the operation of this business? .....	<input type="checkbox"/> No	<input type="checkbox"/>
H	Is this the first Schedule C filed for this business? .....	<input type="checkbox"/> Yes	<input type="checkbox"/>

PART I	INCOME	2007 AMOUNTS	2006 AMOUNTS
1	Gross receipts or sales .....		
	Amount is earnings received as a statutory employee .....	<input type="checkbox"/> Yes	<input type="checkbox"/>
2	Returns and allowances .....	( )	( )
6	Other income .....		

PART II	EXPENSES	2007 AMOUNTS	2006 AMOUNTS
8	Advertising .....		
9	Car and truck expenses (see vehicle depreciation organizer) .....		
10	Commissions and fees .....		
11	Contract labor .....		
12	Depletion .....		
13	Depreciation and section 179 expense deduction (see depreciation organizer) .....		
14	Employee benefit programs .....		
15	Insurance (other than health) .....		
16	Interest: Mortgage interest (paid to banks, etc.) .....		
	Other interest .....		
17	Legal and professional services .....		
18	Office expense .....		
19	Pension and profit-sharing plans .....		
20	Rent or lease: Vehicles, machinery, and equipment .....		
	Other business property .....		
21	Repairs and maintenance .....		
22	Supplies .....		
23	Taxes and licenses .....		
24	Travel, meals and entertainment: Travel .....		
	Meals and entertainment subject to 50% limitation .....		
	Meals and entertainment .....		
25	Utilities .....		
26	Wages less employment credits .....		
30	Expenses for business use of home (see 8829 organizer or attach explanation) .....		
32	Amount at risk .....		

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD	2007 AMOUNTS	2006 AMOUNTS
33	INVENTORY METHOD IF NOT COST	Lower of cost or market .....	<input type="checkbox"/> Yes	
		Other .....	<input type="checkbox"/> Yes	
		Specify other method .....		
34	Was there any change in inventory method? .....		<input type="checkbox"/> Yes	
35	Inventory at beginning of the year .....			
36	Purchases .....			
37	Cost of items withdrawn for personal use .....	( )	( )	
	Cost of labor (not salary paid to yourself) .....			
38	Materials and supplies .....			
39	Other costs .....			
41	Inventory at end of the year .....	( )	( )	

PART IV		INFORMATION ABOUT YOUR VEHICLE	2007 AMOUNTS	2006 AMOUNTS
43	Date vehicle was placed in service for business purposes .....			
44	Total business miles vehicle was driven .....		M	
	Total commuting miles vehicle was driven .....		M	
	Total other miles vehicle was driven .....		M	
45	Was another vehicle available for personal use? .....	<input type="checkbox"/> Yes		
46	Was this vehicle available for use during off-duty hours? .....	<input type="checkbox"/> Yes		
47	Is there evidence to support your deduction? .....	<input type="checkbox"/> No		
	If "yes," is the evidence written? .....	<input type="checkbox"/> No		

PART V		EXPENSES	2007 AMOUNTS	2006 AMOUNTS
Other expenses:				
	Amortization .....			
	Miscellaneous .....			
	Oil and gas deduction .....			
	Postage .....			
	Telephone (business only) .....			
	.....			
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	.....			

NOTES OR QUESTIONS

**B**

**INTEREST AND ORDINARY DIVIDEND INCOME**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2006 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4) .....					

SELLER-FINANCED MORTGAGE INTEREST			2007 AMOUNTS	2006 AMOUNTS
Name .....				
Address				
ID Number	SSN	FEIN		
Name .....				
Address				
ID Number	SSN	FEIN		
Name .....				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4) .....							

	2007 AMOUNTS	2006 AMOUNTS
Foreign account .....	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of country .....		
Foreign trust .....	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**BUSINESS USE OF HOME EXPENSES**

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS	2007 AMOUNTS		2006 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only) .....			NEW
1 Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples .....			
2 Total area of home .....			
4 Total hours this facility was used for day care .....			
5 Total hours available for use (if used for day care that was started or stopped this year)			

DEDUCTION DESTINATION	2007 AMOUNTS		2006 AMOUNTS
Home expense deduction is associated with:			
1= Schedule C      2= Schedule F      3= Form 2106 .....			
For Schedule C Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797 .....			
For Schedule F Only: Business expenses that are NOT from business use of the home .....			
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses) .....			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2007 AMOUNTS	2006 AMOUNTS	2007 AMOUNTS	2006 AMOUNTS
9 Casualty losses .....				
10 Deductible mortgage interest .....				
11 Real estate taxes .....				
16 Excess mortgage interest .....				
17 Insurance .....				
18 Rent .....				
19 Repairs and maintenance .....				
20 Utilities .....				
21 Other expenses .....				
24 Operating expenses carryover from 2006 Form 8829 line 42 .....				
28 Excess casualty losses .....				
30 Carryover of excess casualty losses and depreciation from 2006 Form 8829 line 43 .....				

DEPRECIATION OF HOME	2007 AMOUNTS		2006 AMOUNTS
36 Smaller of home's adjusted basis or fair market value (see depreciation organizer) ...			
37 Value of land included in home's adjusted basis or fair market value .....			
Date business use began .....			



MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME		2007 AMOUNTS		2006 AMOUNTS		
		TAXPAYER	SPOUSE	TAXPAYER	SPOUSE	
7	Taxable scholarship /fellowship income					
10	IF YOU ITEMIZED LAST YEAR	S	Deducted 2006 state/local sales tax	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			State tax refund			
			2006 state and local taxes			
			2006 itemized deductions			
11	Alimony received					
19	Unemployment compensation received (1099-G)					
	Repaid unemployment compensation					
20	SOCIAL SECURITY BENEFITS	S	Social security benefits received			
			Medicare premiums withheld			
			Tier 1 Railroad retirement received			
			Federal withholding			
21	Net operating loss carryover					
	Other income:					
		SE?	T/S			
		<input type="checkbox"/>	<input type="checkbox"/>			

ADJUSTMENTS TO INCOME		2007 AMOUNTS		2006 AMOUNTS	
		TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
23	Educator expenses				
25	Health savings account deduction				
26	Moving expenses				
28	Self-employed SEP, SIMPLE, and qualified plans.				
29	Self-employed health insurance				
	Health insurance premium from S Corp				
30	Penalty on early withdrawal of savings				
31	Alimony paid to first recipient				
	Recipient's Name				
	SSN				
32	Payments to your IRA (see 8606 organizer)				
	Covered by employer's retirement plan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>
33	Student loan interest deduction				
34	Tuition and fees deduction				
35	Domestic production activities				
36	Other adjustments:				

NOTES OR QUESTIONS:

A

# ITEMIZED DEDUCTIONS

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2007 AMOUNTS		2006 AMOUNTS
	TAXPAYER	SPOUSE	
1 Prescription medicine and drugs .....			
Medical insurance premiums (Medicare premiums are entered with Social Security) .....			
Total medical miles .....	M	M	
Long-term care premiums:			
Taxpayer's amount .....			
Spouse's amount .....			
Dependent's amount .....			
Dependent's birthdate <u>0046</u> .....			
Doctors, dentists, nurses, and hospitals:			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

TAXES PAID	2007 AMOUNTS		2006 AMOUNTS
5 Additional state and local income taxes .....			
General sales tax from saved receipt's .....			
Gen sales tax specified items (motor veh, boats, other large items) .....			
6 Real estate taxes (not land held for investment) .....			
7 Personal property taxes (includes DMV tax based on value) .....			
8 Other taxes:			
_____			
_____			
_____			

INTEREST PAID	2007 AMOUNTS		2006 AMOUNTS
10 Home mortgage interest and points reported on Form 1098 .....			
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name .....	T, S, J	
	Address .....	□	
	SSN .....		
	FEIN .....	Amount	
	Second name ..	T, S, J	
	Address .....	□	
	SSN .....		
	FEIN .....	Amount	
	Third name .....	T, S, J	
	Address .....	□	
	SSN .....		
	FEIN .....	Amount	
12 Points not reported on Form 1098 .....			
13 Qualified mortgage insurance premiums .....			NEW
14 Deductible investment interest .....			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)



E1 \_\_\_\_\_

# INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description . . .	

	2007 AMOUNTS	2006 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse) . . . . .		
Two-letter state code . . . . .		
Real estate professional . . . . .	<input type="checkbox"/> Yes	
Qualifies for \$25,000 limitation . . . . .	<input type="checkbox"/> Yes	
Passive activity . . . . .	<input type="checkbox"/> Yes	
Property is exempt from passive limitation . . . . .	<input type="checkbox"/> Yes	
2 Rental is part of personal residence . . . . .	<input type="checkbox"/> Yes	
Percent of ownership . . . . .		
Percent of personal use . . . . .		
Personally used for 14 days or 10% of total rental days . . . . .	<input type="checkbox"/> Yes	

INCOME	2007 AMOUNTS	2006 AMOUNTS
3 Rents received . . . . .		
4 Royalties received . . . . .		

EXPENSES	2007 AMOUNTS	2006 AMOUNTS
5 Advertising . . . . .		
6 Auto expense (see vehicle depreciation organizer) . . . . .		
Travel expenses . . . . .		
7 Cleaning and maintenance . . . . .		
8 Commissions . . . . .		
9 Insurance . . . . .		
10 Legal and other professional fees . . . . .		
11 Management fees . . . . .		
12 Mortgage interest paid to banks, etc . . . . .		
13 Other interest . . . . .		
14 Repairs . . . . .		
15 Supplies . . . . .		
16 Taxes . . . . .		
17 Utilities . . . . .		
18 Other expenses:		
_____		
_____		
_____		
Amortization (see depreciation organizer) . . . . .		
Oil and gas deduction . . . . .		
20 Depreciation expense (see depreciation organizer) . . . . .		
Depletion (see depreciation organizer) . . . . .		

**ADDITIONAL EXPENSES**

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E1 \_\_\_\_\_ INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2007 AMOUNTS	2006 AMOUNTS
Prior year unallowed loss	.....	( )	
Alternative minimum prior year unallowed losses	.....	( )	
State	S [	Prior year loss (if different) .....	( )
		Depreciation (if different) .....	( )

VACATION HOME CARRYOVERS ONLY

Operating expense carryover	.....	
Depreciation carryover	.....	
Alternative minimum depreciation carryover	.....	

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2007 AMOUNTS	2006 AMOUNTS
Name	.....	
Employer identification number	.....	
Excess inclusion from Schedules Q (Form 1066), line 2c	.....	
Taxable income (net loss) from Schedules Q (Form 1066), line 1b	.....	
Income from Schedules Q (Form 1066), line 3b	.....	

SUMMARY	2007 AMOUNTS	2006 AMOUNTS
Gross farming and fishing income	.....	
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules	.....	

