Tax Organizer For 2007 Income Tax Return

Prepared For:		
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Prepared By:

RPJ Tax & Accounting Solutions P.O. Box 13682 Savannah, GA 31416

This Tax Organizer can be used to help identify the information needed to prepare your 2007 income tax return. Enter your 2007 information and if you need additional space, enclose a separate sheet with the details. If available, your prior year information has been included for you to use as a reference. You do not need to make 2006 entries.

Please return this organizer along with all Form W-2's, 1099's, and any other information you feel will assist with the preparation of your 2007 income tax return.

If you have any questions, please feel free to contact me at (678)596-7091.

PERSONAL INFORMAT	ION										
Taxpayer's name			Socia	al Security Nur							
Spouse's name			Socia	al Security Nur	mber						
Home Address			Apar	tment Number							
City or town		State	Zip Code		County						
Telephone #1	_	Telephone #2									
E-mail Address											
I Chausa	th Occupation		Blind	Disabled	Date of Death	n 					
FILING STATUS											
Indicate your filing statu Single Married Filing Join Married Filing Sep Head of Househol	Indicate your filing status to be used on your 2007 income tax return:										
OTHER INFORMATION											
Taxpayer Yes Do you want to allow the Direct Deposit Informati Name of Financia	e paid preparer to discuss ion (attach proof of deposi	ouse Yes your return with th	No □		o 🗌						
DEPENDENTS Enter the following de	ependent information for a	any qualifying child	l or qualifying r	elative:							
Zintor the renewing at		qualifying orine	i or qualifying i	Olativo.	# of months Ch	nild care					
First Name	Last Name	SSN	Relationship	Date of birth	lived expe	enses paid n 2007					
<u> </u>											

MIS	SCELLANEOUS QUESTIONS omplete the following questions. If your answer to any question below is Yes, enclose supporting docu	mentation.	
		<u>Yes</u>	<u>No</u>
1.	Did you receive any notices or correspondence from the IRS or state agency during 2007?		
2.	Did you earn any foreign income or have any foreign taxes paid during 2007?		
3.	Did you refinance a mortgage during 2007?		
4.	Did you pay a household employee cash wages of \$1,500 or more during 2007?		
5.	Did you sell your home during 2007?		
6.	Did you use any special fuels for farming purposes or other non-highway uses?		
7.	Did you receive any unreported tip income during 2007?		
8.	If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?		
9.	Do you have any children under the age of 18 at the end of 2007 who had unearned income greater than \$1,700?		
10.	Did you pay any expenses related to the adoption of an eligible child?		
11.	Did you purchase a qualified hybrid or alternative fuel motor vehicle during 2007?		
12.	Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?		
13.	Were any energy efficiency improvements or residential energy property costs made to your main home during 2007 (such as exterior windows and doors, insulation, advanced main air circulating fans, qualifying heat pumps, water heaters, etc) or did you install any solar or fuel cell equipment during 2007?		
ADI	DITIONAL COMMENTS OR QUESTIONS		
-			
I			

W	AGES	S AND SALARIES (Please enclose all copie	s of 2007 Form W-2)			
				2007		2006
	T = 1	Taxpayer S = Spouse	Box 1	Box 2	Box 17	
	 T S	Employer's Name	Wages and salaries	Federal income tax withheld	State income tax withheld	Taxable wages

DIVIDEND INCOME (Please enclose all copies of 2	2007 Form 1099-DIV)	
Special Codes: F = Federal tax-exempt only S = State tax-exempt only N = Nominee income	empt only	
T = Taxpayer S = Spouse J = Joint	2007	2006

Щ			Box 1a	Box 1b	Box 2a	Box 4	Dividende en d
T S	J Payer's Name	Special codes	Ordinary dividends	Qualified dividends	Capital gain distributions	Federal income tax withheld	Dividends and capital gain distributions
-							
-							

N = Nominee interest M = P = Portion of U.S. savings bonds reported in pre		arc	mortgage interest (in	clude SSN and address)		
P = Portion of U.S. savings bonds reported in pre	vious yea	ars				
= Taxpayer S = Spouse J = Join	t II			2007		2006
			Box 1	Box 3	Box 4	
S J Payer's Name	Speci	al s	Interest income	U.S. savings bonds	Federal income tax withheld	Taxable Interest
	1	_				
	1	_				
	+	+				
		_				
						1
		_				
		_				
		_				
						<u> </u>
EREST INCOME - FORM 1099-OID	(Pleas	se en	close all copies of	2007 Form 1099-OI	D)	
	(1.1000	011	oroco an coprec or	2007 1 01111 1000 01	<i>-</i> ,	
pecial Codes:						
S = State tax-exempt only		\Box				
I = Nominee interest						
	_					
	4			2007		2006
= Taxpayer S = Spouse J = Join	τ		Box 1	Box 2	Box 4	
= Taxpayer S = Spouse J = Join	<u>t</u>					
= Taxpayer S = Spouse J = Join S J Payer's Name	Spe	ecial des	Original issue discount	Other periodic interest	Federal income tax withheld	Taxable amou
	Spe	ecial des	Original issue discount			Taxable amo
	Spe	ecial des	Original issue discount			Taxable amo

INTEREST INCOME - FORM 1099-INT (Please enclose all copies of 2007 Form 1099-INT)

RA, PENSION, AND ANNUITIES (Please	enclose al	I copies of 2007	7 Form	1099-R)				
T = Taxpayer S = Spouse	Γ			2007				2006
	-	Box 1		2007 Box 4				2000
T S Payer's Name	Check if IRA	Gross distribution		ederal income tax withheld	Amour Regular IF	1	d over into: Roth IRA	Gross distribution
Total IRA basis for 2006 and prior year		_	•	Taxpayer				Spouse
Value of all traditional IRA's as of Dec	cember 31							
ANNUITIES AND PENSIONS BY								
THE RAILROAD RETIREMENT BOARD	(Please e	nclose all copie	es of 2	007 Form RRB-	1099-R)			
T. T 2. Chausa					2007			2006
T = Taxpayer S = Spouse				Box 7		Box 9		
T S Payer's Name				Total gross paid		leral i x with	ncome iheld	Total gross paid
			ļ					
PAYMENTS FROM QUALIFIED EDUCA	TION PRO	OGRAMS (Plea	ase en			Form	1099-Q)	
T - Toynover S - Speuce					2007	Day		2006
T = Taxpayer S = Spouse				Box 1		Box	хэ	
T S Payer's Name			Gro	ess distributions	Private	State	Coverdell	Gross distributions
		AND TOUGH	2 (5					
PARTNERSHIPS, S CORPORATIONS, E	STATES	AND TRUST	S (P	lease enclose a	I copies	of 200	07 Sched	ule K-1)
Schedule K-1 (1065) Partnerships: Partnership's name	ID Nu	ımber	Partr	nership's name				ID Number
Schedule K-1 (1120S) S Corporations: Corporation's name	ID Nu	ımber	Corn	oration's name	<u> </u>			ID Number
Corporations name	12110		ООГР	oration o name	,			15 Ivambol
Schedule K-1 (1041) Estates or Trusts: Name of Trust or Estate	ID Nu	ımber	Nam	e of Trust or E	state			ID Number
								'

BUSINESS INCOME AND EXF								
Indicate the owner of this busin	ess: Tax	payer		Spous	e 🗌 Joir	nt		
Business Name:								_
Business Address:								
City, State, and Zip Code:								
Business product or service:			_					
Did you start or acquire this bus	iness during 20	07?	∐ Yes	⊢ N				
Accounting Method:			Cash		ccrual			(describe)
Method used to value inventory	:		☐ Cost		ower of cost or m	narket	☐ Other ((describe)
Income and Cost of Goods S	old					200	7 Amount	2006 Amount
Gross receipts or sales								
Returns and allowances · · ·								
Other income (enclose descri								
Inventory at beginning of year								
Purchases less cost of items v								
Cost of labor · · · · · · · · · ·								
Materials and supplies · · · ·								
Other costs · · · · · · · · · ·								
Inventory at end of year · · ·								
Expenses	2007 Amount	2006	Amount				2007 Amou	ınt 2006 Amoun
Advertising · · · · · · · · · ·				Rent -	Vehicle, machin	erv .		
Commissions and fees · · · ·					Other · · · · · ·	-		
Contract labor · · · · · · ·					s and maintenar			
Depletion					es			
Employee benefits					and licenses			
Insurance (other than health)				Travel				
Mortgage interest · · · · · ·				Meals	and entertainme	nt · ·		
Other interest				Utilities	8			
Legal and professional fees				Wages	3			
Office expenses · · · · · ·				Other	(enclose listing)			
Pension and profit sharing · ·								
Vehicle Information								
			Date pla	ced in s	ervice		Cost or	basis
Vehicle description Business miles	Com	mutino	miles			Other	miles	
Actual expenses such as gas,	oil, repairs, etc	;			Parking fees	and to	olls	
Sales, Purchases, and Dispos (New clients, enclose detailed listing of all of	sition of Asset	s in 20	007					
A ()	•			cquired	Purchase price		Date sold	Sales Price
•				-	•			
Dusiness Hea of Home			ı		I			I
Business Use of Home	noco	Total	area of	homo				
Area used exclusively for busi Was the home used as a day	care facility?		aita Ul 20		Date home	nlace	d in service	
<u> </u>	i i		- 3				of home	
	Repair		mainten	ance			ue of land	
Real estate taxes paid	I Itilitia	s and a	other ext	nenses		vait	u c or ialiu	-
. tour ootato taxoo para		o and (J 101 OA	3.1000				

Indicate the owner of this property:	☐ Taxpayer	☐ Spouse	g Join	nt	
Description of property					
Location of property					
Did you or your family use this prop	erty during the ta	ax year for perso	nal purposes fo	r more	
than the greater of: (a) 14 days, o					s 🗆 No
• , , ,	* *	-		a.do	о <u> </u>
Did you meet the Active Participation	•				
(To meet these requirements, you must have others to provide services in a significant annew tenants, deciding on rental terms, approwas this property fully disposed of o	d bona fide sense. Soving repair expenditu	uch management dec	cisions include appro	ving □ Ye □ Ye	—
ncome				2007 Amount	2006 Amoun
Rents received					
Royalties received					
xpenses				2007 Amount	2006 Amount
Advertising					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and other professional fees .					
Management fees					
Mortgage interest paid to banks					
Other interest					
Repairs					
Supplies					
Taxes					
Utilities					
Other (Enclose listing)					
Other (Endlose listing)					
Vehicle Information		Date placed in s	envice	Cost or	basis
Vehicle description Business miles Actual expenses such as gas, oil, Travel expenses	Commuting	miles		Other miles	Dasis
Actual expenses such as gas oil	Community		Parking fees	and talls	
Travel expenses			1 arking rees		
Sales, Purchases, and Disposition New clients, enclose detailed listing of all depreciable		07			
Asset description		Date acquired	Purchase price	e Date sold	Sales price

= 1a	vnovor C - Cnouse I - Isint				
П	xpayer S = Spouse J = Joint				
				Cost or	Sales
T S J	Description and number of shares	Date acquired	Date sold	other basis	proceeds
		·			
ΓHER	INCOME		Г		
				2007	2006
pe of	income			2007 Amount	2006 Amount
/pe of State a	income and local tax refunds (enclose Form 1099-G)				
/pe of State a	income and local tax refunds (enclose Form 1099-G) y received				
/pe of State a Alimon Jnemp	income and local tax refunds (enclose Form 1099-G) by received				
/pe of State a Alimon Jnemp Social	income and local tax refunds (enclose Form 1099-G) by received				
/pe of State a Alimon Jnemp Social Other i	income Ind local tax refunds (enclose Form 1099-G) Ind local tax refunds (enclose Form 1099-G) Independent compensation (enclose Form 1099-G) Independent security benefits (enclose Form SSA-1099) Income such as gambling winnings, jury du				
/pe of State a Alimon Jnemp Social Other i	income and local tax refunds (enclose Form 1099-G) by received				
ype of State a Alimon Jnemp Social Other i (Inclu	income Ind local tax refunds (enclose Form 1099-G) Ind local tax refunds (enclose Form 1099-G) Independent compensation (enclose Form 1099-G) Independent security benefits (enclose Form SSA-1099) Income such as gambling winnings, jury du				
ype of State a Alimon Jnemp Social Other i (Inclu	income and local tax refunds (enclose Form 1099-G) by received			Amount	Amount
ype of State a Alimon Jnemp Social Other i (Inclu	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc			
/pe of State a Alimon Jnemp Social Other i (Inclu THER ype o	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc		Amount 2007	Amount 2006
ype of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)	als	Amount 2007	Amount 2006
ype of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)		Amount 2007	Amount 2006
ype of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health Moving	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)		Amount 2007	Amount 2006
/pe of State a Alimon Jnemp Social Other i (Inclu THER ype o Educate Busine Health Moving Self-en	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)		Amount 2007	Amount 2006
/pe of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health Moving Self-en Self-en	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)		Amount 2007	Amount 2006
Je of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health Moving Self-en Self-enalty	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)	als	Amount 2007	Amount 2006
Je of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health Moving Self-en Self-en Penalty Alimon	income and local tax refunds (enclose Form 1099-G) or received of the property	ty pay, etc entation)	als	Amount 2007	Amount 2006
ype of State a Alimon Jnemp Social Other i (Inclu THER ype o Educat Busine Health Moving Self-en Self-en RA co	income Ind local tax refunds (enclose Form 1099-G) In received	ty pay, etc entation)	als	Amount 2007	Amount 2006
Je of State a Alimon Jnemp Social Other i (Inclusted Inclusted Inclusion Inc	income and local tax refunds (enclose Form 1099-G) by received	ty pay, etc entation)	als	Amount 2007	Amount 2006

TEMIZED DEDUCTIONS		
	2007 Amount	2006 Amount
Medical and Dental (less reimbursements)		
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses		
Other medical and dental expenses		
Taxes Paid		
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
Real estate taxes		
Personal property taxes (such as auto registration)		
Interest Paid		
Home mortgage interest paid to financial institution (enclose Form 1098 or statement) · · · ·		
Home mortgage interest paid to individual		
Individual's name		
Individual's address		
Individual's ID number		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		
Gifts to Charity (If additional lines are needed, attach similar statement)		
Contributions of cash or check		
Name of charity Date 2007 Amount		
Name of charty Bate 2007 Amount		
Noncash contributions (attach Form 1098-C if vehicle donation)		
Name and address of organization Date contributed Fair Market Value		
Casualty and Theft Losses		
Casualty and theft losses (enclose supporting documentation with description		
of the casualty, description of the property, date acquired, cost of property,		
insurance reimbursements, and the fair market value before and after the casualty) · · · · · · · · · · ·		
Miscellaneous Deductions		
Unreimbursed employee business expenses (such as union dues, small tools, travel, etc) · · · ·		
Tax preparation fees		
Other miscellaneous expenses (such items include safe deposit box rental, certain		
appraisal fees, expenses related to investment income, etcenclose supporting documentation)		
Other Miscellaneous Deductions Other miscellaneous deductions (such items include gambling losses, estate tax		
deduction, amortization of bond premium, etc enclose supporting documentation) · · · · · · · · · ·		

Care provider name	Address	3			S	SN o	r EIN	during 2007
					_			
					_			
					_			
					_			
					_			
					-			
	•							
HER EDUCATION EXPENS	SES (Please end	close all copies of 2007	Form 1098-T	Γ)				
4			_	l -	ادءا	l C	1 O41- 1	Tuition and Foo
tudent name		Educational Institutio	n	⊢r	So J	r Sr	Oth	Tuition and Fee
						+		
						-		
						+		
				l				
		1						
DERAL AND STATE ESTIM	IATED TAX PA	YMENTS						
	IATED TAX PA	YMENTS	Data					Amount poid
ederal estimated payments		YMENTS	Date p	aic				Amount paid
ederal estimated payments Applied from 2006 overpaye		YMENTS	Date p	aic				Amount paid
ederal estimated payments Applied from 2006 overpayed 1st Quarter payment		YMENTS	Date p	aic				Amount paid
Tederal estimated payments Applied from 2006 overpaying 1st Quarter payment 2nd Quarter payment		YMENTS	Date p	aic				Amount paid
ederal estimated payments Applied from 2006 overpayed 1st Quarter payment 2nd Quarter payment 3rd Quarter payment		YMENTS	Date p	paic				Amount paid
ederal estimated payments Applied from 2006 overpayed 1st Quarter payment 2nd Quarter payment		YMENTS	Date p	paic				Amount paid
ederal estimated payments Applied from 2006 overpaye 1st Quarter payment 2nd Quarter payment 3rd Quarter payment 4th Quarter payment	ment	YMENTS						
ederal estimated payments Applied from 2006 overpayer 1st Quarter payment 2nd Quarter payment 3rd Quarter payment 4th Quarter payment state estimated payments for	ment :	YMENTS	Date p					Amount paid Amount paid
Tederal estimated payments Applied from 2006 overpayer 1st Quarter payment 2nd Quarter payment 3rd Quarter payment 4th Quarter payment State estimated payments for Applied from 2006 overpayer	ment :	YMENTS						
ederal estimated payments Applied from 2006 overpayed 1st Quarter payment 2nd Quarter payment 3rd Quarter payment 4th Quarter payment state estimated payments for Applied from 2006 overpayed 1st Quarter payment	ment :	YMENTS						
1st Quarter payment 2nd Quarter payment 3rd Quarter payment 4th Quarter payment State estimated payments for Applied from 2006 overpayr	ment :	YMENTS						

Amount paid

CHILD AND DEPENDENT CARE EXPENSES (Enter expenses paid for each dependent in Dependent's section)