2007	1040	US	Client Information	1

Kramer Weisman and Associates, LLP
12515 Orange Drive, Suite 814
Davie, FL 33330
Telephone number: (954) 475-1260
Fax number: (954) 475-1221
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2007 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2005 or 2006)	
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	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2007	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2007.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		**Daytime Phone** 1 = Work 2 = Home 3 = Mobile
	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		

2007	1040	US	Dependents	2

Please add, change or delete information for 2007.

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		

	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		

	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

Earned Income Credit

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

2007	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES	NO	
		PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2007?
		DEPENDENTS
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2007?
☐	☐	Did you have any children under age 18 on January 1, 2008 with interest and dividend income in excess of $850,or total investment income in excess of $1,700?
		INCOME
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	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?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership,S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2007?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2007?
☐	☐	Did you purchase a new hybrid vehicle in 2007?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Did anyone owe you money which had become uncollectible?

2007	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES	NO	
		RETIREMENT PLANS
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		EDUCATION
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
☐	☐	Did you apply an overpayment of 2006 taxes to your 2007 estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of 2007 taxes, do you want the excess applied to your 2008 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2008 taxable income and withholdings to be different from 2007?
		MISCELLANEOUS
☐	☐	Do you want to electronically file your tax return?
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	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?

2007	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2007, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	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?
☐	☐	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?
☐	☐	Did you incur moving expenses due to a change of employment?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $12,000, or any gifts to a trust?

2007	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2007 information.

DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

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)

2007 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/08)				

State

	Amount Paid	Date Paid	TS	2007 Voucher Amount
Overpayment applied from 2006				
1st quarter payment (due 4/17/07)				
2nd quarter payment (due 6/15/07)				
3rd quarter payment (due 9/17/07)				
4th quarter payment (due 1/15/08)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/08)				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

	Hash Total		3, 6

2007	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2007 information.

APPLICATION OF 2007 OVERPAYMENT (7.1)

If you have an overpayment of 2007 taxes, do you want the excess refunded? . ☐ or applied to 2008 estimate? . . . ☐

Other (please explain): ______

2008 ESTIMATED TAX INFORMATION

Do you expect your 2008 taxable income to be different from 2007? . . . . Yes ☐ No ☐

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

Do you expect your 2008 withholding to be different from 2007? . . . . Yes ☐ No ☐

If "yes" explain any differences: ______

	Hash Total		7.1

2007	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2007 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=spouse	1=retirement plan (Box 13)	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2006 Wages
					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	1=spouse	1=IRA/SEP/SIMPLE	Distribution code #1	Distribution code #2	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/07	2006 Distribution
								Federal (Box 4)	State (Box 10)		

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings	Tax Withheld		2006 Winnings
				Federal Withholding	State Withholding	

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

	2007 Amount	TS	2006 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

(T=taxpayer, S=spouse, Blank=joint)

2007	1040	US	Interest & Dividend Income	11, 12

**Please enter all pertinent 2007 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2006 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller-Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2006 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2007	1040	US	Miscellaneous Income	14.1

Please enter all pertinent 2007 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2007 Amount		2006 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)

	2007 Taxpayer	2007 Spouse	2006 Taxpayer	2006 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2007	1040	US	Business Income (Schedule C)	No.	16

Please enter all pertinent 2007 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=investment	
1=minister's Schedule C	

INCOME

	2007 Amount	2006 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

	2007 Amount	2006 Amount
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		

2007	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2007 Amount	2006 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.

2007	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2007, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

Please enter all pertinent 2007 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2007 Amount Taxpayer	2007 Amount Spouse	2006 Amount Taxpayer	2006 Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($4,000/$5,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2007 payments from 1/1/08 to 4/15/08				

ROTH IRA CONTRIBUTIONS

	2007 Taxpayer	2007 Spouse	2006 Taxpayer	2006 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($4,000/$5,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2007 Taxpayer	2007 Spouse	2006 Taxpayer	2006 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

	2007 Taxpayer	2007 Spouse	2006 Taxpayer	2006 Spouse
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)				
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) *				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2006 amt:	2006 amt:

Series: 300 * 2007 Tuition and Related Expenses should be entered on the page titled "Education Credits/Tuition Deduction."

2007	1040	US	Itemized Deductions	25

Please enter all pertinent 2007 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.

	2007 Amount	TS	2006 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			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2007 estimates are automatic.)

	2007 Amount	TS	2006 Amount
State income taxes - 1/07 payment on 2006 state estimate			
State income taxes - paid with 2006 state extension			
State income taxes - paid with 2006 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/07 payment on 2006 city/local estimate			
City/local income taxes - paid with 2006 city/local extension			
City/local income taxes - paid with 2006 city/local return			

SALES AND USE TAXES PAID

	2007 Amount	TS	2006 Amount
State and local sales taxes			
Use taxes paid on 2007 purchases			
Use taxes paid with 2006 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

	2007 Amount	TS	2006 Amount
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:			

2007	1040	US	Itemized Deductions (continued)	25 p2

Please enter all pertinent 2007 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:	2007 Amount	TS	2006 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	

	2007 Amount	TS	2006 Amount
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:	2007 Amount	TS	2006 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

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

Contributions by cash or check:	2007 Amount	TS	2006 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

2007	1040	US	Itemized Deductions (continued)	25 p3

Please enter all pertinent 2007 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.

	2007 Amount	TS	2006 Amount
50% limitation (see above):			
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)

	2007 Amount	TS	2006 Amount
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):			

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2007 Amount	TS	2006 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2007	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	
Form	
Number of form (1=first Schedule C, 2=second, etc.)	
1=spouse	
1=performance artist, 2=handicapped, 3=fee-basis government official	

EMPLOYEE BUSINESS EXPENSES

	2007 Amount	2006 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (75% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2007	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2007 Amount	2006 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

	2007 Amount	2006 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
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

	2007 Amount	2006 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
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)		