

2007 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name				Last name			
First name				First name			
Middle Initial		Suffix		Middle Initial		Suffix	
Social security number				Social security number			
Date of birth				Date of birth			
Occupation				Occupation			
Work phone		Ext ..		Work phone		Ext ..	
Cell phone				Cell phone			
E-mail address				E-mail address			
Address						Apartment number	
City				State		ZIP Code	
Home phone		Fax number		Home phone		Fax number	

Dependent Information					
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees				
Student First Name	MI	Suffix	Student Last Name	Social Security Number

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
Enter total 2007 qualified student loan interest

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2006 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2006 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2006 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2006 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2007	_____	_____
Roth IRA contributions made for 2007	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2007 Deductions

Medical and Dental Expenses	2007 Amount	2006 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____

Taxes	2007 Amount	2006 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2007 Amount	2006 Amount
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2007 Amount	
_____	_____	

Cash/Check/Credit Contributions	2007 Amount	2006 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2007 Amount	2006 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____
_____	_____	_____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did you make energy-efficient improvements to your home or purchase any energy-saving property during 2007?
If yes , attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you purchase a motor vehicle or boat during 2007?
If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you purchase a hybrid vehicle in 2007? If yes , enter year, make, model, and date purchased:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you donate a vehicle in 2007? If yes , attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 What was the sales tax rate in your locality in 2007? % State ID | | |
| 6 Did your marital status change during 2007?
If yes , explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Were you or your spouse permanently and totally disabled in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you have children under age 18 with investment income greater than \$1,700? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA
or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive any disability payments in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you buy, sell or refinance a principal residence or other real property in 2007?
If yes , attach closing or escrow statements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Did you incur any casualty or theft losses during 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you pay any individual for domestic services in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you buy or sell any stocks or bonds in 2007? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you incur any moving expenses? If yes , attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you receive any income not included in this Tax Organizer?
If yes , please attach information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Do you expect your income and deductions in 2008 to be the same as 2007?
If no , attach explanation of changes expected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____
Taxpayer Spouse | | |
| 25 Enter your state of residence | | |

Electronic Filing and Direct Deposit of Refund

- | | Yes | No |
|--|--------------------------|----------------------------------|
| If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this? | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking | <input type="checkbox"/> | Savings <input type="checkbox"/> |

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Airline Professional Deductions

For any expense that involves personal and business use, please, state the amount that pertains to your job.

Provide: A copy of each month ending "Activity Record" (HI1's.) To calculate your layover expenses.

A copy of your Last Pay check for the year.

Please use one sheet per person

Taxpayer Name: _____

Category	Amount	Office Use	
Answering Service			
Bid Service Fees			
Bid Mailing			
Bidding			
Trip Trading & Pick UP			
Communications/Telephone			
Beeper Service			
Company Computer (PC Fos)			
Collect Calls			
Long Distance on Layovers			
For this expenses specify the following:	Total	Business %	
Call Notes			
Call Waiting/ Call Fwd			
Calling Cards			
Computer Supplies			
Internet Access Fees			
Phone Cellular			
Phone Second Line to Home			
Education			
Dictionaries			
Foreign Language Books/Cd's/Tapes			
Foreign Language Classes			
Fees			
ATM Fees on layovers			
Check Cashing on layover			
Credit Card Annual Fee			
Internet use on Layovers			
Personal Documents			
ID Replacement			
Passport Renewal			
Photo for Passport/Visa			
Visa Renewal			
Professional Publications			
Small Tools			
Batteries			
Corkscrew			
Flashlight			
Galley Supplies			
Keys - Jetbridge/Equipment			
Logbook			
Manual Cover			
Manual Replacement			
Personal Organizer (Book)			
Tips			
Driver			
Travel Items			
Alarm Clock			
Curling Iron			
Foreign Currency Converter			
Foreign Electrical Adapter			
Foreign Voltage Converter			
Hair Dryer			
Iron			
Portable Security Device			
Portable Smoke Detector			

Category	Amount	Office Use	
Uniform Accesories			
Belt			
Epaulets			
Hair Clips			
Hat			
Name Tags			
Purse			
Scarf			
Wings			
Uniform Alterations			
Uniform Luggage			
Garment Bag			
Handbag			
Luggage Name Tags			
Repairs			
Suitcase			
Uniform Maintenance			
Dry Cleaning			
Home Laundering			
Uniform Purchases			
Dress			
Jacket			
Maternity Dress			
Original Issue			
Pants			
Serving Garment			
Shirt			
Skirt			
Sweater			
Tie			
Winter Jacket/Coat			
Uniform Shoes			
In-flight Shoes			
Shoe Repair			
Shoe Shine			
Uniform Shoes			
Uniform Watch			
Watch			
Watch Repairs			
Union Dues			
Other (List only expenses related to your Job)			
Equipment	Date Purchased	Cost	Bus %
Answering Machine			
Cell Phone Purchase			
Computer			
Internet Modem, DSL, Router			
Printer			
Pager Purchase			

Use Other Side if you need more space