1040		artment of the Treasury—Internal Revenue Service 5. Individual Income Tax Return 2007	7	IRS Use Onlv—E	o not write	e or staple in this space.				
	_		07, ending	, 20	ì	OMB No. 1545-0074				
Label	Yo	ur first name and initial Last name			You	ır social security number				
(See L										
on page 12) B	If a	joint return, spouse's first name and initial Last name		Spouse's social security numb						
Use the IRS										
label. Otherwise,	Но	me address (number and street). If you have a P.O. box, see page 1	2.	Apt. no.		You must enter				
please print R		your SSN(s) above.								
or type.	Cit	y, town or post office, state, and ZIP code. If you have a foreign add		cking a box below will not						
Presidential		(6.0)			_	ige your tax or refund.				
Election Campaigr	1 🕨 0	rheck here if you, or your spouse if filing jointly, want \$3 to g								
Filing Status	1 [Single		,	. ,	ying person). (See page 13.)				
•	2	Married filing jointly (even if only one had income)				but not your dependent, ente				
Check only	3	☐ Married filing separately. Enter spouse's SSN above		nis child's name here		pendent child (see page 14)				
one box.		and full name here.		, ,	with dep	Boxes checked				
Exemptions	6a b	Yourself. If someone can claim you as a dependent, c	JO HOL CI	ieck box ba .		on 6a and 6b ——— No. of children				
	C	Dependents: (2) Dependent's	(3) Dependent's (4)	f qualifying	on 6c who:				
	·	(1) First name Last name social security number	ber r		or child tax see page 15)	lived with youdid not live with				
		(i) The hame		you credit (Dec page 13)	you due to divorce				
If more than four					$\overline{\Box}$	or separation (see page 16)				
dependents, see page 15.					$\overline{\Box}$	Dependents on 6c				
page 13.										
	d	Total number of exemptions claimed				 Add numbers on lines above ► 				
	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7					
Income	8a	Taxable interest. Attach Schedule B if required			88	3				
Attach Form(s)	b	Tax-exempt interest. Do not include on line 8a	8b							
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required			. 9a	a				
attach Forms	b	Qualified dividends (see page 19)	9b							
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local incor	me taxes	(see page 20) .	. 10)				
was withheld.	11	Alimony received			. 11	1				
	12	Business income or (loss). Attach Schedule C or C-EZ .			. 12	2				
	13	Capital gain or (loss). Attach Schedule D if required. If not	required	, check here 🕨	□ 13	3				
If you did not get a W-2, see page 19.	14	Other gains or (losses). Attach Form 4797			. 14					
	15a	IRA distributions 15a k	T axable	amount (see page 2	, I					
	16a	Pensions and annuities 16a k	T axable	amount (see page 2	′ I					
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	17	Rental real estate, royalties, partnerships, S corporations, tr	-							
	18	Farm income or (loss). Attach Schedule F			- 1					
	19	Unemployment compensation								
	20a	•		amount (see page 2	´					
	21 22	Other income. List type and amount (see page 24)	1 Thie ie	vour total income	≥ 21 ≥ 22					
			23	your total moonie						
Adjusted	23	Educator expenses (see page 26)	20		_					
Gross	24	Certain business expenses of reservists, performing artists, and	24							
Income	25	fee-basis government officials. Attach Form 2106 or 2106-EZ Health savings account deduction. Attach Form 8889.	25							
moonic	26	Moving expenses. Attach Form 3903	26							
	27	One-half of self-employment tax. Attach Schedule SE	27							
	28	Self-employed SEP, SIMPLE, and qualified plans	28							
	29	Self-employed health insurance deduction (see page 26)	29							
	30	Penalty on early withdrawal of savings	30							
	31a	Alimony paid b Recipient's SSN ▶	31a							
	32	IRA deduction (see page 27)	32							
	33	Student loan interest deduction (see page 30)	33							
	34	Tuition and fees deduction. Attach Form 8917	34							
	35	Domestic production activities deduction. Attach Form 8903	35							
	36	Add lines 23 through 31a and 32 through 35			. 36	3				
	37	Subtract line 36 from line 22. This is your adjusted gross	income		▶ 37	7				

Form 1040 (2007)				Page 2			
Tax	38	Amount from line 37 (adjusted gross income)	38				
and	39a	Check [You were born before January 2, 1943, Blind.] Total boxes					
Credits		if: Spouse was born before January 2, 1943, ☐ Blind. checked ▶ 39a ☐					
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b □]				
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40				
for—	41	Subtract line 40 from line 38	41				
 People who checked any box on line 39a or 39b or who can be 	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line					
		6d. If line 38 is over \$117,300, see the worksheet on page 33	42				
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43				
claimed as a dependent,	44	Tax (see page 33). Check if any tax is from: a \square Form(s) 8814 b \square Form 4972 c \square Form(s) 8889	44				
see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45				
• All others:	46	Add lines 44 and 45	46				
Single or	47	Credit for child and dependent care expenses. Attach Form 2441	_				
Married filing separately,	48	Credit for the elderly or the disabled. Attach Schedule R . 48	_				
\$5,350	49	Education credits. Attach Form 8863	_				
Married filing	50	Residential energy credits. Attach Form 5695	-				
jointly or Qualifying widow(er),	51	Foreign tax credit. Attach Form 1116 if required	-				
	52	Child tax credit (see page 39). Attach Form 8901 if required 52	-				
\$10,700	53	Retirement savings contributions credit. Attach Form 8880 . 53					
Head of household,	54	Credits from: a Form 8396 b Form 8859 c Form 8839	-				
\$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 555	-				
	56 57	Add lines 47 through 55. These are your total credits	56				
		Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57				
Other	58	Self-employment tax. Attach Schedule SE	58 59				
Taxes	59	Unreported social security and Medicare tax from: a Form 4137 b Form 8919	60				
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	61				
	61 62	Advance earned income credit payments from Form(s) W-2, box 9	62				
	63	Add lines 57 through 62. This is your total tax	63				
Dovemente	64	Federal income tax withheld from Forms W-2 and 1099 64					
Payments	65	2007 estimated tax payments and amount applied from 2006 return					
If you have a	_66a	Earned income credit (EIC)					
qualifying	b	Nontaxable combat pay election 66b					
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67					
	68	Additional child tax credit. Attach Form 8812 68					
	69	Amount paid with request for extension to file (see page 59) 69					
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70					
	71	Refundable credit for prior year minimum tax from Form 8801, line 27					
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72				
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73				
Direct deposit? See page 59 and fill in 74b,	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ □	74a				
	▶ b	Routing number					
74c, and 74d,	► d	Account number					
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax 75					
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76				
You Owe		Estimated tax penalty (see page 61)	Comple	ete the following No			
Third Party		· · · · · · · · · · · · · · · · · · ·		ste the following. [] 140			
Designee	De: nar	signee's Phone Personal identific ne ► no. ► () number (PIN)	cation				
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an					
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	vhich pre	parer has any knowledge.			
Joint return?	Your signature Date Your occupation Daytime phone number						
See page 13.	_		()			
Keep a copy for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation					
records.							
Paid		parer's Date Check if	Prep	arer's SSN or PTIN			
Preparer's		nature self-employed	<u>L.</u>				
Use Only	Fire	n's name (or EIN					
OGC OTHY	ado	urs if self-employed), dress, and ZIP code Phone no.	()			