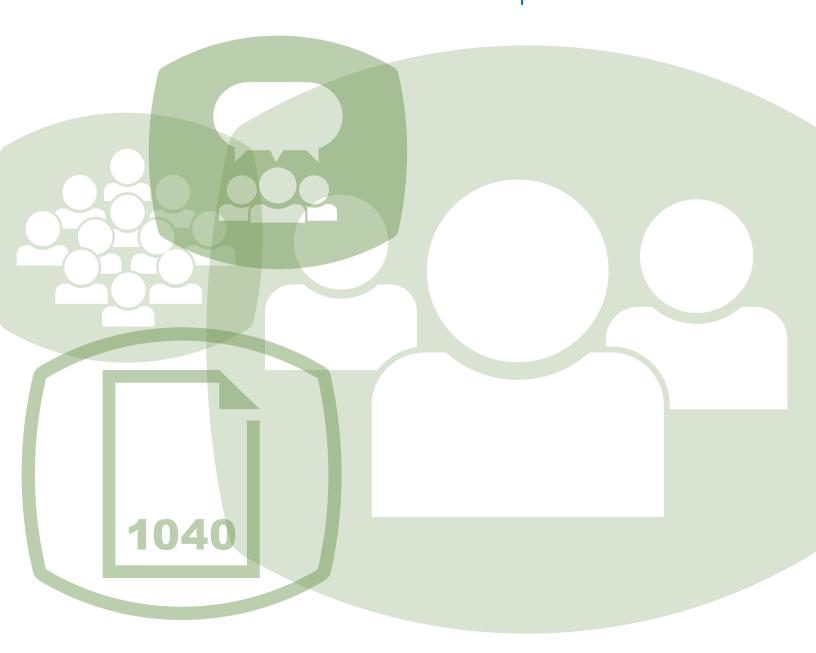


Individual Income Tax Returns 2007 **Line Item Estimates**



.gov/taxstats

Department
Of the
Treasury
Internal
Revenue
Service

2007 Estimated Data Line Counts Individual Income Tax Returns

(Rev. 8-2009)

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Chief, Individual Statistics Branch This 2007 Statistics of Income (SOI) estimated data line counts indicates the estimates of frequencies of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2007 Individual SOI Complete Report weighted file. It is based on returns filed in Processing Year 2008 that were sampled statistically and then weighted to estimate the entire 2007 Tax Year.

NOTE: The Economic Stimulus Act of 2008 contained a special provision that allowed certain low-income individuals to file a federal income tax return in order to be eligible to receive an economic stimulus payment. These individuals who would not ordinarily have a legal requirement to file a federal income tax return had to show on their returns at least \$3,000 of qualifying income (defined as wages, self-employment income, Social Security income, Railroad Retirement benefits, certain Veterans Affairs benefits, and nontaxable combat pay). In addition, they could not be claimed as a dependent on someone else's federal tax return. These returns that were filed for the sole purpose of receiving an economic stimulus payment are not included in any of the statistics of this publication.

Changes for the Tax Year 2007 edition include: The addition of form 8846: Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips, Form 8917: Tuition and Fees Deduction, and form 8910: Alternative Motor Vehicle Credit.

Variations of the three basic forms: 1040, 1040A, and 1040EZ, include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicate that it would other wise have been filed on paper as a 1040 or 1040A, and then it would be classified as such statistically.

2007 Complete Report estimates:

142,978,806	Total, all individual returns filed
86,300,563	1040 returns
33,507,223	1040A returns
23,171,020	1040EZ returns

For further information contact:

Jeff Hartzok, Chief Individual Returns Analysis Section Statistics of Income Division PO Box 2608 Washington, DC 20013-2608 Estimates of returns filed electronically:

87	7,851,490	Total, all individual returns filed
47	7,982,634	1040 returns
25	5,420,635	1040A returns
14	4,448,221	1040EZ returns

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* New Form for Tax Year 2007 Edition

This publication was prepared by Kyle Mudry and reviewed by Adrian Dungan, economists with the Individual Returns Analysis Section.

Totals for Forms and Schedules from Estimated Data Line Counts for Tax Year 2007

	Total	Electronically Filed	
All returns filed	142,978,806	87,851,490	
Form 1040	86,300,563	47,982,634	
Form 1040A	33,507,223	25,420,635	
Form 1040EZ	23,171,020	14,448,221	
Form 1040A-schedule 1, interest/dividends	2,451,196	1,419,499	tabulated within Schedule B total
Form 1040A-schedule 2, child care credit	1,913,438	1,810,778	(similar to Form 2441)
Form 1040A-schedule 3, elderly credit	72,359	36,179	(similar to Schedule R)
Schedule A, itemized deductions	51,090,456	31,471,349	
Schedule B, interest & dividends	27,330,503	12,572,391	includes schedule 1, Form 1040A
Schedule C, sole-prop business	25,828,431	12,996,396	
Schedule C-EZ	4,401,351	2,547,594	tabulated within Schedule C total
Schedule D, capital gain/loss	22,939,950	11,992,461	
Schedule E, supplemental income	17,976,462	9,164,728	
Schedule EIC, earned income credit	18,956,901	16,040,412	
Schedule F, profit or loss from farming	2,045,056	1,073,588	
Schedule R, elderly or disabled	240,104	54,182	includes schedule 3, Form 1040A
Schedule SE, self employed tax	18,964,962	9,980,849	
Form 2106, employee business expense	8,966,892	5,954,535	
Form 2106-EZ	4,494,485	3,033,225	
Form 2439, undistributed long term capital gains	27,174	11,052	
Form 2441, child care expenses	7,296,478	5,693,207	includes schedule 2, Form 1040A
Form 3468, investment credit	30,469	11,665	
Form 3800, general business credit	437,644	201,657	
Form 3903, moving expenses	1,118,610	829,132	
Form 4136, fuels tax credit	305,765	130,159	
Form 4562, depreciation expense	12,231,434	6,936,904	
Form 4684, casualties and thefts	268,350	176,152	
Form 4997, sales of business property	3,071,277	1,531,824	
Form 4835, farm rental	583,607	273,651	
Form 4952, investment interest	1,895,166	863,239	
Form 4972, lump-sum distributions	14,214	3,511	
Form 5329, retirement plans tax Form 5695, residential energy credits	1,479,094 4,366,023	987,145	
Form 5884, work opportunity credit	45,253	2,949,033 19,099	
Form 6251, alternative minimum tax	9,528,998	4,982,709	
Form 6252, installment sale income	833,114	414,909	
Form 6781, gains/losses from contracts, etc	361,536	146,314	
Form 8283, noncash charitable contributions	6,904,786	4,308,469	
Form 8396, mortgage interest credit	35,010	26,822	
Form 8582, passive activity loss limit	3,965,093	2,094,260	
Form 8586, low income housing	59,523	35,017	
Form 8606, nondeductible IRA's	2,138,006	978,145	
Form 8615, under age 14 tax	458,397	195,302	
Form 8801, prior year minimum tax credit	1,435,383	700,180	
Form 8812, additional child tax credit	16,018,377	12,396,910	
Form 8814, parent's report for child	325,287	183,250	
Form 8824, like-kind exchanges	197,019	112,011	
Form 8829, expense for business use of home	not available	not available	
Form 8839, qualified adoption expenses	111,480	71,581	
Form 8844, empowerment zone credit	36,166	10,867	
Form 8846, credit for employer SS and medicare tax	69,655	29,919	
Form 8853, medical savings account	80,227	36,932	
Form 8863, education, hope & lifetime learning credits	7,499,740	5,343,032	
Form 8864, biodiesel and renewable diesel fuels	4,306	2,609	
Form 8880, credit for qualified retirement savings contrib.	6,429,354	5,039,047	
Form 8889, health savings accounts	1,243,268	784,370	
Form 8903, domestic production activities	532,517	241,811	
Form 8910, alternative motor vehicle credit	176,161	113,611	
Form 8917, tuition and fees deduction	4,471,217	3,003,563	

Limitations and Guidelines for The 2007 Data Line Counts

Since the line counts used in this package are obtained from the Tax Year 2007 Individual SOI Complete Report File, they are subject to the same limitations as the data that are included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts included in this package are **estimates** based on samples, and should not be mistaken for actual counts of the entire population. While most forms and items are present often enough to provide accurate estimates, some less popular items **should be used with a high degree of caution.**

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95 percent confidence intervals for selected Form 1040 items: (For example, the population value of number of returns for salaries and wages, with 95 percent confidence, is between 120,584,261 and 121,105,343.) These confidence intervals correspond to the estimates for all Individual Income Tax Returns filed for Tax Year 2007.

Item	Line number on 1040	95% confidence interval
Salaries and wages	7	(120,584,261 , 121,105,343)
Taxable interest	8a	(64,201,699 , 64,808,563)
Tax-exempt interest	8b	(6,210,083 , 6,433,109)
Ordinary dividends	9a	(31,767,770 , 32,244,534)
State income tax refunds	10	(23,361,788 , 23,824,210)
Alimony received	11	(423,517 , 491,099)
Capital gain distributions	13 (margin write in	n) (4,889,624 , 5,135,234)
Total taxable IRA distributions	15b	(10,515,712 , 10,850,738)
Total pension and annuities	16a	(27,428,602 , 27,927,694)
Taxable pension and annuities	16b	(24,943,738 , 25,417,536)
Unemployment compensation	19	(7,466,907 , 7,777,653)
Social security benefits	20a	(22,361,994 , 22,813,568)
Taxable social security benefits	20b	(14,829,536 , 15,194,386)
Net operating loss	21 (margin write in	n) (884,004 , 961,786)
Educator expenses	23	(3,538,185 , 3,770,243)
IRA deduction	32	(3,202,113 , 3,397,433)

95 Percent Confidence Intervals for Selected Items on all Form 1040's--Continued

Item	Line number on 1040		95% confidence interval		
Student loan interest deduction	33		(8,918,241	,	9,263,921)
Tuition and fees deduction	34		(4,421,383	,	4,665,381)
Moving expenses	26		(1,058,289	,	1,179,799)
One-half of self-employment tax	27		(17,707,507	,	17,973,257)
Self-employed health insurance deduction	29		(3,755,958	,	3,921,484)
Keogh and self-employed SEP and SIMPLE plan	n 28		(1,150,046	,	1,232,224)
Penalty on early withdrawal of savings	30		(1,104,649	,	1,224,243)
Alimony paid	31a		(559,748	,	639,426)
Total adjustments	36		(35,803,128	,	36,297,740)
Adjusted gross income	37		(142,956,387	,	143,001,225)
Total standard deduction	39	(margin write in)	(90,209,322	,	90,812,486)
Additional standard deduction	39	(margin write in)	(11,521,889	,	11,884,311)
Total itemized deductions	40		(50,286,895	,	50,802,045)
Taxable income	43		(110,251,570	,	110,814,848)
Tax	44		(110,241,058	,	110,804,282)

Forms whose line entries have weak estimates (implying a returns sampled count less than 50) are listed below. When there is a line entry reporting less than 10 in the sample, the frequency is removed and the line is identified with a single asterisk (*).

Form 4972 Form 8396

Description of the Sample For the Estimated Data Line Counts

This section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, and 1040EZ (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2008.

All returns processed during 2008 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information, were excluded in calculating estimates. For 2007, returns were also excluded in calculating estimates if the return was filed for the sole purpose of receiving an economic stimulus payment (See Footnote 1 for details). This resulted in a difference between the population total (153,832,380 returns) reported in Table C and the estimated total of all returns (142,978,806) reported in other tables.

The estimates in this report are intended to represent all returns filed for Tax Year 2007. While most of the returns processed during Calendar Year 2008 were for Tax Year 2007, the remaining returns were mostly for prior years, and a few for non-calendar years ending during 2008 and 2009. Returns for prior years were used in place of 2007 returns received and processed after December 31, 2008. This was done based on the assumption that the characteristics of returns due, but not yet processed, can best be represented by the returns for previous income years that were processed in 2008.

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is randomly selected independently from each stratum. Strata are defined by:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.

Description of the Sample

- 3. Presence or absence of special Forms or Schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 1991. (See footnote 2 for details.)
- 5. Potential usefulness of the return for tax policy modeling. Thirty-two variables are used to determine how useful the return is for tax modeling purposes.

Table C shows the population and sample count for each stratum after collapsing some strata with the same sampling rates. (See references 1 and 2 for details.) The sampling rates range from 0.10 percent to 100 percent.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2008 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their ending five digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000. (See reference 3 for details.)

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this

sample was loaded onto an online database at the Cincinnati Submission Processing Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record. The editors use a hardcopy of the taxpayer's return to enter the required information onto the online system.

After the completion of service center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness in light of provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2007, 0.10 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns. These weights were applied to the sample data to produce all of the estimates in this report.

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES
Department of the Treasury—Internal Revenue Service 1040 **U.S. Individual Income Tax Return** IRS Use Only-Do not write or staple in this space For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending OMB No. 1545-0074 Label Your first name and initial Last name Your social security number (See Total of all returns filed = 142,978,806 142,978,806 instructions A B E Spouse's social security number If a joint return, spouse's first name and initial Last name on page 12.) 1040 = 86,300,563 Electronically Filed Returns = 87,851,490 56,795,965 Use the IRS label. Home address (number and street). If you have a P.O. box, see page 12. You must enter н Otherwise, 1040A = 33,507,223your SSN(s) above. E R please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. or type. Checking a box below will not 1040EZ = ^23.171.020 ^Includes 78,013 1040EZ-T returns Y= *6,185,542 Y= **9,201,046 **Presidential** Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ▶ You Spouse 64,926,879 **1** Head of household (with qualifying person). (See page 13.) If Sinale 21,169,039 4 Filing Status the qualifying person is a child but not your dependent, enter Married filing jointly (even if only one had income) 54,065,030 Check only this child's name here. Married filing separately. Enter spouse's SSN above 86,923 **5** 2.730.935 and full name here. Qualifying widow(er) with dependent child (see page 14) Boxes cher on 6a and Exem.= 186,752,397 132,660,908 6a Yourself. If someone can claim you as a dependent, do not check box 6a **Spouse** 54,097,486 **Exemptions** No. of chil Returns = 47,587,739 (4) if qualifying on 6c who

lived wit. Exem. = 83,747,617 (3) Dependent's Dependents: (2) Dependent's relationship to child for child tax social security number (1) First name Last name credit (see page 15) • did not live with you you due t Returns = 594,369 47,587,739 CHILDREN AT HOME 83,747,617 36,371,648 or separat (see page Exem. = 747,606 If more than four CHILDREN AWAY FROM HOME 594,369 23,494,900 747,606 dependents, see Dependents on 6c 2,753,707 3,278,209 7,856,320 **PARENTS** page 15. not entered above 5,537,694 OTHER DEPENDENTS 8,087,542 2,213,277 Add numbers on Returns = 132,660,908 Exem. = 282,613,371Total number of exemptions claimed lines above ▶ depend. other earned inc. = 58,143 7 120,844,802 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 64,505,131 8a Taxable interest. Attach Schedule B if required Tax-exempt interest. Do not include on line 8a Attach Form(s) 32,006,152 9a W-2 here. Also Ordinary dividends. Attach Schedule B if required attach Forms Qualified dividends (see page 19) W-2G and 23,592,999 10 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 1099-R if tax 11 457,308 was withheld. 11 Business income or (loss). Attach Schedule C or C-EZ 13* Cap gain distrib = 5,012,429 12 22,629,468 12 13 22,143,812 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 1,751,135 If you did not Other gains or (losses). Attach Form 4797 14 14 get a W-2, 11,395,793 10,683,225 15a 15b IRA distributions 15a **b** Taxable amount (see page 21) see page 19. 25,180,637 16a 27,678,148 16b 16a Pensions and annuities **b** Taxable amount (see page 22) 16,184,703 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Enclose, but do **47** not attach, any 18 1,977,943 Farm income or (loss). Attach Schedule F 18 payment. Also. 7,622,280 19 19 Unemployment compensation please use 22,587,781 Social security benefits . 20a 20b 15,011,961 Form 1040-V. 20a 6,607,358 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 142,586,333 3,654,214 21 Net Operat. Loss = 922,895 23 Educator expenses (see page 26) **Adjusted** 21 Stock optionss = 9,125 24 Certain business expenses of reservists, performing artists, and Gross 135,102 21 Cancell of debt. = 271,290 24 fee-basis government officials. Attach Form 2106 or 2106-EZ Income 592,526 21 For, earn inc. excl. = 343,077 25 25 Health savings account deduction. Attach Form 8889. . . 21 Gambling inc = 2.008.658 1,119,044 26 26 Moving expenses. Attach Form 3903 17,840,382 27 27 One-half of self-employment tax. Attach Schedule SE . . . 1,191,135 28 28 Self-employed SEP, SIMPLE, and qualified plans . . . 3,838,721 29 Self-employed health insurance deduction (see page 26) 29 30 1,164,446 Penalty on early withdrawal of savings . 30

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Alimony paid **b** Recipient's SSN ▶ _

IRA deduction (see page 27)

Student loan interest deduction (see page 30)

Tuition and fees deduction. Attach Form 8917.

Domestic production activities deduction. Attach Form 8903 Add lines 23 through 31a and 32 through 35

Subtract line 36 from line 22. This is your adjusted gross income

31a

32

33

34

35

36

599,587

3,299,773

9,091,081

4,543,382

478,999

Form 1040 (2007)

36 Archer MSA = 10,972

36 Housing ded. = 5,238

36 Other adj. = 139,569

36,050,434

***142,978,806

31a

32

33

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 1040 (2007)	3	9a A = 18,963,884 B = 7,441,819 C = 289,197 D= 83,375		F	Page 2
Tax	38	Amount from line 37 (adjusted gross income)	38		
and					
	39a			Basic Stand. Ded. =	90,510,904
Credits		if: (B) Spouse was born before January 2, 1943, (D) Blind. ∫ checked ▶ 39a		Add. Stand. Ded. =	11 703 100
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b 505,227			11,700,100
Deduction for—	_40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	50,544,470	
	41	Subtract line 40 from line 38	41	125,121,755	
 People who checked any 	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line			
box on line		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	132,652,011	
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	110,533,209	
claimed as a		Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	110,522,670	
dependent,	44		45	4,108,964	
see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251		110,547,299	
All others:	46	Add lines 44 and 45	46	8396 = 33,185	
Single or	47	Credit for child and dependent care expenses. Attach Form 2441 47 6,491,844	34a I	0370 = 33,103	
Married filing separately,	48	Credit for the elderly or the disabled. Attach Schedule R . 48 89,767	54c F	ı 8839 = 94,128	I
\$5,350	49	Education credits. Attach Form 8863		3800 = 230,821	•
Married filing	50	Residential energy credits. Attach Form 5695		8801 = 395,359	•
jointly or	51	Foreign tax credit. Attach Form 1116 if required	55c F	8844 = 29,219	
Qualifying	52	Child tax credit (see page 39). Attach Form 8901 if required 52 25,889,333		8835 = 2,121	
widow(er), \$10,700		This tax credit (see page 69). Attach Form 6501 in required		8846 = 53,276	÷
Head of	53	Household savings contributions credit. Attach 1 of 11 cood;		5884 = 38,096 ther = 41,235	•
household,	54	oregine from a 10m oco b 10m oco c 10m oco			
\$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 55		t. motor veh. = 157,814	•
	56	Add lines 47 through 55. These are your total credits	56	46,084,671	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0 ▶	57	98,369,138	
Othor	58	Self-employment tax. Attach Schedule SE	58	17,840,382	
Other	59	Unreported social security and Medicare tax from: a \square Form 4137 b \square Form 8919	59	a= 194,630	b= 67,811
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	5,550,175	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	138,647	
	62	Household employment taxes. Attach Schedule H	62	222,146	
	63	Add lines 57 through 62. This is your total tax Recapture Tax = 17,924 Other Taxes = 771,443	63	106,650,214	
		405 500 000	03	100,030,214	
Payments Payments	64	14 FOO (O.)			
	65	2007 estimated tax payments and amount applied from 2006 return 65 11,523,634			
If you have a	_66a	Earned income credit (EIC)			
qualifying child, attach	b	Nontaxable combat pay election ▶ 66b 6,642			
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67 1,544,389			
	68	Additional child tax credit. Attach Form 8812 68 15,884,285		70a F2439 = 39,5	1 21
	69	Amount paid with request for extension to file (see page 59) 69 1,773,576			
		Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70b F4136 = 305,	
	70 🥒	rayments from: a From 2400 b From 4100 c From 6000 .		70c F8885 = 22,5	50
	71	The application of the applicati	70	135,128,289	
-	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	110,611,578	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶	74a	107,687,030	
See page 59	▶ b	Routing number			
and fill in 74b, 74c, and 74d,	▶ d	Account number 55,652,848			
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax 75 4,061,974			
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ▶	76	28,599,646	
You Owe	77	Estimated tax penalty (see page 61)			
	D-	you want to allow another person to discuss this return with the IRS (see page 61)? Yes. (Compl	oto the following	□ No
Third Party	DC	you want to allow another person to discuss this return with the ins (see page of)?	Jonnpi	ete the following.	□ NO
Designee		signee's Phone Personal identific	ation		
	naı				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w			
Here					. 3
Joint return?	Yo	ur signature Date Your occupation	Dayt	ime phone number	
See page 13.			()	
Keep a copy	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation			
for your records.	7				
		Date	Pron	arer's SSN or PTIN	
Paid		parer's 83 827 439 Check if	ιισμ	alor o oon of Filly	
Preparer's		seir-employed	<u> </u>		
Use Only	Fir	n's name (or EIN sif self-employed),	- 1		
Jac Only	ade	dress, and ZIP code Phone no.	()	

1040			NUMBER OF	~ //// II	FOR				- /		
<u> /</u>			. Individual Income Tax Rethe year Jan. 1–Dec. 31, 2007, or other tax year beg		7, endin		Only—Do no		r staple in this space. OMB No. 1545-0074		
Label	ı		r first name and initial	Last name	.,	,	-		social security num		
See	ᅵᅵ			Total 1040 ONLY retu	ırns fil	led = 86,300,56	63		86.30	00,563	
nstructions on page 12.)	В	If a	joint return, spouse's first name and initial	Last name				Spous	se's social security		
Jse the IRS	E							45,699,105			
abel. Otherwise,	H		ne address (number and street). If you have tronically filed forms 1040 Only = 47,982		2.	Apt. no	D.		You must enter your SSN(s) above.		
olease print or type.	RE		, town or post office, state, and ZIP code. If		ress. se	ee page 12.	- i				
Presidential	۱ ٔ	,	,	,	,)		ng a box below wi 5,804,599 Y = **8,24		
	ign	CI	neck here if you, or your spouse if filing	g jointly, want \$3 to g	o to th	nis fund (see p	age 12)		You Spou		
	31,87		Single	9,360,995					g person). (See pag		
Filing Status		2	Married filing jointly (even if only one				,		t not your depender	,	
43,78 Check only	32,168	3 [Married filing separately. Enter spou	,		this child's nam				,	
	6,937		and full name here. ►	58,585	5	Qualifying wide	ow(er) with	depen	ident child (see pa	ge 14)	
83,55	2,734	6a	Yourself. If someone can claim you	ou as a dependent, d	o not	check box 6a]	Boxes Exem. = 12	27,353,36	
Exemptions	•	b	Spouse . 43,803,624	<u> </u>			/.	<u>.</u> .	No. of children on 6c who Returns		
		С	Dependents:	(2) Dependent's		(3) Dependent's relationship to	(4)√ if qua		• lived with Exem.	= 56,459,0	
			(1) First name Last name	social security number	er	you	credit (see pa		 did not live with 		
f f			CHILDREN AT HOME	31,316,494		56,459,060	21,901	,578	you due to div Retu or separation	ırns = 431, em. = 526,0	
f more than fou dependents, se			CHILDREN AWAY FROM HOME	431,070		526,064	15,249		(see page 16)		
page 15.			PARENTS	1,693,976		1,988,674	5,314		Dependents on 6c not entered above		
			OTHER DEPENDENTS	2,252,044		3,164,868	1,445	5,450	Add numbers on		
		d	Total number of exemptions claimed	Returns = 83,552,734	t	Exem. = 189,492	,027		lines above ▶		
noomo		7	Wages, salaries, tips, etc. Attach Form	n(s) W-2				7	67,929,569		
ncome		8a	Taxable interest. Attach Schedule B if	frequired				8a	52,560,740		
ttach Form(s)		b	Tax-exempt interest. Do not include		8b	6,174,921			00 177 157		
V-2 here. Also		9a	Ordinary dividends. Attach Schedule E	3 if required	 9b	25,054,503		9a	29,177,157		
ittach Forms V-2G and		b	Qualified dividends (see page 19) .	+	22 502 000						
099-R if tax		10	Taxable refunds, credits, or offsets of	state and local incom	ne taxe	es (see page 2	0)	10	23,592,999		
vas withheld.		11	Alimony received					11	457,308	_	
		12	Business income or (loss). Attach Sch			ap Gain Distrib =			22,629,468	_	
		13	Capital gain or (loss). Attach Schedule		equire	ed, check here	▶ ⊔	13	22,143,812 1,751,135	_	
f you did not get a W-2,		14	Other gains or (losses). Attach Form 4	040 440	<u>.</u> .			14	9,182,452		
see page 19.		15a	IRA distributions 15a 9.8 Pensions and annuities 22.			le amount (see p		15b 16b	20,534,161		
		16a					-	17	16,184,703	-	
Enclose, but do not attach, any	4	17	Rental real estate, royalties, partnership		-		edule E	18	1,977,943		
payment. Also,		18	Farm income or (loss). Attach Schedul					19	4,412,873	_	
olease use		19	Unemployment compensation Social security benefits . 20a 17,	,120,551 b				20b	12,592,204	 	
orm 1040-V.		20a 21	Other income. List type and amount (s			le amount (see p		21	5,936,004		
		21 22	Add the amounts in the far right column					22	86,138,179	_	
		23			23	3,071,104			Net Operat. Loss =	 = 922.89!	
Adjusted		24	Certain business expenses of reservists, po					_	Stock options = 9,		
Gross	•	24	fee-basis government officials. Attach Fo	0 ,	24	135,102			Cancell. of debt = 2		
ncome		25	Health savings account deduction. Attach		25	592,526		-	or. earn. inc. excl. =		
		26	Moving expenses. Attach Form 3903		26	1,119,044		21 (Gambling inc. = 2,	008,658	
		27	One-half of self-employment tax. Attacl		27	17,840,382	2				
		28	Self-employed SEP, SIMPLE, and qua		28	1,191,135					
		29	Self-employed health insurance deduc		29	3,838,721					
		30	Penalty on early withdrawal of savings		30	1,164,446)				
		31a	Alimony paid b Recipient's SSN ▶		31a	599,587					
		32	IRA deduction (see page 27)		32	2,815,035					
		33	Student loan interest deduction (see p		33	6,207,594		36 A	Archer MSA = 10,9	972	
		34	Tuition and fees deduction. Attach For	-	34	3,540,545	j		Housing ded. = 5,		
		35	Domestic production activities deduction		35	478,999		36	Other adj. = 139,5	69	
		36	Add lines 23 through 31a and 32 through					36	31,575,090		
		37	Subtract line 36 from line 22. This is v	our adjusted aross i	ncom	Δ.	•	37	86 300 563	1	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 1040 (2007)	3	9a A = 14,486,078 B = 5,946,215 C = 198,202 D = 57,743		F	Page 2
Tax	38	Amount from line 37 (adjusted gross income)	38		
and	39a	Check (A You were born before January 2, 1943, C Blind.) Total boxes			
Credits	SSa			Basic Stand. Ded. =	34,084,401
		· · · · · · · · · · · · · · · · · · ·		Add. Stand. Ded. =	7,111,533
Standard Deduction	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ►39b ☐	40	50,544,470	' '
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin, 504,227	40		
	41	Subtract line 40 from line 38	41	78,211,925	
 People who checked any 	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line			
box on line		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	83,543,837	
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	71,489,933	
claimed as a	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	71,490,391	
dependent, see page 31.			45	4,107,693	
	45	Alternative minimum tax (see page 36). Attach Form 6251	46	71,515,020	
All others:	46	Add lines 44 and 45	_	8396 = 33,185	
Single or	47	Oredit for Child and dependent care expenses. Attach 1 of 11 2441	344 1		
Married filing separately,	48	Credit for the elderly or the disabled. Attach Schedule R . 48 32,611	54c F	ı 8839 = 94,128	ı
\$5,350	49	Education credits. Attach Form 8863	55a F	3800 = 230,821	
Married filing	50	Residential energy credits. Attach Form 5695		8801 = 395,359	
jointly or	51	Foreign tax credit. Attach Form 1116 if required		8844 = 29,219	
Qualifying widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 16,748,517		8835 = 2,121	
\$10,700	53	Retirement savings contributions credit. Attach Form 8880. 53 2,718,662		8846 = 53,276 5884 = 38,096	
Head of	54	Credits from: a Form 8396 b Form 8859 c Form 8839		ther = 41.235	
household,		oreate from 6550 b Tom 6550 c Tom 6555		t. Motor Veh. = 157,814	1
\$7,850	55	other credits. a - Form 5000 b - Form 5001 c - Form	56	32,371,536	j
	56	Add lines 47 through 55. These are your total credits			
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	66,055,849	
Other	58	Self-employment tax. Attach Schedule SE	58	17,840,382	
Taxes	59	Unreported social security and Medicare tax from: a \square Form 4137 b \square Form 8919	59	a= 194,630	b= 67,811
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	3,952,377	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	112,399	
	62	Household employment taxes. Attach Schedule H	62	222,146	
	63	Add lines 57 through 62. This is your total tax Recapture tax = 17,924 Other taxes= 771,443	63	74,263,769	
Devenente	64	Federal income tax withheld from Forms W-2 and 1099 64 72,127,212			
Payments		11 0/0 404			
	65	2007 Collimated tax payments and amount applied from 2000 fotalin			
If you have a gualifying	_66a	Larried income crean (Lis)			
child, attach	b	Nontaxable combat pay election ► 66b 1,999			
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67 1,536,400			
	68	Additional child tax credit. Attach Form 8812 68 7,179,428		70a F2439 = 39,52	1
	69	Amount paid with request for extension to file (see page 59) 69 1,746,650		70b F4136 = 305,7	65
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70c F8885 = 22,55	0
	71	Refundable credit for prior year minimum tax from Form 8801, line 27 71 151,643		,	Ĭ
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	80,152,889	
Dofund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	59,878,076	
Refund Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	57,033,235	
See page 59			, .u	0.7000/200	
and fill in 74b,	► 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 3,953,129		22 / 42 100	
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ▶	76	23,642,188	
You Owe	77	Estimated tax penalty (see page 61)			
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 61)?	Compl	ete the following.	☐ No
Designee	Des	signee's Phone Personal identific	ation		
Designee	nar	, , ,		▶	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and			
Here	beli	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	nich pre	parer has any knowle	dge.
Joint return?	You	ur signature Date Your occupation	Dayt	ime phone number	
See page 13.			()	
Keep a copy	Sne	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	(,	
for your	Spo	Suppose S Occupation			
records.				1 0011 ===:	
Paid		eparer's 56,081,039 Date Check if	Prep	parer's SSN or PTIN	
Preparer's	sig	nature 50,061,039 self-employed			
•		n's name (or EIN	1		
Use Only	ado	urs if self-employed), Phone no.	()	

10 <i>1</i> 0	D	epa	NUMBER OF rtment of the Treasury—Internal Revenue	RETURNS FILE Service	D FOR	R SELE	CTED L	INES			
<u> 1040</u>	Ļ	<u>J.S</u>	. Individual Income Tax Re	eturn <u>4</u> 90			IRS Use C	nly—Do no	t write or	staple in this space.	
	L		the year Jan. 1-Dec. 31, 2007, or other tax year beg		2007, end	ling	, 2	20		MB No. 1545-0074	
		You	ur first name and initial	Last name		07.0	E4 400		Your	social security num	ber
				Electronically Filed	Returr	ns = 87,8	51,490			87,851	,490
n nage 12)	B E	If a	joint return, spouse's first name and initial	Last name	7.000 (İ	Spous	e's social security n	umber
Jse the IRS	: լ			1040's E-filed = 4	7,982,6	34				33,866	,206_
Juliel Wise,	H E R	Home address (number and street). If you have a P.O. box, see page 12. Apt. no. 1040A's E-filed = 25,420,635						ou must enter our SSN(s) above	. 🛕		
	Ë	City	, town or post office, state, and ZIP code. If				12.			na a box below will	
Presidential 🔍	丄			1040EZ's Efiled =		·				47,176 Y = **4,98	
lection Campai	gn 🕨	► Cl	heck here if you, or your spouse if filing	j jointly, want \$3 to	go to	this fund	d (see pa	age 12) 🕨	<u> </u>	You Spou	se
37,364 Filina Status		1 [2 [Single Married filing jointly (even if only one	16,563,67	′6 4 🗌			,		g person). (See page t not your dependen	,
32,619 Check only		- [Married filing separately. Enter spou	se's SSN above	-	this chi	ld's name	e here.			<u> </u>
one box. 1,246	,457		and full name here. ►	57,05				w(er) with	depen	dent child (see pag	je 14)
= 82,860	,209		Yourself. If someone can claim you	ou as a dependent	, do no	t check	box 6a		}	Boxes check on 6a and 6b	5,484,86
Exemptions		b	Spouse = 32,625,661	<u> </u>				(4) (4)	<u></u> J	No. of chi Returns on 6c who:	= 34,009
		С	Dependents:	(2) Dependent		(3) Depe		(4)√ if qua child for chi		• lived wit Exem.=	59,795,
			(1) First name Last name	social security nu	mber	yo		credit (see pa		• did not live with	. 272
f mare than facin			CHILDREN AT HOME	34,009,494		59,79	5,889	27,326,	859_	you due to c Return or separation (see page 16, Exem	1S = 3/2 _ 462 (
f more than four dependents, see			CHILDREN AWAY FROM HOME	372,050		463,	875	17,362,		(see page 16, LAGIII) Dependents on 6c	. – 403,0
page 15.			PARENTS	1,689,942		1,977		5,464,2		not entered above	
			OTHER DEPENDENTS	4,243,494		5,814		1,480,1	167	Add numbers on	
		d	Total number of exemptions claimed	Returns = 82,860,	209 _. E	xem. = 18	33,536,16	2	<u> </u>	lines above ▶	
		7	Wages, salaries, tips, etc. Attach Form	n(s) W-2					7	78,000,131	
ncome		8a	Taxable interest. Attach Schedule B if	required					8a	35,696,567	
ttach Form(s)		b	Tax-exempt interest. Do not include of	on line 8a	. 8b	2,9	985,350				
V-2 here. Also		9a	Ordinary dividends. Attach Schedule E	3 if required .	. , .				9a	16,757,874	
ttach Forms V-2G and		b	Qualified dividends (see page 19) .		. 9b	14,	556,543				
099-R if tax	1	0	Taxable refunds, credits, or offsets of	state and local inc	ome ta	xes (see	page 20	0)	10	15,555,516	
vas withheld.	1	1	Alimony received	V					11	248,320	
	1	2	Business income or (loss). Attach Sch	edule C or C-EZ	.13 <u>*</u> Ca	ap Ģaiņ D)ist.= 2,7	13,433	12	12,708,259	
	1	3	Capital gain or (loss). Attach Schedule	D if required. If no	ot requi	red, che	ck here	▶ □	13	11,520,711	
f you did not	1	4	Other gains or (losses). Attach Form 4	797					14	905,618	
et a W-2,	1	5a	IRA distributions 15a 5.8	873,424	b Taxa	ıble amou	int (see p	age 21)	15b	5,503,489	
ee page 19.	1	6a	Pensions and annuities 16a 15.	354,328	b Taxa	ble amou	nt (see p	age 22)	16b	13,827,975	
inclose, but do	1	7	Rental real estate, royalties, partnership	os, S corporations,	trusts,	etc. Atta	ch Sche	dule E	17	8,324,477	
ot attach, any	1	8	Farm income or (loss). Attach Schedul						18	1,063,997	
ayment. Also, lease use	1	9	Unemployment compensation						19	5,251,476	
orm 1040-V.	2	0a				able amou			20b	7,546,914	
	2	1	Other income. List type and amount (s	see page 24)					21	3,694,019	
	2	2	Add the amounts in the far right column	for lines 7 through	21. Thi	s is your l	total inc	ome ►	22	87,820,049	
	2	3	Educator expenses (see page 26) .		. 23	2,4	426,283		_ 21 N	let Operat. Loss =	428,93
Adjusted	2	4	Certain business expenses of reservists, po							Stock options = 4,3	
Gross			fee-basis government officials. Attach For	,		. 8	37,062		21 (Cancell. of debt = 1	58,444
ncome	2	5	Health savings account deduction. Atta	ach Form 8889.	. 25	3	41,419		-	or. earn. inc. excl.	
	2	6	Moving expenses. Attach Form 3903		. 26	8	00,497		21 (Sambling inc. = 1,1	[56,97]
	2	7	One-half of self-employment tax. Attacl	h Schedule SE .	. 27	9,4	452,729				
	2	8	Self-employed SEP, SIMPLE, and qua			5	62,498				
	2		Self-employed health insurance deduc			1,8	347,758				
		0	Penalty on early withdrawal of savings			6	55,304				
		1a	Alimony paid b Recipient's SSN ▶			a 3	49,224				
	3		IRA deduction (see page 27)			1,8	320,844				
	3		Student loan interest deduction (see p				593,638		36 N	/ISA Ded. = 2,539	
		4	Tuition and fees deduction. Attach For	-			002,562			Housing Ded. = 1,6	504
	3		Domestic production activities deduction				38,845		-	Other adj. = 90,572	
	3		Add lines 23 through 31a and 32 through					-	36	21,716,750	
		7	Subtract line 36 from line 22. This is v	•					37	87 851 490	

Form 1040 (2007)	39	78 A = 8,995,603 B = 3,477,381 C = 156,809 D = 51.708		F	Page 2
Tax	38	Amount from line 37 (adjusted gross income)	38		
and		Check (A You were born before January 2, 1943, B Blind.) Total boxes			
	Sea			Basic Stand. Ded.	= 55,892,543
Credits		if:		Add. Stand. Ded.	= 5.589.486
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b ☐			0,007,100
Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left marg. 182,251	40	31,220,225	
	41	Subtract line 40 from line 38	41	78,557,437	
People who	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line			
checked any box on line	72	6d. If line 38 is over \$117,300, see the worksheet on page 33	42	82,860,209	
39a or 39b or	40		43	68,616,821	
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			_
dependent,	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	68,614,546	_
see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45	2,109,173	
All others:	46	Add lines 44 and 45	46	68,624,795	
Single or	47	Credit for child and dependent care expenses. Attach Form 2441 47 5,077,057	54a F	8396 = 26,498	I
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R . 48 42,584			
separately, \$5,350	49	- · · · · · · · · · · · · · · · · · · ·	ll.	8839 = 61,703	
		Eddodalor ordalo. Altaori om odo		3800 = 115,098 8801 = 201,880	
Married filing jointly or	50	Trocker that one gy create. Attach Ferri 2000	4	8844 = 7,904	
Qualifying	51	Foreign tax credit. Attach Form 1116 if required 51 3,781,793		8835 = 1,006	
widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 19,408,179		8846 = 21,489	•
\$10,700	53	Retirement savings contributions credit. Attach Form 8880. 53 4,647,350		5884 = 15,985	•
Head of	54	Credits from: a Form 8396 b Form 8859 c Form 8839		ther = 23,423	
household, \$7,850	55	Other credits: a Form 3800 b Form 8801 c Form 55	55c Al	MV = 103,126	•
Ψ1,000	56	Add lines 47 through 55. These are your total credits	56	32,105,290	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	59,143,936	
			58	9,452,729	
Other	58	Self-employment tax. Attach Schedule SE		a = 129,371	b 25 001
Taxes	59	Unreported social security and Medicare tax from: a \square Form 4137 b \square Form 8919	59		b= 35,881
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	3,952,377	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	112,399	
	62	Household employment taxes. Attach Schedule H	62	78,046	
	63	Add lines 57 through 62. This is your total tax Recapture Tax = 9,073. Other Taxes = 500,724 ▶	63	64,028,563	
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 80,220,339			
i ayinonto	65	2007 estimated tax payments and amount applied from 2006 return 65 5,293,465			
If you have a	_ 66a	Earned income credit (EIC)			
qualifying	Б	Nontaxable combat pay election 66b 5,642			
child, attach		02/ 204			
Schedule EIC.	J	Excess social security and the Frittin tax withheld (see page 55)			<u> </u>
	68	ACCUMULATION OF THE CONTROL OF THE C		70a F2439 = 11,03	32
	69	Amount paid with reducst for extension to file (see page 55)		70b F4136 = 130,	159
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70c F8885 = 8,801	
	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	84,872,086	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	74,070,509	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ □	74a	72,841,006	
See page 59	▶ b	Routing number Savings			
and fill in 74b,	► d	Account number			
74c, and 74d,					
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax > 75 1,775,993	76	12,354,508	
Amount You Owe	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ► Estimated tax penalty (see page 61)	70	12,334,300	
		you want to allow another person to discuss this return with the IRS (see page 61)? Yes. (Compl	ete the following	□ No
Third Party		ryou want to allow another person to discuss this return with the ins (see page of):	Jonipi	ete trie following.	
Designee		signee's Phone Personal identific	ation		
	nar	, ,	d + a + b a	boot of my Impulate	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wi			
Here		ur signature Date Your occupation		time phone number	-
Joint return?	10	Date Tour occupation	Dayl	and 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.	<i>'</i>				
Paid	Pre	eparer's Date Check if	Prep	parer's SSN or PTIN	
		58,183,732 Check if self-employed			
Preparer's		m's name (or FIN			
Use Only	you	urs if self-employed), dress, and ZIP code Phone no.	1	1	

Form

1040A 2007 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Your first name and initial OMB No. 1545-0074 Label Your social security number (See page 15.) Total Forms Filed = 33,507,223 A B E 33.507.223 Spouse's social security number If a joint return, spouse's first name and initial Use the L 9,796,551 Total Forms Filed Electronically = 25,420,635 IRS label. Н Home address (number and street). If you have a P.O. box, see page 15. You must enter Otherwise, your SSN(s) above. please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 15. or type. Checking a box below will not Joint = 8,982,553Single = 11.874.291Y = *1,196,917 Y = **817,385 **Presidential** Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15) You Spouse Filing 11,874,291 1 11.808.044 **4** Single Head of household (with qualifying person). (See page 16.) status 8,982,553 2 If the qualifying person is a child but not your dependent. Married filing jointly (even if only one had income) enter this child's name here. ▶ 813,998 **3** ... Married filing separately. Enter spouse's SSN above and Check only one box. Qualifying widow(er) with dependent child (see page 17) full name here. 28,338 **5** 6a ∟ Yourself. If someone can claim you as a dependent, do not check Exemptions checked on 41,642,102 = 33,507,223 box 6a. 6a and 6b **b** Spouse = 8,993,552 No. of children on 6c who:
Returns =16,271,245
Iived with
you Exem. = 27,288,557 (4) √if qualifying c Dependents: (3) Dependent's (2) Dependent's social child for child relationship to tax credit (see security number (1) First name Last name you page 18) If more than six did not live 16,271,245 dependents, CHILDREN AT HOME 27,288,557 14,470,070 with you due to divorce or see page 18. CHILDREN AWAY FROM HOME 163,299 8,245,540 221,542 separationReturns = 163,299 (see page 19) 2.541.349 **PARENTS** 1,059,731 1,289,535 Exem. = 221.542OTHER DEPENDENTS 3,285,651 4,922,674 767,827 Dependents on 6c not entered above TOTAL DEPENDENTS 18,946,300 33,722,308 Total Returns = 33,507,223 Exem. = 75,364,410 Add numbers on lines above ▶ **d** Total number of exemptions claimed. Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 29,963,261 Attach Form(s) W-2 8a Taxable interest. Attach Schedule 1 if required. 8,526,171 8a here. Also b Tax-exempt interest. Do not include on line 8a. 8b attach 145,675 2,828,995 Form(s) Ordinary dividends. Attach Schedule 1 if required. 9a 1099-R if tax **b** Qualified dividends (see page 22). 9b 2,090,772 was withheld. 958.317 10 Capital gain distributions (see page 22). 10 If you did not **11a** IRA **11b** Taxable amount get a W-2, see 1,582,675 1,500,773 distributions. (see page 22). 11a 11b page 21. 12a Pensions and 12b Taxable amount Enclose, but do 4,979,884 annuities. 4,646,477 12a (see page 23). 12b not attach, any Other Income = 438.633 payment. 2,064,405 13 Unemployment compensation and Alaska Permanent Fund dividends. 13 14a Social security 14b Taxable amount 5,467,230 2,419,757 benefits. 14a (see page 25). 14b 33,358,147 15 Add lines 7 through 14b (far right column). This is your total income. 15 **Adjusted** 16 Educator expenses (see page 25). 16 583,111 gross 17 IRA deduction (see page 27). 17 484,737 income 18 Student loan interest deduction (see page 29). 18 2.883.486 19 Tuition and fees deduction. Attach Form 8917. 1,002,837 4.475.344 20 Add lines 16 through 19. These are your total adjustments. 20 33,507,223 21 Subtract line 20 from line 15. This is your adjusted gross income.

orm 1040A	(2007)	NOWBER OF RET	UKINS FILE	D FOR SEL	LECTED	LINES		Р	age 2
Гах,	22	Enter the amount from line 21 (adjuste	d gross inc	come).			22		
credits,	A=	4,477,805 B= 1,495,604 C= 90,996	D= 25,6	32			-		
and	23a	Check \[A \] You were born before January 2, 1		Blind \ Tota			Addi	tonal Stand. Ded.=	= 4,591,56
		if: B Spouse was born before January 2				23a 🖳	」 Tota	al Stand. Ded. = 3	3.336.497
payments	b	If you are married filing separately a		•					
Standard Deduction		deductions, see page 30 and check here		hecked = 1,	000 🕨	23b L	_		
or—	24	Enter your standard deduction (see le	eft margin).				24	33,336,497	
People who	25	Subtract line 24 from line 22. If line 24	is more th	nan line 22	, enter -	0	25	29,813,083	
hecked any ox on line	26	If line 22 is \$117,300 or less, multiply \$3							
3a or 23b or		claimed on line 6d. If line 22 is over \$11					26	32,649,549	<u> </u>
ho can be laimed as a	27	Subtract line 26 from line 25. If line 26	is more th	nan line 25	, enter -	0			
lependent,		This is your taxable income.					27	23,775,808	
ee page 30.	28	Tax, including any alternative minimum		page 30).			28	23,768,813	
All others:	29	Credit for child and dependent care exp	penses.		4 740 4	0.4			
Single or Married filing		Attach Schedule 2.		29	1,716,1	01	_		
eparately, 5,350	30	Credit for the elderly or the disabled. Schedule 3.	Attach	30	57,15	7			
Married filing	31	Education credits. Attach Form 8863.		31	2,613,6	22	_		
ointly or	32	Child tax credit (see page 35). Attach					_		
lualifying vidow(er),		Form 8901 if required.		32	9,140,8	16			
10,700	33	Retirement savings contributions credit.	. Attach				_		
lead of		Form 8880.		33	3,143,5	43			
ousehold, 7,850	34	Add lines 29 through 33. These are yo	ur total cr	edits.			_ 34	13,713,135	
	35	Subtract line 34 from line 28. If line 34 is	more than	line 28, er	nter -0		35	17,049,822	
	36	Advance earned income credit paymer	nts from Fo	orm(s) W-2	, box 9.		36	102,791	
	37	Add lines 35 and 36. This is your total	tax.			•	37	17,122,978	
	38	Federal income tax withheld from Forms W	<i>I</i> -2 and 109	9. 38	31,015,	915			
	39	2007 estimated tax payments and ar	nount				_		
f you have		applied from 2006 return.		39	463,23	30			
a qualifying L child, attach	40a	Earned income credit (EIC).		40a	12,769,0	073	_		
Schedule	b	Nontaxable combat pay election. 40b 4,	,643				Exces	ss FICA withheld	l = 6,98
EIC.	41	Additional child tax credit. Attach Form	8812.	41	8,704,8	58	Ex	tension request	= 19.28
	42	Add lines 38, 39, 40a, and 41. These a	are your to	tal payme	nts.	•	42	32,229,662	
Refund	43	If line 42 is more than line 37, subtract	t line 37 fro	om line 42.	•				
		This is the amount you overpaid.					43	29,529,879	
irect		Amount of line 43 you want refunded to you	. If Form 888	38 is attache	ed, check	here 🕨 🗌	44a	29,450,172	
eposit? ee page 52 nd fill in	▶ b	Routing number	Type:	Checking	☐ Savi	ngs			
4b, 44c,	b d	Account							
nd 44d or	u	number							
orm 8888.	45	Amount of line 43 you want applied to	vour				_		
		2008 estimated tax.	,,	45	108,84	15			
Amount	46	Amount you owe. Subtract line 42 fro	m line 37	For details	s on hov	,	_		
ou owe		to pay, see page 53.		. or dotain	011 1101		46	3,287,612	
ou owe	47	Estimated tax penalty (see page 53).		47	562,32	28			
بطنيم مرامينا		o you want to allow another person to discuss the	nis return with	n the IRS (see			Comple	ete the following.	No
hird party	_	esignee's	Phone	•		Personal ide	ntificatio	on	
lesignee			no. \blacktriangleright ()		number (PIN)	
Sign	Ļ	nder penalties of perjury, I declare that I have examined	this return and	accompanying	schedules	and statemen	ts, and	to the best of my	
ere	К О	nowledge and belief, they are true, correct, and accurately f preparer (other than the taxpayer) is based on all inform	nation of which	s and sources on the preparer b	of income i r has any kno	eceivea aurinç wledge.	tne tax	year. Declaration	
oint return?	Y	our signature	Date	Your occupa	ation		D	aytime phone numb	er
ee page 15.							()	
eep a copy or your	S	pouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation				
ecords.									
Daid	P	reparer's		Date	Ohsi	ı, if	Prep	arer's SSN or PTIN	
Paid		19,179,093			Chec self-e	mployed			
reparer's		rm's name (or				EIN	i		
ise only	y a	ours if self-employed), ddress, and ZIP code				Phone no.	()	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Department of the Treasury—Internal Revenue Service NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 1040EZ			Income Tax Return for Solint Filers With No Dep			2007				OMB No. 154	15-0074
			our first name and initial	Last nam					Vour	social security num	
Label	Ļ	Ľ	our mist name and midal	Last Hairi		s Filed = 23,171	1,020			23,171	1,020
(See page 8.) Use the IRS	A B E	l If	a joint return, spouse's first name and initial	Last nam Total Fo		cludes 17,003 For	m 104	0EZ-T's	Spou	se's social security n	
label. Otherwise,	F F	F	dome address (number and street). If you have a	P.O. box, se	e page 9.		Ap	ot. no.		You must enter your SSN(s) above.	
please print or type.	E R		City, town or post office, state, and ZIP code. If y	you have a fo	reign address, se	e page 9.					
Presidential Election	E		Single = 21,870,710		Joint = 1	,300,310		J	chang	king a box below v ge your tax or refur	nd.
Campaign (page 9)		Cl	neck here if you, or your spouse if a	a joint retu	ırn, want \$3	to go to this fund	d			$\begin{array}{ccc} 184,026 & Y = **136 \\ \mathbf{ou} & \square & \mathbf{S}_{\mathbf{I}} \end{array}$	6,109 pouse
Income	_	1	Wages, salaries, and tips. This should Attach your Form(s) W-2.	ald be sho	wn in box 1	of your Form(s)	W-2.		1	22,951,972	
Attach Form(s) W-2 here.	_	2	Taxable interest. If the total is over	\$1,500, yo					2	3,418,220	
Enclose, but do not attach,		3	Unemployment compensation and	Alaska Pe		Other Net Income d dividends (see		-	721	1,145,002	
any payment.		4	Add lines 1, 2, and 3. This is your	adjusted	gross incon	ne. Total Inc	come =	= 23,090,0	006 4	23,171,020	
		5	If someone can claim you (or your applicable box(es) below and enter the				check	the			
			If no one can claim you (or your spaces) \$17,500 if married filing jointly.	pouse if a	Checked = 6 joint return) for explanati	, enter \$8,750 if	single ptions	e; = 17,756,	935 ⁵	16,458,625	
		6	Subtract line 5 from line 4. If line This is your taxable income.	5 is larger	than line 4,	enter -0		•	. 6	15,267,467	
Payments		7	Federal income tax withheld from	box 2 of y	our Form(s)	W-2.			7	22,440,763	
and tax		8a	Earned income credit (EIC).						8a	2,466,454	
allu tax	_	b	Nontaxable combat pay election.		Evoc	8b C					
	_	9	Add lines 7 and 8a. These are your	total pa	yments. F48	368 payment = 7,	645	_	9	22,745,738	+
	1	0	Tax. Use the amount on line 6 abo 18–26 of the booklet. Then, enter t				pages		10	15,263,467	
Refund Have it directly	1	1a	If line 9 is larger than line 10, subt If Form 8888 is attached, check he		0 from line	9. This is your 1	refund	l .	11a	21,203,623	
deposited! See page 15 and fill in 11b, 11c,	•	b	Routing number		▶ c	Type: Check	ing [Savings			
and 11d or Form 8888.	>	d	Account number								
Amount you owe	1	2	If line 10 is larger than line 9, subtr the amount you owe. For details or					•	12	1,669,846	
Third party	D	о у	ou want to allow another person to	discuss th	is return with	the IRS (see pag	ge 16)'	?	s. Com	plete the following.	. \[\] No
designee	n	ame			Phone no. ▶ ()	r	Personal ide number (PII	۷)	>	
Sign here	a	ccur	r penalties of perjury, I declare that I have ately lists all amounts and sources of inco information of which the preparer has an	me I receive	ed during the ta						
Joint return? See page 6.	Y	our	signature		Date	Your occupation				Daytime phone numb	er
Keep a copy for your records.	S	pou	se's signature. If a joint return, both must	sign.	Date	Spouse's occupa	ation			,	
Paid		repa	arer's 8,567,308			Date	Check self-e	c if mployed	¬	eparer's SSN or PTIN	
preparer's use only	y	ours	s name (or if self-employed), ess, and ZIP code					EIN Phone no	. ()	
	u		,				1		,	,	

Schedule 1 (Form 1040A)

Interest and Ordinary Dividends 2007 for Form 1040A Filers OMB No. 1545-0074

Name(s) shown on Fo	orm 1040	Total Schedules Filed = 2,451,196	Your	social security nur	mber
Part I		Note. If you received a Form 1099-INT, Form 1099-OID, or substitute st brokerage firm, enter the firm's name and the total interest shown			
See back of schedule and the	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social			
nstructions or Form		security number and address.		Amount	
1040A,			1		
ine 8a.)					
	-				
	-				
	2	Add the amounts on line 1.	2	2,336,625	
	3	Excludable interest on series EE and I U.S. savings bonds issued		2,000,020	
		after 1989. Attach Form 8815.	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4		
Part II		Note. If you received a Form 1099-DIV or substitute statement from a beenter the firm's name and the ordinary dividends shown on that for		age firm,	
Ordinary	5	List name of payer.		Amount	
dividends	-	. ,	5		
(See back					
of schedule					
and the instructions					
for Form					
1040A,					
line 9a.)					
	-				
	-				
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a.	6	950,372	

Schedule 2 (Form 1040A)

Department of the Treasury—Internal Revenue Service

Child and Dependent Care

NUMBER OF RETURNS FILED FOR SELECTED LINES

	<u>EX</u>	penses for Form	1040A File	rs (99) 2	007			OMB No.	1545-0074	
Name(s) shown on Form	1040	A Total Schedules F	iled = 1,913,438				Your social	security numb	er	
Before you beg Dependent c		You need to understa		g terms. See D		on page 1 c		arate instruc		
Part I	_1	(a) Care provider's name		ss (number, street state, and ZIP co		(c) Ident number (SS		(d) Amoun		
Persons or organizations who provided the care								1,913,438	3	
You must complete this part.		Did you recedependent care I Caution. If the care must use Form 104	eive benefits?	No Yes —	e, you may	Complete on Complete Pa	rt III on the syment ta	e back next.	do, you	
Part II	2	Information about y the instructions.	our qualifying	person(s). If	you have	more than t	wo qualif			
Credit for child and dependent care expenses		(a) Qualify First	ing person's name	e Last		alifying person security numb		in 2007 for the perso listed in column (a)		
								1,881,802 520,632		
		Add the amounts in \$3,000 for one qualif you completed Page 1	lifying person o art III, enter the	or \$6,000 for t amount from	wo or mon		3	1,870,796	3	
	4	Enter your earned	income. See tl	ne instructions	S.		4	1,910,793	3	
	5	If married filing join spouse was a stude others, enter the au	ent or was disa	abled, see the			5	470,339		
	6	Enter the smallest	of line 3, 4, or	5.			6	1,870,796	3	
	_7	Enter the amount fr	om Form 1040	A, line 22.	7					
	8	Enter on line 8 the amount on line 7. If line 7 is:	decimal amour	nt shown belo		olies to the				
		But not Over over	Decimal amount is	Over	But not over	Decimal amount	is			
		\$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000 27,000—29,000	.35 .34 .33 .32 .31 .30 .29	33,000- 35,000- 37,000- 39,000- 41,000-	—31,000 —33,000 —35,000 —37,000 —39,000 —41,000 —43,000 —No limit	.27 .26 .25 .24 .23 .22 .21	8		×.	
	9	Multiply line 6 by the expenses in 2007,	ne decimal am	ount on line 8			CL		1,870,796	
	10	Enter the amount fr	om Form 1040)A. line 28.			10			

11 Credit for child and dependent care expenses. Enter the smaller

of line 9 or line 10 here and on Form 1040A, line 29.

11 total credit- 1,716,101

Page 2

Schedule 2 (Form 1040A) 2007

Down III 10

Part III 12 Enter the total amount of dependent care benefits you received for 2007. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2. 13 Enter the amount, if any, you carried over from 2006 and used in 2007

12 87,331

14 Enter the amount, if any, you forfeited or carried forward to 2008. See the instructions.

13

15 Combine lines 12 through 14. See the instructions.

during the grace period. See the instructions.

15

16 Enter the total amount of **qualified expenses** incurred in 2007 for the care of the qualifying person(s).

16 107,233

17 Enter the **smaller** of line 15 or 16.

17

1,910,793

- 18 Enter your earned income. See the instructions. 1819 Enter the amount shown below that applies to
 - you.

 If married filing jointly, enter your spouse's
 - If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).
 - If married filing separately, see the instructions for the amount to enter.
 - All others, enter the amount from line 18. 19 470,339
- **20** Enter the **smallest** of line 17, 18, or 19.
- 21 Excluded benefits. Enter here the smaller of the following:
 - The amount from line 20, or

24 Enter the amount from line 21.

• \$5,000 (\$2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 19).

21 64,683

22 Taxable benefits. Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."

22 17.644

To claim the child and dependent care credit, complete lines 23–27 below.

23 Enter \$3,000 (\$6,000 if two or more qualifying persons).

24 64.683

25 Subtract line 24 from line 23. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2006 expenses in 2007, see the instructions for line 9.

23

25

26 Complete line 2 on the front of this schedule. **Do not** include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.

26

27 Enter the smaller of line 25 or 26. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.

27 1.870.796 Schedule 2 (Form 1040A) 2007

OMB No. 1545-0074

Schedule 3 (Form 1040A)

Department of the Treasury—Internal Revenue Service NUMBER OF RETURNS FILED FOR SELECTED LINES

Credit for the Elderly or the Disabled for Form 1040A Filers

2007

	Your social security number	-
Total Schedules Filed = 72,359		

You may be able to take this credit and reduce your tax if by the end of 2007:

- You were age 65 or older
- or
- You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule 3.

In most cases, the IRS can figure the credit for you. See the instructions.

Part I If your filing status is: And by the end of 2007: Check only one box: Check the Single, box for your Head of household, or filing status Qualifying widow(er) 2 You were under 65 and you retired on permanent and age **3** Both spouses were 65 or older 4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 5 Both spouses were under 65, and both retired on Married filing jointly 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total 7 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and 8 You were 65 or older and you lived apart from your spouse for all of 2007 8 Married filing 9 You were under 65, you retired on permanent and separately total disability, and you lived apart from your Skip Part II and complete Part III on the back. Did you check box 1, 3, 7, or 8? No -Complete Parts II and III.

Part II Statement of permanent and total disability

Complete this part only if you checked box 2, 4, 5, 6, or 9 above.

- 1 You filed a physician's statement for this disability for 1983 or an earlier year. or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and
 - 2 Due to your continued disabled condition, you were unable to engage in any
 - If you checked this box, you do not have to get another statement for 2007.
 - If you did not check this box, have your physician complete the statement on page 4 of the instructions. You must keep the statement for your records.

Schedule 3 (Form 1040A) 2007 NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2

Part III Figure your credit

10	If you checked (in Part I):	Enter:
	Box 1, 2, 4, or 7	\$5,000
	Box 3, 5, or 6	\$7,500
	Box 8 or 9	\$3.750 10

Did you check box 2, 4, 5, 6, or 9 in Part I?

Yes → You must complete line 11.

Enter the amount from line 10 on line 12 and go to line 13.

- 11 If you checked (in Part I):
 - Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
 - Box 2, 4, or 9, enter your taxable disability income.
 - Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

	For more details on what to include on line 11, see the instructions.	11	6,689	
12	If you completed line 11, enter the smaller of line 10 or line 11; all	12	72 350	
12	others, enter the amount from line 10.	12	72,359	

- Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2007.
 - a Nontaxable part of social security benefits

Nontaxable part of railroad retirement benefits treated as social security (see the instructions). 13a 18,200

b Nontaxable veterans' pensions and

Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).

13b 2,172

18,200

c Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c

14 Enter the amount from Form 1040A, line 22. 14

15 If you checked (in Part I): Enter: \$7,500 Box 1 or 2 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 . . . \$5,000 15 16 Subtract line 15 from line 14. If zero or less, enter -0-. 16 67,365 17 Enter one-half of line 16. 17 67,365

18 Add lines 13c and 17. 18 72,359 19 Subtract line 18 from line 12. If zero or less, stop; you cannot take the credit. Otherwise, go to line 20. 62,150 19 20 Multiply line 19 by 15% (.15). 20 21 Enter the amount from Form 1040A, line 28, minus any amount on Form 1040A, line 29. 21 22 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21 here and on Form 1040A, line 30. 22 57,156 SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service NUMBER OF RETURNS FILED FOR SELECTED LINES **Schedule A—Itemized Deductions**

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A&B (Form 1040).

2007

Attachment Sequence No. **07**

OMB No. 1545-0074

Your social security number Name(s) shown on Form 1040 Total Schedules Filed = 51,090,456 Medical **Caution.** Do not include expenses reimbursed or paid by others. 10,520,269 1 and 1 Medical and dental expenses (see page A-1) . . . Enter amount from Form 1040, line 38 2 Dental 2 Multiply line 2 by 7.5% (.075). 10.520.232 **Expenses** 3 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-10,520,269 4 **Taxes You** State and local (check only one box): Paid a ☐ Income taxes, or 5 48,619,346 Income Tax = 36,683,269**b** General sales taxes (See General Sales Tax = 11,936,077 page A-2.) 6 43,604,421 6 Real estate taxes (see page A-5) 7 22,063,125 Personal property taxes 7 8 Other taxes. List type and amount ▶..... 2,874,143 8 9 50,118,657 Add lines 5 through 8 9 40,368,551 10 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 page A-5.) and show that person's name, identifying no., and address 1,153,837 11 Note. Personal Points not reported to you on Form 1098. See page A-6 interest is 12 2,801,145 for special rules not 13 1,685,664 deductible. 13 Qualified mortgage insurance premiums (See page A-7). Investment interest. Attach Form 4952 if required. (See 14 1,898,537 15 Add lines 10 through 14 15 41,282,875 Gifts to Gifts by cash or check. If you made any gift of \$250 or 38,056,579 16 Charity more, see page A-8 If you made a 17 Other than by cash or check. If any gift of \$250 or more, 17 23,854,106 gift and got a see page A-8. You must attach Form 8283 if over \$500 benefit for it, 538,922 18 18 see page A-8. 41,119,033 Add lines 16 through 18 . 19 Capital Gains Deduction Limitation = 31,714 19 Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.) . 107,474 20 Job Expenses 21 Unreimbursed employee expenses—job travel, union and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ 21 16,479,370 Miscellaneous if required. (See page A-9.) ▶ 23,493,036 **Deductions** 22 (See Other expenses—investment, safe deposit box, etc. List page A-9.) type and amount ▶..... 10,035,981 23 30,594,297 24 24 Add lines 21 through 23 . . . Enter amount from Form 1040, line 38 25 25 26 30,592,689 26 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-12,734,403 27 Other Other—from list on page A-10. List type and amount ▶ Gambling Loss Deduction = 1,101,240 Other Than Gambling Deduction = 608,159 Miscellaneous **Deductions** Property Income, Casualty & Theft Deduction = 7,844 28 1,691,527 Total Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? Itemized **No.** Your deduction is not limited. Add the amounts in the far right column 50.544.470 29 **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 7.131.365 = Yes. Your deduction may be limited. See page A-10 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here ►

Schedules A&B (Form 1040) 2007 NUMBER OF RETURNS

NUMBER OF RETURNS FILED FOR SELECTED LINES

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Total Schedules Filed = 27,330,503

	Schedule B—Interest and Ordinary Dividends		Attact Seque	nment ence N	o. 08
Part I Interest	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		Amo	ount	
(See page B-1 and the instructions for Form 1040, line 8a.)	Of the total schedules filed the component parts are as follows: F1040 = 24,879,307 F1040A = 2,451,196	1			
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter	The component parts of line 2 are as follows:				
the total interest	F1040 = 23,777,210 F1040A = 2,336,625	2	26,113,83	35	
shown on that form.	 2 Add the amounts on line 1 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 	3	37,301		
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► Note. If line 4 is over \$1,500, you must complete Part III.	4	Amo		
Part II Ordinary Dividends (See page B-1 and the instructions for Form 1040, line 9a.)	5 List name of payer ▶				
Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	The component parts of line 6 are as follows: F1040 = 17,916,217 F1040A = 950,372 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ▶	5	18,866,5	89	
	Note. If line 6 is over \$1,500, you must complete Part III.		и /b) bod		
	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divider a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, 7a At any time during 2007, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or other fin See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. b If "Yes," enter the name of the foreign country ▶ 1. During 2007, did you receive a distribution from, or were you the grantor of, or foreign trust? If "Yes," you may have to file Form 3520. See page B-2	over ancia Yes trans	ign trust. a financial l account? = 281.349	Yes	No

NUMBER OF RETURNS FILED FOR SELECTED LINES

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury

SCHEDULE C

(Form 1040)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attachment

me of proprietor Total Schedule	es Filed	= 25,828,431 Inc	ludes 4,401,351 Schedule C-EZ's	Social se	ecurity number (SSN)	
Principal business or profession	on, includ	ing product or service	(see page C-2 of the instructions)	B Enter	code from pages C-8 23,128,351	3, 9, & 1
Business name. If no separate	busines	s name, leave blank.		D Emplo	3,186,720	, if any
Business address (including s City, town or post office, state		•				
-	Cash		(3) ☐ Other (specify) ► Accounting Me			
			ess during 2007? If "No," see page C-3 for			
art I Income	business	during 2007, check no	ere Boxe	S CHECK	.eu = 1,900,591 •	
income						
			you on Form W-2 and the "Statutory	1	21,969,928	
			check Boxes checked = 62,752 ▶	2	715,430	
				3	21,968,169	
Subtract line 2 from line 1				4	4,701,104	
Cross profit Subtract line 4.4	•	-			22,009,742	+
				6	1,188,784	
Gross income, including federated Gross income. Add lines 5 are			credit or refund (see page C-3)	7	22,241,084	+
			of your home only on line 30.		,_ 11,007	
	8	6,058,503		18	7,930,671	
• • • • • •		2,222,222	18 Office expense19 Pension and profit-sharing plans	19	144,673	
Car and truck expenses (see page C-4)	9	12,338,926	20 Rent or lease (see page C-5):	10	,	
Commissions and fees	10	1,103,123	a Vehicles, machinery, and equipment.	20a	2,038,408	
Contract labor (see page C-4)	11	2,055,668	b Other business property	20b	3,165,706	
5 1 11	12	88,952	21 Repairs and maintenance	21	4,718,754	
•		,	22 Supplies (not included in Part III) .		9,566,180	
Depreciation and section 179			23 Taxes and licenses	23	6,529,280	
expense deduction (no			24 Travel, meals, and entertainment:		<u> </u>	
included in Part III) (see page C-4)	13	7,054,900	a Travel	24a	4,532,910	
,		7,000,000				
Employee benefit program (other than on line 19).	14	297,212	b Deductible meals and entertainment (see page C-6)	24b	6,475,896	
Insurance (other than health)	15	6,001,888		25	8,758,373	
Interest:			25 Utilities		1,315,551	
Mortgage (paid to banks, etc.)	16a	706,467	27 Other expenses (from line 48 on		-	
• Other	16b	1,870,813	page 2)	27	12,532,003	
Legal and professional						
services	. 17	7,701,864				
Total expenses before expen	ses for b	usiness use of home.	Add lines 8 through 27 in columns .	28	19,870,910	
			Č			
Tentative profit (loss). Subtrac	t line 28 t	from line 7		29	22,891,648	\perp
Expenses for business use of				30	3,500,779	
Net profit or (loss). Subtract	line 30 fro	om line 29.				
• If a profit, enter on both Fo	m 1040,	line 12, and Schedule	e SE, line 2, or on Form 1040NR,			
line 13 (statutory employees,	see page	C-7). Estates and trus	sts, enter on Form 1041, line 3.	31	22,629,468	
• If a loss, you must go to lin	e 32.	nonded	luctible loss (+)/suspended loss carryov	/er (-)	= 100,271	
If you have a loss, check the	oox that	describes your investm	nent in this activity (see page C-7).	At ris	sk = 6,347,719	
• If you checked 32a, enter the	e loss or	both Form 1040, line	e 12, and Schedule SE, line 2, or on	32a	All investment is	at ris
Form 1040NR, line 13 (statuto	ry employ	ees, see page C-7). Es	states and trusts, enter on Form 1041,	32b	☐ Some investmen	it is n
line 3.					at risk.	
• If you checked 32b, you mu	ist attach	Form 6198. Your loss	s may be limited.			

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

		- \		_	_	_	_	- /	
Schedule C (Form 1040) 2007	NUMBER (OF RETURN	IS FILED F	OR SELEC	CTED L	INES			Page 2

Pa	rt III Cost of Goods Sold (see page C-7)			
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	□ o	ther (attach explanation	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing investigation of the second sec	-	? □ Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	1,547,953	
36	Purchases less cost of items withdrawn for personal use	36	2,721,302	
37	Cost of labor. Do not include any amounts paid to yourself	37	666,412	<u> </u>
38	Materials and supplies	38	1,968,719	
39	Other costs	39	995,740	<u> </u>
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	1,600,679	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		
Pa	Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	/		
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used you	our vel	nicle for:	
а	Business	ier		
45	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	☐ No
46	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	☐ No
47a	Do you have evidence to support your deduction?			☐ No
	rt V Other Expenses. List below business expenses not included on lines 8–26	or lin	Yes	□ No
48	Total other expenses. Enter here and on page 1 line 27	10		

SCHEDULE C-EZ

NUMBER OF RETURNS FILED FOR SELECTED LINES

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attachment Sequence No. 09A

(Form 1040)

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040NR, or 1041. ► See instructions on back.

INAITIE	Total Forms Filed = 4,401,351 Data is tabulated with the Schedule C's	300	Jai Sec	 		ei (30) IV)	
Pa	rt I General Information							
Sch Inst	 May Use edule C-EZ ead of edule C y If You: Had business expenses of \$5,000 or less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. Had business expenses of \$5,000 or less. Are not rous Depreciation this busine for Scheet C-4 to fir Do not do business Do not have a sole proprietor or statutory employee. 	equiration aness. Idule (and outled o	ed to fand Am See th C, line It if you t expended or your	ile Fonortizate installation in the installati	orm 4 zation structi on pag ist file for ne. nallow	I562, , for ions ge e.		
Α	Principal business or profession, including product or service	В	Enter co	de fro	om pag	es C-8	, 9 , 8	₹ 10
С	Business name. If no separate business name, leave blank.	D	Employ	er ID	numl	oer (E	IN),	f any
E	Business address (including suite or room no.). Address not required if same as on page 1 of your tax is	eturr	i.					
	City, town or post office, state, and ZIP code							
Pai	rt II Figure Your Net Profit							
1	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-3 and check here		1_					
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C		2					
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter of both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statuto employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Fo 1041, line 3.)	ry	3					
Pai	Information on Your Vehicle. Complete this part only if you are claiming car of	or tr	uck e	крег	nses	on I	ine	2.
4	When did you place your vehicle in service for business purposes? (month, day, year) ▶			/				
5	Of the total number of miles you drove your vehicle during 2007, enter the number of miles	you	used	your	' vehi	icle f	or:	
а	Business b Commuting (see instructions) c Other	r						
6	Do you (or your spouse) have another vehicle available for personal use?			. [_ Y	es		No
7	Was your vehicle available for personal use during off-duty hours?			. [□ Y	es		No
8a	Do you have evidence to support your deduction?			.	□ Y	es		No

Cat. No. 14374D

b If "Yes," is the evidence written?

☐ Yes

□ No

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.
► See Instructions for Schedule D (Form 1040). ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment Sequence No.

OMB No. 1545-0074

Name(s) shown on return

Total Schedules Filed = 22,939,950 Total Sales reported with Form 1099 = 18,182,347 Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less (b) Date (d) Sales price (see page D-7 of (e) Cost or other basis (a) Description of property (c) Date sold (f) Gain or (loss) (see page D-7 of the instructions) acquired (Example: 100 sh. XYZ Co.) (Mo., day, yr.) Subtract (e) from (d) (Mo., day, yr.) the instructions) Enter your short-term totals, if any, from Schedule D-1. 9,189,031 Total short-term sales price amounts. Add lines 1 and 2 in 9,805,020 3 392,887 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 1,106,575 5 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss (1,723,928)6 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) 7 10,693,357 Short Term Non-Ded. Loss = 23 Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year (e) Cost or other basis (see page D-7 of (d) Sales price (see page D-7 of (b) Date (a) Description of property (c) Date sold (f) Gain or (loss) acquired (Example: 100 sh. XYZ Co.) Subtract (e) from (d) (Mo., day, yr.) the instructions) (Mo., day, yr.) the instructions) 8 Enter your long-term totals, if any, from Schedule D-1, 14,392,709 9 Total long-term sales price amounts. Add lines 8 and 9 in 10 15,088,843 10 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or 2,478,714 11 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from 12 1.989.660 12 10,701,459 13 Capital gain distributions. See page D-2 of the instructions Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss (4,586,812 14 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to 20,135,036 Long Term Non-Ded Loss = 151 15 Part III on the back For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions. Cat. No. 11338H

Part III	Summary
rart III	Sullillarv

16	Combine lines 7 and 15 and enter the result	16	22,143,812	
	 If line 16 is: A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	229,501	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	1,483,092	
20	 Are lines 18 and 19 both zero or blank? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below. 			
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:			
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). ☐ No. Complete the rest of Form 1040 or Form 1040NR.			

SCHEDULE E (Form 1040)

NUMBER OF RETURNS FILED FOR SELECTED LINES **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

OMB No. 1545-0074 Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 17,976,462

Your social security number

	Schedule C or C-EZ (see page	E-3). I	f you are an ind	ividual, report fa	rm renta	al inc	ome or loss from	m For i	n 483	5 on pag	e 2, lir	e 40.
1	List the type and location of each re	2 For each rental real estate property Yes No							No			
Α	Number of RENTALS = 8,404,116 Total	listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: A Yes =							= 247,266			
В	Number of ROYALTIES = 1,355,742 Total # Royalties = 2,092,781 • 14 days or • 10% of the total days re									1 01.		
С						fair r	ental value? age E-3)	iyo 101	nou c			
Inc	come:		A	perties B C					Totals (Add columns A, B,			
3	Rents received	3	RENT						3	9,119	522	
4	Royalties received	4	IXEIVI	ROYAL	TY				4	1,601		
		_		TKO 17KL						1,001	,000	
-	penses:	5										
5	Advertising	6										
6	Auto and travel (see page E-4) .	7										
7	Cleaning and maintenance	8										
8	Commissions	9										
9	Insurance	10										
10	Legal and other professional fees	11										
11	Management fees	- 11										
12	Mortgage interest paid to banks, etc. (see page E-4)	12							12	5,270	,892	
13	Other interest	13					671,725					
14	Repairs	14	5,109,735	1,590,7	797		720,988					
15	Supplies	15										
16	Taxes	16										
17	Utilities	17										
18	Other (list) ▶											
		18										
19	Add lines 5 through 18	19	8,872,953	862,5	96				19			
20	Depreciation expense or depletion (see page E-5)	20	7,434,864	540.0	75				20			
21	Total expenses. Add lines 19 and 20	21										
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	9.549.559	1.595.4	197							
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See			uctible rental lo			1,361,856					
	page E-5 to find out if you must file Form 8582. Real estate professionals must complete line	00		ded loss carryo	ver		542,642					
_	43 on page 2	23	(4,872,269	<u> </u>)	()	0.4	E 070	900	
24	•			-					24	5,973		\
25	, ,								25	(5,629	,725	
26	If Parts II, III, IV, and line 40 on page	2 do	not apply to ye	ou, also enter t	his amo	ount	on Form 1040,		26			
	line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2									9,997	,634	

Page 2

Schedule E (Form 1040) 2007

Attachment Sequence No. 13

Nam	ne(s) shown	on return. Do not er	nter name ar	nd social secu	ırity nu	mber if showr	on other sid	Э.			You	r social security n	umber
	ution. Th irt II	le IRS compares Income or L which any amou	oss Froi	m Partne	rship	os and S	Corporat	ion	S Note. If y	ou report a lo	oss fro		ivity for
27	loss from	reporting any los m a passive activi answered "Yes,"	ty (if that le	oss was no	t repo	rted on Forr	m 8582), or				enses		□ No 65
28			(a) Name				(b) Enter P partnership	; S	(c) Check if foreign	(d) Emp identific	ation	(e) Che any amo	unt is
Α			Numb	er of PAR	TNER	RSHIPS	for S corpora 5,789,60	_	partnership	numl	ber	9,042	
В													
С	Number of S-CORPS 4,715,007 21,879											309,3	308
D		Passive Incon	ne and Lo	oss		Ι		No	npassive Ir	come and l	Loss		
		sive loss allowed orm 8582 if required)		Passive incom			npassive loss schedule K-1			ion 179 expense		(j) Nonpassive in from Schedule	
Α		NERSHIPS		TNERSHIF	S	PARTNE			_	ERSHIPS		PARTNERSH	PS
В		137,990		750,275		1,489			_	7,943		1,808,394	
C D		CORPS 02,851		CORPS 78,097		S-CC 1,576				ORPS 2,661		S-CORPS 2,615,490	-
	Totals	02,001	_	204,400		1,07	5,700		1,12	2,001		4,199,348	
	Totals	1,268,214				2,900	0,051		1,52	2,811			
30	Add co	lumns (g) and (j)	of line 29	Эа							30	5,744,905	 ,
		lumns (f), (h), an	. ,								31	4,928,330	
32 Da	result h	partnership and here and include	in the to	otal on line	41 k	oelow	Combine I	nes	30 and 31.	Enter the	32	7,944,991	
33	Part III Income or Loss From Estates and Trusts (a) Name										(b) Employer identification number		
Α													
В													
	(a) Dags			me and L		Deseive incom					come and Loss		
		sive deduction or loss sch Form 8582 if req				Passive incom Schedule K-			(e) Deduction from Sched		·	(f) Other income from Schedule K-1	ин
Α													
В					21	10,256						202 702	-
	Totals Totals	47,806			31	10,236			32.042		303,703		
		lumns (d) and (f)	of line 34	4a					02,012		35	552,214	$\overline{}$
		lumns (c) and (e									36	76,660)
37		estate and trust		` '	Comb	oine lines 3	35 and 36.	Ent	er the result	here and	~	500 744	
Pa	include irt IV	in the total on Income or Lo			state	Mortgag	e Investr	nen	t Conduits	(REMICs)-	37 –Res	590,711 sidual Holdeı	
38		i) Name	(b) Employer ication number		(c) Exces	s inclusion from the second se	om	(d) Taxable in	ncome (net loss)		(e) Income from Schedules Q, line	
						,	k		5,890				
39		ne columns (d) a	nd (e) only	y. Enter the	e resu	ılt here and	include in	the	total on line	41 below	39	10,471	
	rt V	Summary	()	Fawaa	4005	- ۸۱	anlata lina	40.1			40	544,468	\top
40 41		m rental income me or (loss). Combine								NR, line 18 ►	41	16,184,703	
42		ciliation of farmin											
	1065), b	ning income repo oox 14, code B; S le K-1 (Form 104	Schedule K	(-1 (Form 1	120S)), box 17, co	•	42	719,6	00			
43	Reconc profession anywher	iliation for real onal (see page E re on Form 1040 o	estate pro -2), enter or Form 10	ofessionals the net ind 40NR from	. If yo come all ren	ou were a or (loss) yo ntal real esta	u reported te activities						
	in which	you materially pa	rticipated ι	under the pa	assive	activity loss	rules .	43	443,9	57			

SCHEDULE EIC (Form 1040A or 1040) NUMBER OF RETURNS FILED FOR SELECTED LEARNING TO SE

Qualifying Child Information

1040A 1040 or 1040 ng child.

OMB No. 1545-0074

2007

Attachment Sequence No. 43

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Total Schedules Filed = 18,956,901 Your social security number

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information		Chi	ld 1	Child 2		
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name	Last name	First name	Last name	
2	Child's SSN The child must have an SSN as defined on page 41 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2007. If your child was born and died in 2007 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.		18,956,901		9,764,780	
3	Child's year of birth	Year <u>18.</u> 95 <u>6,</u> If born after 198 and 4b; go to lin	88, skip lines 4a	Year <u>9.764</u> If born after I and 4b; go to	988, skip lines 4a	
	If the child was born before 1989— Was the child under age 24 at the end of 2007 and a student?	= 968,598 Yes. Go to line 5.	No. Continue.	= 406,110 Yes. Go to line 5.	No. Continue.	
b	Was the child permanently and totally disabled during any part of 2007?	= 394,670 Yes. Continue.	No. The child is not a qualifying child.	= 174,18 Yes. Continue.	No. The child is not a qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	18,956,901		9,768,088		
6	Number of months child lived with you in the United States during 2007					
	• If the child lived with you for more than half of 2007 but less than 7 months, enter "7."	18,941,924		9,760,927		
	• If the child was born or died in 2007 and your home was the child's home for the entire time he or she was alive during 2007, enter "12."	Do not enter more	months months.	Do not enter mo	months	



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2007, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

SCHEDULE F (Form 1040)

Department of the Treasury

NUMBER OF RETURNS FILED FOR SELECTED LINES
Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 Attachment

Interna	I Revenue Service		► See Instruct	tions for S	cnedu	ile F (F	orm 1040).			Sequence No	. 14
Name	of proprietor		Total Forms F	iled = 2,0	45,05	_ 		Soc	cial se	curity number (SSN)
A Principal product. Describe in one or two words your principal crop or activity for the current tax year.		year.			code from Part IV 0,414						
								D	Emplo	yer ID number (EIN), if any
C Ac	counting method:	(1)	Cash = $2,001,6$	22 (2) [Acc	rual	= 39,468	1	132,6	50	
							Material Particip	ation "	Yes'	= 1,971,903	
E Dic	d you "materially participate"	in the operation	on of this busines	s during 20	07? If	"No,"	see page F-2 for limi	t on pa	ssive	losses.	☐ No
Par	t I Farm Income—Cas	sh Method.	Complete Parts	s I and II	(Accrı	ual me	thod. Complete P	arts II	and	III, and Part I, lir	ne 11.)
	Do not include sale	s of livestoc	k held for draft	, breeding	, spo	rt, or	dairy purposes. Re	eport t	hese	sales on Form 4	4797.
1	Sales of livestock and other	r items vou ho	ought for resale			1	349,921				
2	Cost or other basis of livest	-	•			_	285,330				
3	Subtract line 2 from line 1.		•						3	365,722	
4	Sales of livestock, produce,					• •		. [4	**1,283,647	
	Cooperative distributions (For			**474.3		Ι΄ ΄	5b Taxable amo	ount	5b	**468,984	
	Agricultural program payme	` '	´ _	**715,0	50		6b Taxable amo		6b	**706,789	
7	Commodity Credit Corporat):							
а	CCC loans reported under			´				. L	7a	**16,068	
	CCC loans forfeited		1 - 1	**2,66	9		7c Taxable amo	ount	7c	**2,562	
8	Crop insurance proceeds a			ents (see pa	age F-	3):					
	Amount received in 2007 .			123,53		ĺ	8b Taxable amo	ount	8b	**115,650	
	If election to defer to 2008			8	d Am	ount d	leferred from 2006		8d		
9	Custom hire (machine work								9	**206,514	
10	Other income, including fede					see pa	ge F-3)	i L	10	**644,469	
11	Gross income. Add amount	-						II.			
	the amount from Part III, line	e 51		<u> </u>				•	11	1,748,687	
Par	t II Farm Expenses—C										
	Do not include pers	sonal or living	g expenses suc	ch as taxe	es, ins	uranc	e, or repairs on yo	our hor	ne.		
12	Car and truck expenses (see p	age		2	. 5 Pe	nsion a	and profit-sharing				
	F-4). Also attach Form 4562 .	. 12	600,364					.	25	2,768	
13	Chemicals	. 13	527,921	2	26 Re	ent or le	ease (see page F-6):	:			
14	Conservation expenses (see	e			a Ve	hicles,	machinery, and				
	page F-4)		39,489		ec	uipmei	nt	.	26a		
15	Custom hire (machine work	15	552,795		b Ot	her (la	nd, animals, etc.) .	.	26b		
16	Depreciation and section	179		2	.7 Re	pairs a	and maintenance .	.	27	1,417,731	
	expense deduction not claim			2	8 Se	eds ar	nd plants	.	28	673,577	
	elsewhere (see page F-5).	16	1,565,332	2	.9 St	orage a	and warehousing .	.	29		
17	Employee benefit programs of			3	0 St	ıpplies		.	30	1,224,586	
	than on line 25		40,716	— з	3 1 Ta	xes .		. -	31	1,191,270	
18	Feed		1,143,064	— з		ilities			32		-
19	Fertilizers and lime		854,135				, breeding, and medicin	ne _	33		-
20	Freight and trucking	-	4 070 004	3	14 Ot	her exp	penses (specify):				
21	Gasoline, fuel, and oil		1,272,961		а				34a		-
22	Insurance (other than health	1) 22	1,099,509		b				34b		-
23	Interest:	00-	450,521		С				34c		+-
	Mortgage (paid to banks, et		547,505	+	d				34d		
	Other		406,240		e f			H	34e		
24	Total expenses. Add lines	10.11	400,240	Totạl of all		кед ехі	penses = 1 730 79	95 -	34f 35	1,961,254	+
35				egative, see	e instri	uctions	ignonded Correction	▶	ან	1,901,204	+
36	Net farm profit or (loss). SulIf a profit, enter the profit of						spended Carryover (= 10,36		36	1,977,943	
	If you file Form 1040NR, er	nter the profit of	on Form 1040NR,	line 19.			} – 10,50	,	30	1,011,040	
	• If a loss, you must go to lin	ne 37. Estates,	trusts, and partne	erships, see			J				
37	If you have a loss, you must)	0	All income	4.00
	 If you checked 37a, enter If you file Form 1040NR, 						ıle SE, line 1. sk = 1,419,457	_	_	All investment is	
	• If you checked 37b, you					ed.	3N - 1,419,43/	J	3/b L	Some investment is n	ot at risk.

Schedule F (Form 1040) 2007

NUMBER OF RETURNS FILED FOR SELECTED LINES

Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	38	**1,283,647
39a	Cooperative distributions (Form(s) 1099-PATR) . 39a **474,314 39b Taxable amount	39b	**468,984
40a	Agricultural program payments	40b	**706,789
41	Commodity Credit Corporation (CCC) loans:	44 -	**16.068
а	CCC loans reported under election	41a	10,000
b	CCC loans forfeited	41c	**2,562
42	Crop insurance proceeds	42	**115,650
43	Custom hire (machine work) income	43	**206,514
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	**644,469
45	Add amounts in the right column for lines 38 through 44	45	11,283
46	Inventory of livestock, produce, grains, and other products at beginning of the year		
47	Cost of livestock, produce, grains, and other products purchased during		
	the year	-	
48	Add lines 46 and 47	_	
49	Inventory of livestock, produce, grains, and other products at end of year		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50	
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11 ▶	51	11,446

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Page 2

Schedule R (Form 1040)

NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for the Elderly or the Disabled

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99

► Attach to Form 1040.

► See Instructions for Schedule R (Form 1040).

Attachment Sequence No. 16

Name(s) shown on Form 1040

Total Schedules Filed = 240,104

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2007:

• You were age 65 or older or

• You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See page R-1.

In most cases, the IRS can figure the credit for you. See page R-1.

Before you begin: Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, if it applies.

Part I Check the	Box for Yo	ur Filing Status and Age Total Filing Status Age Indicator Boxes Checked	l = 24	10,104
If your filing status is	s: Ar	nd by the end of 2007: Check or	ıly o	ne box:
Single, Head of household, or Qualifying widow(er)		You were 65 or older	1	
		You were under 65 and you retired on permanent and total disability	2	
	3	Both spouses were 65 or older	3	
	4	Both spouses were under 65, but only one spouse retired on permanent and total disability		
Married filing jointly	5	Both spouses were under 65, and both retired on permanent and total disability		
		One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		
	7	One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability		
Married filing	8	You were 65 or older and you lived apart from your spouse for all of 2007	8	
separately	9	You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2007	9	
Did you check	— Yes —	Skip Part II and complete Part III on the back.		
box 1, 3, 7, or 8?	— No —	Complete Parts II and III.		
Part II Statement	of Perman	ent and Total Disability (Complete only if you checked box 2, 4, 5, 6,	or 9	above.)
		ement for this disability for 1983 or an earlier year, or you filed or g 1983 and your physician signed line B on the statement, and	ot a	
2 Due to your cont in 2007, check the		led condition, you were unable to engage in any substantial gainful act		
• If you checked	this box, yo	ou do not have to get another statement for 2007.		
 If you did not keep the stater 		oox, have your physician complete the statement on page R-4. You m ir records.	ust	

Schedule R (Form 1040) 2007

Pai	t III Figure Your Credit			
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7	10		_
	Did you check box 2, 4, 5, 6, or 9 in Part I? Yes You must complete line 11. Enter the amount from line 10 on line 12 and go to line 13.			
11	 If you checked (in Part I): Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 	11	6,689	
TIP	For more details on what to include on line 11, see page R-3.			
12	If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10	12	134,231	
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2007.			
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see page R-3).			
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3).			
С	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c			
14	Enter the amount from Form 1040, line 38			
15	If you checked (in Part I): Enter: Box 1 or 2			
16 17	Subtract line 15 from line 14. If zero or less, enter -0			
18		18	124,533	
19	Add lines 13c and 17	19	117,376	
20	Multiply line 19 by 15% (.15)	20		_
21	Enter the amount from Form 1040, line 46			
22 23	Enter the total of any amounts from Form 1040, lines 47 and 51	23		
23	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and			_
4	on Form 1040 line 48	04	80 767	

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service NUMBER OF RETURNS FILED FOR SELECTED LINES

Self-Employment Tax

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

2007
Attachment
Sequence No. 17

Name of person with **self-employment** income (as shown on Form 1040)

yment income (as shown on Form 1040)

Total Scheduled Filed = 17,881,314

Social security number of person with self-employment income ▶

Sequence No. 1

Who Must File Schedule SE

You must file Schedule SE if:

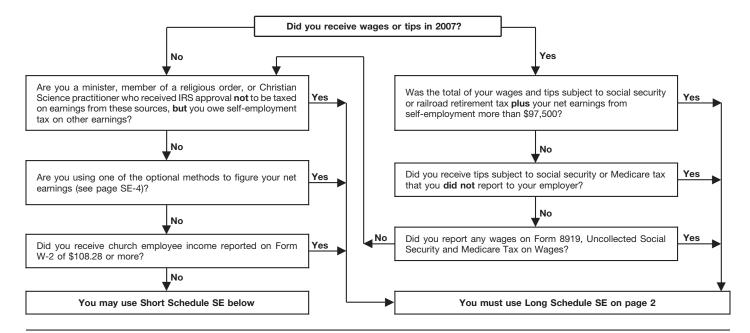
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	670,930	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	17,455,272	
3	Combine lines 1 and 2	3		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	17,833,963	
5	Self-employment tax. If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.			
	 More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. 			
	Enter the total here and on Form 1040, line 58	5	17,840,382	
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27 6			

NUMBER OF RETURNS FILED FOR S Schedule SE (Form 1040) 2007	Page 2	
Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income	
Section B—Long Schedule SE		
Part I Self-Employment Tax		

Pai	t I Self-Employment Tax			
4c a	e. If your only income subject to self-employment tax is church employee income , skip lines 1 the nd go to line 5a. Income from services you performed as a minister or a member of a religious or me. See page SE-1.			
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pa			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	670.930	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	17.455,272	
3	Combine lines 1 and 2	4a	17,833,963	
	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4b	17,000,000	
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	70		
С	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue	4c	17,817,417	
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income		,0,	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	17,840,382	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2007	7	97,500	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip lines 8b through 10, and go to line 11			
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b 12,876			
	Wages subject to social security tax (from Form 8919, line 10)			
d	Add lines 8a, 8b, and 8c	8d	1,886,211	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	17,138,825	
11	Multiply line 6 by 2.9% (.029)	11	17,840,382	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	17,840,382	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27			
Par	t II Optional Methods To Figure Net Earnings (see page SE-4)			
	n Optional Method. You may use this method only if (a) your gross farm income¹ was not more			
than	\$2,400, or (b) your net farm profits² were less than \$1,733.			
14	Maximum income for optional methods	14	1,600	00
15	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	20,955	
than	farm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings self-employment of at least \$400 in 2 of the prior 3 years.			
Cau	tion. You may use this method no more than five times.			
16	Subtract line 15 from line 14	16		
17	Enter the smaller of: two-thirds (%) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	8,293	
¹ From	n Sch. F. line 11, and Sch. K-1 (Form 1065).	165) bo	ov 14 code Δ· an	d

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A. $^4\,\mathrm{From}$ Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

2106

Employee Business Expenses

NUMBER OF RETURNS FILED FOR SELECTED LINES See separate instructions.

Occupation in which you incurred expenses

Social security number

Department of the Treasury Internal Revenue Service

Your name

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 54

OMB No. 1545-0074

Total Forms Filed = 8,966,892 Includes 4,494,485 Form 2106EZ's Part I **Employee Business Expenses and Reimbursements** Column B Column A Step 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See 5,144,599 1 2 Parking fees, tolls, and transportation, including train, bus, etc., that 2 2,072,192 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging, 1,888,053 3 airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not 5,553,523 include meals and entertainment. 3,112,200 5 Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the 7,895,879 6 result. In Column B, enter the amount from line 5 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see 460.703 180,700 instructions) 7 Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as 7,876,559 3.098.782 8 income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) 3,101,296 instead of 50%. For details, see instructions.) Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists,

qualified performing artists, fee-basis state or local government officials, and individuals with

disabilities: See the instructions for special rules on where to enter the total.)

8,148,944

10

Form 2106 (2007) NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2

	Part II Vehicle Expenses								
	tion A—General Information	(You	must complete this	section if you		(a) Vehicle	1	(b) Vehicle	e 2
are	claiming vehicle expenses.)							(5) 10	
11	Enter the date the vehicle was pl				11	//		/ /	
12	Total miles the vehicle was drive		•		12		miles		miles
13	Business miles included on line				13		miles		miles
14	Percent of business use. Divide I		-		14 15		%		<u>%</u>
15	Average daily roundtrip commuting	_			16		miles miles		miles miles
16	Commuting miles included on lin				17		miles		miles
17	Other miles. Add lines 13 and 16							☐ Yes [☐ No
18 19	Do you (or your spouse) have an Was your vehicle available for pe							. =	No
20	Do you have evidence to suppor							. =	□ No
21	If "Yes," is the evidence written?	-						· ☐ Yes	∃ No
Sect	ion B—Standard Mileage Rate (ction or Section	
22	Multiply line 13 by 48.5¢ (.485)						22	3,889,772	
Sec	tion C—Actual Expenses		(a) Ve	hicle 1			(b) Ve	hicle 2	
23	Gasoline, oil, repairs, vehicle								
	insurance, etc	23							
24a	Vehicle rentals	24a							
b	Inclusion amount (see instructions) .	24b							<u> </u>
С	Subtract line 24b from line 24a .	24c							
25	Value of employer-provided								
	vehicle (applies only if 100% of								
	annual lease value was included	25							
	on Form W-2—see instructions)	25 26							+
26	Add lines 23, 24c, and 25	20							+
27	Multiply line 26 by the	27							
28	percentage on line 14	28							
29	Add lines 27 and 28. Enter total								
	here and on line 1	29		495,821					
Sec	tion D—Depreciation of Vehicles	Use th	nis section only if you	owned the vehic	le and	are completing	Section	on C for the vel	hicle.)
			(a) Ve	hicle 1			(b) Ve	hicle 2	
30	Enter cost or other basis (see								
	instructions)	30							
31	Enter section 179 deduction								
	(see instructions)	31							
32	Multiply line 30 by line 14 (see								
	instructions if you claimed the								
	section 179 deduction or								
	special allowance)	32							
33	Enter depreciation method and	33							
	percentage (see instructions) .	33							T
34	Multiply line 32 by the percentage	34							
35	on line 33 (see instructions) Add lines 31 and 34	35							
36	Enter the applicable limit explained in the line 36 instructions	36							
37	Multiply line 36 by the								
	percentage on line 14	37							
38	Enter the smaller of line 35								
	or line 37. If you skipped lines								
	36 and 37, enter the amount								
	from line 35. Also enter this amount on line 28 above .	20							
	amount on the Zo above .	38		1	1				- 1

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form **2106-EZ**

NUMBER OF RETURNS FILED FOR SELECTED LINES

Unreimbursed Employee Business Expenses

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

2007
Attachment
Sequence No. 54A

OMB No. 1545-0074

Your name	Occupation in which you incurred expenses	Social security number
Total Forms Filed = 4,494,485		

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2007.

Caution: You can use the standard mileage rate for 2007 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

you p	blaced the vehicle in service, or (b) you leased the vehicle and used the standard inheage rate for the portion	i oi liie	e lease periou alter 13	
Pai	rt I Figure Your Expenses			
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 48.5¢ (.485)	1		
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2		
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4		
5	Meals and entertainment expenses: $\ \ \ \ \ \ \ \ \ \ \ \ \ $	5		
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR, line 9)). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6		
Pai	Information on Your Vehicle. Complete this part only if you are claiming vehicle.	cle exp	pense on line 1.	
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/	/	
8	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you	u usec	d your vehicle for:	
	a Business b Commuting (see instructions) c C	ther		
9	Do you (or your spouse) have another vehicle available for personal use?		. 🗆 Yes 🗆	No
10	Was your vehicle available for personal use during off-duty hours?		. 🗆 Yes 🗆	No
11a	Do you have evidence to support your deduction?		. 🗆 Yes 🗆	No
h	If "Ves" is the evidence written?		□ Ves □	No

	ORRECTED	(99)			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder of Undistri			
	2007	For calendar year 2007, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT)			
Total Forms Filed = 27,174	Form 2439	beginning, ending,			
Identification number of RIC or REIT	1a Total undistributed 1 26,858	ong-term capital gains	Copy A		
Shareholder's identifying number	1b Unrecaptured secti 7,989	on 1250 gain	Attach to Form 1120-RIC or Form 1120-REIT		
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain			
	0	1,437	For Instructions		
	2 Tax paid by the RIG	C or REIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of Copies A and D.		
Form 2439	Cat. No. 11858E	Department of the Treasury	- Internal Revenue Servic		

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES

Department of the Treasury - Internal Revenue Service

Cat. No. 11858E

Form

Part I

Child and Dependent Care Expenses

NUMBER OF RETURNS FILED FOR SELECTED LINES ▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) ► See separate instructions. Name(s) shown on return Total Forms Filed = 7,296,478

Your social security number

Before you begin: Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, or Form 1040NR, line 46.

Persons or Organizations Who Provided the Care—You must complete this part.

1	(a) Care provider's name	(number, street,	(b) Address apt. no., city, state, and ZIF	code)	(c) Identifying nui		
						7,237,209	
	depe	Did you receive	No —		nplete only Part	II below. If the back next.	
040	ONR, line 57.	rovided in your home, you		nt taxes. See t	he instructions for	or Form 1040, line 62	, or Forn
2		our qualifying person(s).	.	an two qualifyi	ng persons se	the instructions	
		a) Qualifying person's name	Last	(b) Qualifyin	g person's social ity number	(c) Qualified expens incurred and paid in 20 person listed in colu	07 for the
					7,148,780	7,074,571	1111 (d)
					2,342,340	2,307,096	
3	person or \$6,000 for	column (c) of line 2. Do r two or more persons. If y	ou completed Part III	, enter the am	, , ,	6,805,533	
4		ncome. See instructions			4	7,095,602	
5	If married filing jointl	y, enter your spouse's e e the instructions); all otl	arned income (if you	spouse was		4,320,893	
6	Enter the smallest o				6	6,772,762	
7	Enter the amount from	om Form 1040, line 38,	or Form				
8	Enter on line 8 the d	ecimal amount shown b	elow that applies to t	he amount on	line 7		
	But no	ot Decimal amount is		not Deci	mal unt is		
	\$0—15,000 15,000—17,000		\$29,000—31,0 31,000—33,0		27 26		
	17,000—19,000		33,000—35,0		25 8	7,121,015	\times .
	19,000—21,000	.32	35,000—37,0		24		
	21,000—23,000	.31	37,000—39,0		23		
	23,000—25,000		39,000—41,0		22		
	25,000—27,000		41,000—43,0		21		
9	27,000—29,000 Multiply line 6 by the the instructions	e decimal amount on lin	I 43,000—No le 8. If you paid 2006	expenses in	20 2007, see 9	6,772,759	
0	-	from Form 1040, line					
		3					
1		from Form 1040, line					
		16					
2		n line 10. If zero or less,		e the credit	12		
3		d dependent care expe					
	here and on Form 10	040, line 47, or Form 104	40NR, line 44		13	6,491,844	

Cat. No. 11862M

Page 2

Form 2441 (2007)

Pa	rt III Dependent Care Benefits			
14	Enter the total amount of dependent care benefits you received in 2007. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	14	1,160,240	
15	Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace		0.500	
	period. See instructions	15	3,520	
16	Enter the amount, if any, you forfeited or carried forward to 2008. See instructions	16 17	(50,206	
17	Combine lines 14 through 16. See instructions	- 17		
18	Enter the total amount of qualified expenses incurred in 2007 for the care of the qualifying person(s)			
19	Enter the smaller of line 17 or 18			
20	Enter your earned income. See instructions 20 7,095,602			
21	Enter the amount shown below that applies to you.			
	 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). 4,320,893 			
	If married filing separately, see the instructions for the amount to enter.			
	All others, enter the amount from line 20.			
22	Enter the smallest of line 19, 20, or 21			
23	Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	23	3,413	
24	Subtract line 23 from line 17			
25	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21)	25		
26	Deductible benefits. Enter the smallest of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions	26	2,090	
27	Enter the smaller of line 22 or 25			
28	Enter the amount from line 26		200 700	
29	Excluded benefits. Subtract line 28 from line 27. If zero or less, enter -0	29	896,720	
30	Taxable benefits. Subtract line 29 from line 24. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	30	309,209	
	To claim the child and dependent care credit, complete lines 31–35 below.			
31	Enter \$3,000 (\$6,000 if two or more qualifying persons)	31		
32	Add lines 26 and 29	32	898,810	
33	Subtract line 32 from line 31. If zero or less, stop. You cannot take the credit. Exception. If you paid 2006 expenses in 2007, see the instructions for line 9	33		
34	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here	34		
35	Enter the smaller of line 33 or 34. Also, enter this amount on line 3 on the front of this form and complete lines 4–13	35	6,805,533	

Form (Rev. December 2006) Department of the Treasury

Investment Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Attachment Sequence No. **52**

Internal Revenue Service (99) Name(s) shown on return Identifying number Total Forms Filed = 30,469 Rehabilitation credit (see instructions for requirements that must be met): a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent **b** Enter the date on which the 24- or 60-month measuring period begins ____/___ and ends ____/___/ c Enter the adjusted basis of the building as of the beginning date above **d** Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1b above \$ Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: 1e 2.352 1f g Certified historic structures located in the Gulf Opportunity Zone . \$ _____ × 26% (.26) * 1g 1h 2.941 For properties identified on lines 1g or 1h, complete lines 1i and 1j i Enter the assigned NPS project number or the pass-through entity's j Enter the date that the NPS approved the Request for Certification of 1,016 1k k Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) 2 Energy credit: a Basis of property using geothermal energy placed in service during 1.215 2a the tax year (see instructions) \$ _____ × 10% (.10) **b** Basis of property using solar illumination or solar energy placed in service 2,752 2b Qualified fuel cell property (see instructions): c Basis of property installed during the tax year \$ × 30% (.30) **d** Kilowatt capacity of property in **c** 2d above . . . ▶×\$1,000 e Enter the lesser of line 2c or 2d Qualified microturbine property (see instructions): f Basis of property installed during the tax year \$ × 10% (.10) g Kilowatt capacity of property in f 2g above . . . ▶×\$200 3,958 2i i Total. Add lines 2a, 2b, 2e, and 2h **3** Qualifying advanced coal project credit (see instructions): a Basis of qualified investment in integrated gasification combined cycle property 3a **b** Basis of qualified investment in property other than in **a** above placed in service during the tax year ▶ \$_____ × 15% (.15) 20.589 3c Qualifying qasification project credit (see instructions). Basis of qualified investment in property 4 221 48 5 Credit from cooperatives. Enter the unused investment credit from cooperatives . . . Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of Nondeductibe investment credit = 47 Form 3800 (e.g., line 1a of the 2006 Form 3800) 30,462

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form **3800**

General Business Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES

► See separate instructions.

► Attach to your tax return.

20**07**

Attachment Sequence No. 22

OMB No. 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 437,644

Identifying number

Part I Current Year Credit

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see the instructions.

			00.405	—
	Investment credit (attach Form 3468)	1a	30,465	_
	Welfare-to-work credit (Form 8861)	1b	6,490	_
	Credit for increasing research activities (Form 6765)	1c	56,780	_
d	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through		74.450	
	entity:)	1d	71,456	_
е	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1e	9,151	_
f	Renewable electricity production credit (Form 8835, Section A only)	1f	1,980	_
g	Indian employment credit (Form 8845)	1g	4,889	_
h	Orphan drug credit (Form 8820)	1h	536	_
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:			
		1i	379	_
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1j	6,214	_
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming		40.000	
	this credit from a pass-through entity:)	1k	10,600	_
I	Qualified railroad track maintenance credit (Form 8900)	11	453	_
m	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1m	4,306	_
n	Low sulfur diesel fuel production credit (Form 8896)	1n	3,594	_
0	Distilled spirits credit (Form 8906)	10	1,217	_
р	Nonconventional source fuel credit (Form 8907)	1p	9,735	_
q	Energy efficient home credit (Form 8908)	1q	3,831	
r	Energy efficient appliance credit (Form 8909)	1r	723	_
s	Alternative motor vehicle credit (Form 8910)	1s	24,901	_
t	Alternative fuel vehicle refueling property credit (Form 8911)	1t	467	
u	Hurricane Katrina housing credit (only from S corporations, partnerships, estates, and			
	cooperatives)	1u	1,547	_
V	Mine rescue team training credit (Form 8923)	1v	2,077	_
w	Credit for contributions to selected community development corporations (Form 8847)	1w	310	_
X	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1x	5,747	
			050.054	
2	Add lines 1a through 1x	2	250,674	—
			407.500	
3	Passive activity credits included on line 2 (see instructions)	3	107,586	—
		.	450 400	
4	Subtract line 3 from line 2	4	150,188	_
		_	100.001	
5	Passive activity credits allowed for 2007 (see instructions)	5	103,231	—
			004.000	
6	Carryforward of general business credit to 2007. See instructions for the schedule to attach	6	234,388	_
		_		
7	Carryback of general business credit from 2008 (see instructions)	7		_
•	Ourse August and the Add Base Address of T		115.000	
8	Current year credit. Add lines 4 through 7	8	415,336	_

Part II Allowable Credit

9	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41.			
	• Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable line of your return	9		
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			
10	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35	10	148,925	
11	Add lines 9 and 10	11		
	Credits from Form 1040, lines 47 through 50 and lines 52 through 54 (or Form 1040NR, lines 44, 45, and 47 through 49)			
c d	Credits from Forms 5735 and 8834			
е	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)			
f	Add lines 12a through 12e	12f		
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18	13	393,953	
14 15	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0- Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see			
16	instructions)			
	 Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Form 1041, Schedule I, line 54			
17	Enter the greater of line 15 or line 16	17		
18	Subtract line 17 from line 13. If zero or less, enter -0	18		
19	Credit allowed for the current year. Enter the smaller of line 8 or line 18. Individuals, estates, and trusts: See the instructions for line 19 if claiming the research credit. C corporations: See the line 19 instructions if there has been an ownership change, acquisition, or reorganization.			
	Report the amount from line 19 (if smaller than line 8, see instructions) as indicated below or on the applicable line of your return:			
	 Individuals. Form 1040, line 55 or Form 1040NR, line 50 Corporations. Form 1120, Schedule J, line 5c Estates and trusts. Form 1041, Schedule G, line 2c 	19	230,821	

Moving Expenses

OMB No. 1545-0074

Attachmen Sequence No. 62

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR. NUMBER OF RETURNS FILED FOR SELECTED LINES

Name(s) shown on return Total Forms Filed = 1,118,610 Your social security number

Bef	fore you begin: \times See the Distance Test and Time Test in the instructions to find out if you expenses.	u can	deduct your m	oving
	\checkmark See Members of the Armed Forces on the back, if applicable.			
1	Transportation and storage of household goods and personal effects (see instructions)	1	991,225	
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	887,588	
3	Add lines 1 and 2	3	1,114,405	
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	131,104	
5	Is line 3 more than line 4?			
	No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.			
	☐ Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NB line 26. This is your moving expense deduction	5	1.083.733	

General Instructions What's New

For 2007, the standard mileage rate for using your vehicle to move to a new home is 20 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can **Deduct**

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving **Expenses**

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Distance Test Worksheet

Keep a Copy for Your Records



1.	Number of miles from your old home to your new workplace	miles
2.	Number of miles from your old home to your old workplace	miles
3.	Subtract line 2 from line 1. If zero or less, enter -0	miles
	Is line 3 at least 50 miles? Yes. You meet this test. No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.	

Form **4136**

Credit for Federal Tax Paid on Fuels

NUMBER OF RETURNS FILED FOR SELECTED LINES

► See the separate instructions.

► Attach this form to your income tax return.

2007
Attachment
Sequence No. 23

OMB No. 1545-0162

Department of the Treasury Internal Revenue Service

Name (as shown on your income tax return)

Data on this form reflects only form 1040 filers, not business or fiduciary filers

Taxpayer identification number Total Forms Filed = 305,765

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	t (e) CRN
а	Off-highway business use		\$.183)	\$	
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	264,560	
d	Exported		.184		6,013	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15/.000*		\$		354
	Caution. This credit is not available for aviation gasoline taxed at \$.044 (purchased after February 29, 2008).				97		
b	Other nontaxable use (see Caution above line 1)		.193/.043*		2,456		324
С	Exported		.194/.044*		41		412
	*This rate applies after February 29, 2008.						

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

	Exception. If any of the diesel fuel included in this claim dic	contain visible	evidence of dy	ye, attach an exp	explanation and check here ►			
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	dit (e) CRN		
а	Nontaxable use		\$.243	[]	\$ 53,191	360		
b	Use on a farm for farming purposes		.243	<u></u>		360		
С	Use in trains		.243		35	353		
d	Use in certain intercity and local buses (see Caution above line 1)		.17		1,110	350		
е	Exported		.244		32	413		

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Fycentian If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here.

	Exception. If any of the kerosene included in this claim did	contain visible	evidence of dy	/e, attach an exp	planation and chec	k here	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Nontaxable use taxed at \$.244		\$.243		\$ 11,162		346
b	Use on a farm for farming purposes		.243				340
С	Use in certain intercity and local buses (see Caution above line 1)		.17		*		347
d	Exported		.244		0		414
е	Nontaxable use taxed at \$.044		.043		638		377
f	Nontaxable use taxed at \$.219		.218		638		369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form **4136** (2007)

Form 4136 (2007)

Page 2

5 Kerosene Used in Aviation (see Caution above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit (e) CRN
a Kerosene used in commercial aviation (other than fore trade) taxed at \$.244	eign	\$.200		\$ 23	417
Kerosene used in commercial aviation (other than fore trade) taxed at \$.219/.044* Caution. This credit is not available for kerostaxed at \$.044 (purchased after February 29, 20)	sene	.175/.000*		26	355
Nontaxable use (other than use by state or local government) taxed at \$.244		.243		11,162	346
Nontaxable use (other than use by state or local government) taxed at \$.219/.044*		.218/.043*		638	369
*This rate applies after February 29, 2008.	•	•			

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . .

		(b) Rate (c) Gallons (d) Amount of credit		(e) CRN		
а	Use by a state or local government	\$.243		\$ 53,191		360
b	Use in certain intercity and local buses	.17		1,110		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here . . . ►

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243		11,162		346
b	Sales from a blocked pump	.243		\$		340
С	Use in certain intercity and local buses	.17		*		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219/.044*		\$.175/.000*		\$		055
	Caution. This credit is not available for kerosene taxed at \$.044 (purchased after February 29, 2008).				26		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		23		417
С	Nonexempt use in noncommercial aviation		.025/.200*		*		418
d	Other nontaxable uses taxed at \$.244		.243		11,162		346
е	Other nontaxable uses taxed at \$.219/.044*		.218/.043*		638		369
	*This rate applies after February 29, 2008						

9 Alcohol Fuel Mixture Credit

Registration No. ▶

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

		(b) Rate	(c) Gallons of alcohol	(d) Amount of c	(d) Amount of credit	
а	Alcohol fuel mixtures containing ethanol	\$.51		\$ *		393
b	Alcohol fuel mixtures containing alcohol (other than ethanol)	.60		0		394

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with diesel fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass (as defined in section 45K(c)(3)) using a thermal depolymerization process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975 or D396. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for details.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cre	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$.50		\$ *		388
b	Agri-biodiesel mixtures	1.00		747		390
С	Renewable diesel mixtures	1.00		0		307

11 Nontaxable Use of Alternative Fuel

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 5 in the Instructions for Form 4136 for the credit rate. (c) Gallons (b) Rate (d) Amount of credit (e) CRN (a) Type of use or gasoline gallon equivalents (GGE) a Liquefied petroleum gas (LPG) 745 \$.183 419 "P Series" fuels .183 0 420 * Compressed natural gas (CNG) (GGE = 126.67 cu. ft.) .183 421 Liquefied hydrogen .183 0 422 Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process .243 0 423 .243 Liquid fuel derived from biomass 13 424 .243 425 g Liquefied natural gas (LNG)

12 Alternative Fuel Credit and Alternative Fuel Mixture Credit

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	redit	(e) CRN
а	Liquefied petroleum gas (LPG)	\$.50		\$ 815		426
b	"P Series" fuels	.50		14		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		14		428
d	Liquefied hydrogen	.50		0		429
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		0		430
f	Liquid fuel derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		*		432

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES Form 4136 (2007)

Registered Credit Card Issuers 13

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of c	(d) Amount of credit	
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$ 53,191		360
b Kerosene sold for the exclusive use of a state or local government	.243		11,162		346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219/.044*	.218/.043*		638		369
*This rate applies after February 29, 2008					

Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 6 in the Instructions for Form 4136 for the credit rate.										
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN					
а	Nontaxable use		\$.197		\$ *		309				
b	Exported		.198		0		306				

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN
Blender credit	\$.046		\$	0		310

16 Exported Dyed Fuels

	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
a Exported dyed diesel fuel	\$.001		\$ *		415
b Exported dyed kerosene	.001		0		416

17 Leaking Underground Storage Tank (LUST) Tax

	(b) Rate	(c) Gallor	ns	(d) Amount of c	(e) CRN	
a LUST tax on aviation fuels used in foreign trade	\$.001		(\$ 0		433
b LUST tax on fuels used in trains or inland waterways	.001			0		434
	Form 1040, line 70 (also check box b on line 70); Form 1120, line 32f(2); Form 1120S, line					

* Entry for this line is greater than zero, but too small to report

Form **4136** (2007)

Page 4



Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

NUMBER OF RETURNS FILED FOR SELECTED LINES

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No. 67

OMB No. 1545-0172

Name	e(s) shown on return	12 221 424	Business or activity to which this form relates					Identifying number		
D		tal Forms Filed =				4=0				
Pai		o Expense C u have any lis					ou complete Pai	rt I.	EPZONE	
1	Maximum amount.	See the instruc	tions for a high	er limit	for certain bus	sinesses .		1	\$125,000	
2	Total cost of sectio		•					2	3,169,661	
3	Threshold cost of s		•	•				3	\$500,000	
4	Reduction in limitat					ter -0		4		
5	Dollar limitation for	tax year. Subt	ract line 4 from	iline 1.	. If zero or less	s, enter -C) If married filing	1		
	separately, see inst							5	5,073,079	
	(a)	Description of pro	perty		(b) Cost (busines	s use only)	(c) Elected cos	st		
6										
7	Listed property. En						419,752		4.770.074	
8	Total elected cost of					c), lines 6	and 7	8	4,772,061	
9	Tentative deduction							9	4,771,840	
10	Carryover of disallo			-				10	182,799	
11	Business income limits Section 179 expens							11	4,865,245 4,725,877	
12 13	Carryover of disallow							12	4,723,077	
	e: Do not use Part II									
Par							t include listed r	roner	ty.) (See instructions.)	
						•	•	T	Occ manachoris.j	
14	Special allowance fo property) and cellulo	or qualified New	York Liberty or	r Gulf C	pportunity Zon	e property	y (other than listed			
	instructions)	osic biornass e		pperty p	Diaceu III Servi	se during	the tax year (see	14	17,866	
15	Property subject to							15	1,657	
16	Other depreciation	٠,,	` '					16	919,649	
Par		epreciation								
			-		Section A	•	,			
17	MACRS deductions	s for assets pla	aced in service	in tax	vears beginnir	na before	2007	17	6,083,962	
18	If you are electing	to group any a	assets placed		ice during the	tax vear	into one or more			
	general asset accor						xed = 9,721 ▶ □			
	Section B—	-Assets Place (b) Month and	d in Service D (c) Basis for depr		2007 Tax Yea ⊤	r Using t	he General Dep	reciat	ion System	
(a)	Classification of property	year placed in service	(business/investmonly—see instru	nent use	(d) Recovery period	(e) Conve	ention (f) Metho	od	(g) Depreciation deduction	
19a	3-year property		187,193						187,191	
b	5-year property	_	1,787,97						1,787,315	
С	7-year property	_	1,452,26						1,452,266	
	10-year property	-	178,474						178,474	
	15-year property	_	314,625						314,622	
f	20-year property	-	91,377		0.5				91,377	
	25-year property		7,350		25 yrs.		5/L		7,350	
h	Residential rental		1,311,56	/	27.5 yrs.	MM			1,309,461	
	property	undetermined type	1,501		27.5 yrs.	MM			1,501 undetermined type	
i	Nonresidential real	Total GDS cost	632,839		39 yrs.	MM			630,153	
	property Section C—4		4,571,63		007 Tay Yaar	MM Lleina th	S/L e Alternative De	nracia	4,566,316 Total GDS cos	
200	Class life	SSELS FIACEU	28,583	ning 20	Joi Tax Tear	Jamiy III		hieri		
	12-year		1,354		12 yrs.		5/L 5/L		28,583 1,354	
	40-year		4,544		40 yrs.	MM			4,544	
		L (see instruction		S Cost -		I IVIIVI		otal Ar	OS Deduction = 33,532	
		`		J 0031 -	- 55,552			21	2,732,603	
21 22	Listed property. En: Total. Add amounts Enter here and on the	from line 12,	ines 14 through						12,057,495	
23	For assets shown a enter the portion of	f the basis attr	ibutable to sec	ction 26	63A costs .	. 23	186		4	
For I	Paperwork Reduction	Act Notice co	eanarata inetr	uctions		Cat. No. 12	DOUGNI		Form 4562 (2007)	

Form 4562 (2007)

Part V

NUMBER OF RETURNS FILED FOR SELECTED LINES

Listed Property (Include au	tomobiles, certain	other vehicles,	cellular telephones,	certain computers,	and
property used for entertainm	nent. recreation. or	r amusement.)			

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	a, _	io, colarriro (a)	, unough (0, 0, 00	01.01.71,	an or	00000	, D, a,,	, 0000	,,, 0 ,,	αρρποα	0.0.			
Sec	tion A—Depre	ciation and O	ther Inforr	nation	(Caution	: See	the ins	struction	ns for lii	mits for	passe	nger au	tomobi	les.)	
	Do you have evid												written?		s⊡No
Туј	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	1	(d) t or other basis	Bas (bu	(e) sis for dep siness/in use or	oreciation vestment	(f) Recover period	у Ме	(g) ethod/ vention	Depr	(h) eciation luction	Ele secti	(i) ected on 179 ost
25	Special allowa														
26	Property used						000) 00	motrao			. 25				
			%												
			%												
			%												
27	Property used	50% or less i	n a qualifie	ed busir	ness use					·				•	
			%							S/L					
			%			to	tal 26e			S/L					
			%				2,788,			S/L					
28	Add amounts										28		32,603		
29	Add amounts	in column (i), l											. 29	41	9,752
	nplete this secti u provided vehicles		s used by a	a sole p		, part	ner, or	other"r	nore th	an 5%					vehicles.
30	Total business/ during the year (miles)	do not include co	ommuting	Vehi	a) cle 1		b) icle 2		c) cle 3		d) cle 4		e) cle 5	(1 Vehic	
31	Total commuting														
32	Total other pe														
-	miles driven .	•	•												
33	Total miles driv														
	lines 30 throug	h 32		7.5											
34	Was the vehicl use during off-		•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehice more than 5% of	owner or related	person?												
36	Is another vehicuse?		·												
۸		Section C—Qu													
	wer these quest more than 5%						comp	leting S	ection i	3 for ve	enicies	usea b	y empic	byees w	no are
				•									_	Yes	No
37	Do you mainta	yees?												163	140
38	Do you maintain See the instruct	ions for vehicles	s used by co	orporate	officers, c	directo	rs, or 1	% or mo	re owne	rs .		r employ 			
39	Do you treat a			-											
40	Do you provide the use of the	vehicles, and	retain the	informa	ation rec	eived	?								
41	Do you meet th														
Da	Note: If your a	tization	o, 39, 40, 01	41 15	res, ao	HOL CO	ompiete	Section	1 101 1	ne cove	erea ver	iicies.			
га	Amor	iization										e)			
	(a) Description	of costs	Date am	b) ortization gins		Amor	c) tizable ount		Co	d) ode tion	Amor	tization od or entage		(f) rtization t his year	or
42	Amortization of	f costs that beg	gins during	your 20	07 tax ye	ar (se	e instru	ctions):							
							2,997								
43	Amortization of											43		36,882	
44	Total. Add an	nounts in colur	mn (t). See	the ins	tructions	tor w	nere to	report				44	3	347,886	

Page 2

Form **4684**

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Casualties and Thefts

► See separate instructions.

► Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

2007
Attachment
Sequence No. 26

Name(s) shown on tax return

Identifying number

Total Forms Filed = 268,350

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

1		roperties (show type, location, and dacasualty or theft.	ate ac	quired for eacl	n prop	erty). Use	e a sep	oarate	line fo	or eacl	h prope	erty lost or da	maged
		sasually of thert.											
	Property C												
	Property D												
				Α			B	rope	rties	С		D	
2	Cost or other ba	asis of each property	2										
3		ner reimbursement (whether or not a) (see instructions)	3										
		more than line 3, skip line 4.											
4	2, enter the differ for that column. surance or other	ty or theft. If line 3 is more than line ence here and skip lines 5 through 9 See instructions if line 3 includes inreimbursement you did not claim, or ment for your loss in a later tax year.	4										
5	Fair market valu	e before casualty or theft	5										
6	Fair market valu	e after casualty or theft	6										
7	Subtract line 6 f	rom line 5	7										
8	Enter the small	er of line 2 or line 7	8										
9		3 from line 8. If zero or less,	9										
0	Casualty or thef	t loss. Add the amounts on line 9 in c	olumr	ns A through D							10		
1	Enter the smalle	er of line 10 or \$100									11		
2	Subtract line 11	from line 10									12		
	Caution: Use or	nly one Form 4684 for lines 13 throug	h 18.										
3		s on line 12 of all Forms 4684									13		<u> </u>
4	Add the amount	s on line 4 of all Forms 4684									14		
5	complete the	ore than line 13, enter the difference rest of this section (see instructions).			le D.	Do not					15	2,011	
		ss than line 13, enter -0- here and go			C 11. 1 .	!							
	• If line 14 is ec	qual to line 13, enter -0- here. Do not	comp	piete the rest o	TINIS	section.	,						
6	If line 14 is less	than line 13, enter the difference .									16	215,005	
7	•	ur adjusted gross income from Form		•	m 10	40NR, line	e 36. E	state	s and		17	214,811	
	trusts, see instru	ictions			•					•	17	۲۱٦,011	
8		from line 16. If zero or less, enter -0 Form 1040NR), line 8. Estates and trus	sts, en	ter the result o	n the		•		, .	-	10	94,084	
	ιαλ ισιαιτι ,									•	18	34,004	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES Attachment Sequence No. 26

Page 2 Form 4684 (2007)

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

21 Insurance or other reimbursement (whether or not you filed a cilaim). See the instructions for line 3. Note: If line 20 is more than line 21, sight not 22. 22 Gain from casualty or theft. If line 21 is more than line 20, except as provided in the instructions for line 30, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for you received payment for your loss in a later tax year. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year. See the instructions for line 20. Subtract line 24 from line 23. 25. 26. Enter the smaller of line 20 or line 25. Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the arrount from line 20. 27. Note: If the property was totally destroyed by casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions). 28. 27. 28. Enter the smaller of line 26 if are or less, enter -0. 28. 28. 29. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20											
19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. Property A Property B Property C Property D 20 Cost or adjusted basis of each property. 21 Insurance or other reimbursement (whether or not a voul field a claim). See the instructions for line 3 at 10 claim, See the instructions for line 3 at 10 claim. See the instructions for line 3 at 10 claim. See the instructions for line 3 at 10 claim 10 claim. See the instructions for line 3 at 11 claim 10 claim. See the instructions for line 3 at 11 claim 10 claim. See the instructions for line 3 at 11 claim 10 claim. See the instructions for line 3 at 11 claim 10 claim. See the instructions for line 3 at 11 claim 10 claim. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. Or 20 claim 10 claim. See the instructions for line 4 if line 21 includes insurance or other embursement voul clind ot louin. Or 20 claim 10											
Report B Property B Property B Property C Cost or adjusted basis of each property. Insurance or other reimbursement (whether or not you filed a claim). See the Instructions for line 3. Note: if line 20 is more than line 21, sing line 22, each interface in the continuous line 20 in line 21, sing line 22, each interface in line 20 in line 21, sing line 22, each interface in line 21 in line 22 in line 23 in line 24 in line 23 in line 24 in line 24 in line 23 in line 24 in line 24 in line 25 in line 25 in line 24 in line 25	Pai										
Property A Property B Property C Cost or adjusted basis of each property. Cost of the cost	19		ate aco	quired for each p	orop	erty). Use a se	eparate	e line for each	n prope	erty lost or da	m-
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22 Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Risk, skip lines 23 from the first to clumn. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not cluim, or you received payment for your loss in a later tax year. 31 Fair market value before casualty or theft. 22 Fair market value define casualty or theft. 23 Subtract line 24 from line 23. 25 Subtract line 24 from line 23. 26 Enter the smaller of line 20 or line 25. It says totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20. 27 Subtract line 21 from line 26. It zero or less, enter -0- 27 Subtract line 21 from line 26. It zero or less, enter -0- 28 Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions). 28 Part II Summary of Gains and Losses (from separate Parts I) (b) Losses from casualties or thefts amount from line 20. 29 Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions). 29 (c) Gains from casualties or thefts or line 27. Enter the total here and on line 29 or line 34 (see instructions). 29 (d) Income, rerelation or repairly properly pr	21	you filed a claim). See the instructions for line 3 .	21								
column (c), except as provided in the instructions for line 33 flows, skip lines 23 from 1 fr	22	Gain from casualty or theft. If line 21 is more than line									
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Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions). 28	26	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the	20								
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(a) Identify casualty or theft (b) Trade, business, rental or royalty producing and propouncing and property Casualty or Theft of Property Held One Year or Less (c)					29 or line 34	(see in	structions).	28			
(a) Identify casualty or theft property rental or royalty producing and employee property rental or royalty producing and employee property rental or royalty rental or royalty rental renta	Pai	t II Summary of Gains and Losses (from	ı sep	arate Parts I)		` '				(c) Gains fro	om
() () ()) Totals. Add the amounts on line 29		(a) Identify casualty or theft				rental or roy		producing	and		
Totals. Add the amounts on line 29		Casualty or The	ft of	Property He	ld (One Year o	r Les	SS			
Totals. Add the amounts on line 29 Totals. Add the amounts on line 29 Combine line 30, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions Enter the amount from line 30, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 23, or Schedule A (Form 1040NR), line 16, and enter the amount from property used as an employee on Schedule A (Form 1040NR), line 16, and enter the amount from property used as an employee on Schedule A (Form 1040NR), line 13, and enter the amount from property used as an employee on Schedule A (Form 1040NR), line 14. Estates and trusts, partnerships, and S corporations, see the note below. All others, enter this amount on Form 4797, line 32 Casualty or theft gains from Form 4797, line 32 (a) 1 (a) 1 (b) 1 (c) 1 (c	29					()	()		
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Casualty or theft gains from Form 4797, line 32 Casualty or theft gains from Form 4797, line 32 Total losses. Add amounts on line 34, columns (b)(ii) and (b)(iii) Total gains. Add lines 33 and 34, column (c) Total gains. Add lines 35, columns (b)(ii) and (b)(iii) Total gains. Add lines 35, columns (b)(ii) and (b)(iii) Total gains, and sense the note below. All others, enter this amount from income-producing property and the sense and trusts, enter on the "Other deductions" line 36, or Schedule A (Form 1040NR), line 16, and enter the amount from property and trusts, enter on the "Other deductions" line 36, combine line 36, and enter the amount from property and trusts, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.	30	Totals, Add the amounts on line 29		L	30	()	()		
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Casualty or theft gains from Form 4797, line 32											
Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)	33								33	1,937	
Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)		,				 [(.)	 ()	1,001	
Total gains. Add lines 33 and 34, column (c) Add amounts on line 35, columns (b)(i) and (b)(ii) If the loss on line 37 is more than the gain on line 36: Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Schedule A (Form 1040NR), line 16, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23 or Schedule A (Form 1040NR), line 11. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.	J-T					()	()		
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Add amounts on line 35, columns (b)(i) and (b)(ii)		Total gains Add lines 33 and 34 column (c)	and (b))(II) <u></u>					36	6.916	
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If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.	b	Enter the amount from line 35, column (b)(ii) here. Indir on Schedule A (Form 1040), line 28, or Schedule A (Fo used as an employee on Schedule A (Form 1040), line trusts, enter on the "Other deductions" line of your ta	viduals orm 10 ne 23 ax retu	s, enter the amou 040NR), line 16, a or Schedule A (F rn. Partnerships	unt fr and o orm (exc	rom income-po enter the amo n 1040NR), lind ept electing la	roducii unt fro e 11. E irge pa	m property Estates and artnerships)	201-	10 202	
Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.	39	If the loss on line 37 is less than or equal to the gain on	ine 36	, combine lines 36	6 and	d 37 and enter	here. F	artnerships		,	
		Note: Partnerships, enter the amount from line 38a, 3	38b, or	· line 39 on Form	106	65, Schedule	K, line		39	6,245	

Form **4797**

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-0184

Attachment Sequence No. 27

Name(s) shown on return Identifying number Total Forms Filed = 3,071,277 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions). 217,946 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 2 1,977,220 3 6,406 Gain, if any, from Form 4684, line 39 3 4 288,034 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 15,575 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 549,843 Gain, if any, from line 32, from other than casualty or theft 6 2,614,375 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 204,416 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a 133.971 a long-term capital gain on the Schedule D filed with your return (see instructions). Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 368,715 11 767,617 Loss, if any, from line 7. 11 12 204,416 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 558,594 Gain, if any, from line 31 13 14 12,801 14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . 15 2,300 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 4,453 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . 1,712,240 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 0 18a

Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

18b

Form 4797 (2007)

Pa	rt III Gain From Disposition of Property Under (see instructions)	Sect	ions 1245, 12	50, 1252,	1254	4, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pr	operty:				(b) Date acquire (mo., day, yr.)	d (c) Date sold (mo., day, yr.)
Α							
В							
D				ı			
	These columns relate to the properties on lines 19A through 19D	D. ▶	Property A	Property	в	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable						
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the smaller of line 24 or 25a	25b	541,795				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975 (see instructions)	26a					
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b					
С	Subtract line 26a from line 24. If residential rental property or						
	line 24 is not more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976	26d					
е	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
<u>g</u>	Add lines 26b, 26e, and 26f	26g	15,328				
27 a	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage (see instructions)	27b					
	Enter the smaller of line 24 or 27b	27c	*				
28	If section 1254 property:						
а	Intangible drilling and development costs, expenditures for						
	development of mines and other natural deposits, and						
	mining exploration costs (see instructions)	28a					
b	Enter the smaller of line 24 or 28a	28b	2,852				
29	If section 1255 property:						
а	Applicable percentage of payments excluded from income	00-					
h	under section 126 (see instructions)	29a 29b	155				
	nmary of Part III Gains. Complete property columns			L h line 29b	befo	re going to lin	e 30
-	milary of that in Gamer complete property columns	7 (2111	oagii D iiii oagi		50101		
30	Total gains for all properties. Add property columns A through	h D. line	e 24			30	907,106
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,						558,592
32	Subtract line 31 from line 30. Enter the portion from casualty of other than casualty or theft on Form 4797, line 6	or theft	on Form 4684, lir	ne 33. Enter	the po	ortion from	551,076
Pa	Recapture Amounts Under Sections 179 (see instructions)						
						(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in p	orior vo	are		33		
34	Recomputed depreciation (see instructions)	-			34		
35	Recapture amount. Subtract line 34 from line 33. See the inst			oort	35		

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor)) (Income not subject to self-employment tax)

Attachment

Depar Interna	tment of the Treasury al Revenue Service	tach t	o Form 1040 or	-	040NR. ► Se	ee instructions on l	back.	Attach Seque	ment nce No. 37
Name	e(s) shown on tax return						Your socia	al security num	ber
							Employer	ID number (Elf	V). if any
		Total F	orms Filed = 583,	607					
A	Did you actively participate in the	oper	ation of this far	m durin	g 2007 (see ins	structions)?	Y = 4	79,218 🔲 🕥	res No
Pai	rt I Gross Farm Rental Inc	ome	–Based on Pr	oducti	on. Include an	nounts converted	I to cash	or the equi	valent.
1	Income from production of lives	stock,	produce, grains	s, and o	other crops		1	301,154	
2a				106	,522	2b Taxable amount	2b		
3a	Agricultural program payments (se	ee inst	ructions) 3a	308	3,346	3b Taxable amount	3b	299,015	
4	Commodity Credit Corporation						4-	3,354	
	CCC loans reported under elect				 70		4a 4c	3,334	
_	CCC loans forfeited Crop insurance proceeds and for					4c Taxable amount	40		-+-
5 a	Amount received in 2007		1 - 1		.967	5b Taxable amount	5b	24,617	
				<u> </u>	d Amount def		5d		
6	Other income, including federal a		•				-	237,421	
7	Gross farm rental income. Add								
	total here and on Schedule E (F	orm	1040), line 42.			<u></u>	7	547,774	
Par	rt II Expenses—Farm Rent	al Pr	operty. Do not	include	e personal or	living expenses.			
8	Car and truck expenses (see				21 Pension	and profit-sharing			
0	Schedule F instructions). Also				plans .		21	*	
	attach Form 4562	8	75,297		22 Rent or le				
9	Chemicals	9	94,961		a Vehicles,	machinery,			
10	Conservation expenses (see					pment (see			
	instructions)	10	11,494		7	ons)	001		
11	Custom hire (machine work)	11	63,952		,	nd, animals, etc.).		159,617	,
12	Depreciation and section 179 expense deduction not				1	and maintenance .	24	82,521	
	claimed elsewhere	12	181,916			nd plants and warehousing .	25	02,021	
13	Employee benefit programs				_			95,397	
	other than on line 21 (see							404,218	
	Schedule F instructions)	13	144		28 Utilities .		28		
14	Feed	14	26,928			y, breeding, and			
15		15	135,184		medicine		29		
16	Freight and trucking Gasoline, fuel, and oil	16 17	104,784		30 Other ex (specify):				
17 18	Insurance (other than health)	18	272,892		1 `` ''		30a		
19	Interest:		,,,,				001		
	Mortgage (paid to banks, etc.) .	19a	50,182				30c		
	Other	19b	33,267		d				
20	Labor hired (less employment				1				
	credits) (see Schedule F instructions)	20	26,680		f g		30f 30g		-+-
	instructions)	20	20,000		<u> </u>		Jog		
31	Total expenses. Add lines 8 th	rouah	30a (see instru	ictions)			31	485,685	,
32	Net farm rental income or (los	_	• .						
	it here and on Schedule E, line						32	554,645	,
33) 33a ∫		ent is at risk.	
	(see instructions)				•	ox Checked) = 126,49	99] 33b	Some investme	ent is not at risk.
С	You may have to complete Form								
	which box you checked (see ins Form 6198 before going to Form								
	on Schedule E, line 40					s carryover (-) = 28,5	64 33c	117,230)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Investment Interest Expense Deduction

Department of the Treasury ► Attach to your tax return. Internal Revenue Service

Total Investment Interest Ex

Attachment

Identifying number

Sequence No. 51

OMB No. 1545-0191

Name(s) shown on return

Total Forms Filed = 1,895,166

pense			
ued in 2007 (see instructions)	1	1,492,611	
	_	704 000	

Pai	1 I otal investment interest Expense		
1	Investment interest expense paid or accrued in 2007 (see instructions)	1	1,492,611
2	Disallowed investment interest expense from 2006 Form 4952, line 7	2	784,089
3	Total investment interest expense. Add lines 1 and 2	3	1,867,945
Par			
4a	gain from the disposition of property held for investment) 4a 1,818,318		
b	actualities divided to the fact of the fac	4c	1,783,380
С	Subtract line 4b from line 4a	40	1,700,300
d	Net gain from the disposition of property held for investment 4d 996,710		
е	Enter the smaller of line 4d or your net capital gain from the disposition		
	of property held for investment (see instructions)		
f	Subtract line 4e from line 4d	4f	450,570
а	Enter the amount from lines 4b and 4e that you elect to include in investment income (see		
•	instructions)	4g	262,376
h	Investment income. Add lines 4c, 4f, and 4g	4h	1,809,704
5	Investment expenses (see instructions)	5	616,751
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0	6	1,717,606
Par	t III Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2008. Subtract line 6 from		
	line 3. If zero or less, enter -0	7	775,145
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	1,690,394

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions Purpose of Form

Use Form 4952 to figure the amount of investment interest expense vou can deduct for 2007 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

Exception. You do not have to file Form 4952 if all of the following apply.

- Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.
- You do not have any other deductible investment expenses.
- You do not have any carryover of disallowed investment interest expense from 2006.

Allocation of Interest **Expense**

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different

rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535. Business Expenses.

Specific Instructions Part I—Total Investment **Interest Expense**

Line 1

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

- Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details.

- Any interest expense that is capitalized, such as construction interest subject to section 263A.
- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Property held for investment. Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

Exception. A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

Part II—Net Investment Income

Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

Form **4972**

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

► Attach to Form 1040, Form 1040NR, or Form 1041.

OMB No. 1545-0193

2007

Attachment

Name of recipient of distribution

Total Forms Filed = 14,214

Sequence No. 28
Identifying number

Yes No contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind (pension, profit-sharing, or stock bonus?) If "No," do not use this form 2 Did you roll over any part of the distribution? If "Yes," do not use this form 3 Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936? 4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? 5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan be fore a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution. 5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use the form for this form for a 2007 distribution received for that participant after 1986? If "Yes," do not use the form for this distribution. 6 Capital gain part from Form 1099-R, box 3. Multiply line 6 by 20% (20) 1	Par	Complete this part to see if you can use Form 4972			
contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind (pension, profil-sharing, or stock bouns?) if "No," do not use this form 2 Did you roll over any part of the distribution? If "Yes," do not use this form 3 Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936? 4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form. 5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use this form of this distribution received for that participant after 1986? If "Yes," do not use the form of this distribution or homotomy of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form of this distribution or homotomy of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form of this distribution or Form 1099-R, box 3 7 Multiply line 6 by 20% (20) Formal III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- 12 Adjusted total taxable amount. Add line	1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary employee	,	Yes	No
2 Did you roll over any part of the distribution? If "Yes," do not use this form 3 Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 19367. 4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? 15 Did you use Form 4972 after 1986 for a previous distribution form, your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan? 2		contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind (pension	,		4400
Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936? Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form for a 2007 distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who clied, clid you use Form 4972 for a previous distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who clied, clid you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution given by the climber of the participant after 1986? If "Yes," do not use the form for this distribution given by the climber of the participant after 1986? If "Yes," do not use the form for this distribution given by the climber of the participant after 1986? If "Yes," do not use the form for this distribution given given by the climber of the participant who clied, did you use Form 4972 for a previous distribution given g			. —		
4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form. 5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution Capital gain part from Form 1099-R, box 3 Multiply line 6 by 20% (20) If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total or Form 1040, line 44, Form 1040NR, line 41, or Form 1041. Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part III, enter the taxable amount from Form 1099-R, box 2a 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0. 12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is zero, skip lines 20 through 22 and go to line 23 15 Multiply line 14 by 20% (20) 16 Minimum distribution allowance. Subtract line 15 from line 13 16 Line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 17 Multiply line 19 by 10% (10) 18 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 20 Multiply line 22 by 10	2		. 2	Yes =	14,20
participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form. 5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution Complete this part to choose the 20% capital gain election (see instructions) 6 Capital gain part from Form 1099-R, box 3 7 Multiply line 6 by 20% (20) 1 you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total or Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount. Form 1099-R, box 2a year and year	3		. 3	Yes =	14,20
5a Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not use this form for a 2007 distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution. Part III Complete this part to choose the 20% capital gain election (see instructions) Capital gain part from Form 1099-R, box 3	4	participant in the plan for at least 5 years before the year of the distribution?		Yes =	14,20
b If you are receiving this distribution from your own plan b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this 5b Yes = 12,11 Part II Complete this part to choose the 20% capital gain election (see instructions) 6 Capital gain part from Form 1099-R, box 3	50				
b If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this distribution Part II	Ja			Yes =	14,20
Complete this part to choose the 20% capital gain election (see instructions) 6 Capital gain part from Form 1099-R, box 3 7 Multiply line 6 by 20% (£20) If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0. 11 O 14,205 11 Univernal taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0. 15 Multiply line 14 by 20% (.20) 16 Minimum distribution allowance. Subtract line 15 from line 13 17 Subtract line 16 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 19 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 20	b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Form 4972 for a previous distribution received for that participant after 1986? If "Yes," do not use the form for this		Vec =	12 11
6 Capital gain part from Form 1099-R, box 3 .	Dar		. 50	163	12,11
Multiply line 6 by 20% (20) If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount. Subtract line 9 from line 8 10 14,205 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- 12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 from line 12. If line 12 is \$20,000 from line 12. If line 12 is \$20,000 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 15 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 16 Multiply line 14 by the decimal on line 20 20 Loude line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 17 Multiply line 19 by 10% (10) 28 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 29 and go to line 30 Multiply line 22 by 10% (10) 21 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions		· · · · · · · · · · · · · · · · · · ·	312		
If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions) 8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-B, box 2a 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-B, box 8. If none, enter -0- 12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- 15 Multiply line 14 by 20% (20) 16 Minimum distribution allowance. Subtract line 15 from line 13 17 Subtract line 16 from line 12. 18 Federal estate tax attributable to lump-sum distribution 19 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 19 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 10 Multiply line 19 by 10% (10) 11 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 21 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 12 Multiply line 22 by ton (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 13 Multiply line 22 by ton (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 25 14 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions		Ouplied gain part north 1000 H, box o	012		
on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. Part III Complete this part to choose the 10-year tax option (see instructions)	1	widitiply life 6 by 20% (.20)			
8 Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 10 Total taxable amount. Subtract line 9 from line 8 11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- 12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- 15 Multiply line 14 by 20% (.20) 16 Minimum distribution allowance. Subtract line 15 from line 13 17 Subtract line 16 from line 12. If line 11 is zero, skip lines 20 through 22 and go to line 23 19 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 10 Multiply line 16 by the decimal on line 20 21 Multiply line 16 by the decimal on line 20 22 Subtract line 21 from line 11 23 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 25 25 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 25 26 Multiply line 22 by 10% (.10) 17 ax on amount on line 26. Use the Tax Rate Schedule in the instructions 18 14,205 19 1,004 10 14,205 11 0 14 4,205 12 14,205 13 14,205 14 15 15 16 13,903 15 17 18 644 17 18 644 19 20 18 644 19 20 19 19 19 10 10 19 19 19 10 10 19 19 19 10 10 19 19 10 10 19 19 10 10 19 19 19 10 10 19 19 19 10 10 19 19 19 10 10 19 19 1					
the taxable amount from Form 1099-R, box 2a Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 Total taxable amount. Subtract line 9 from line 8 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18. Multiply line 12 by 50% (.50), but do not enter more than \$10,000 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- Multiply line 14 by 20% (.20) Minimum distribution allowance. Subtract line 15 from line 13 Subtract line 16 from line 12. Federal estate tax attributable to lump-sum distribution Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) Multiply line 16 by the decimal on line 20 Subtract line 21 from line 11 Multiply line 19 by 10% (.10) Tax on amount on line 23. Use the Tax Rate Schedule in the instructions Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 Multiply line 22 by 10% (.10) Tax on amount on line 26. Use the Tax Rate Schedule in the instructions	Par	Complete this part to choose the 10-year tax option (see instructions)			
the taxable amount from Form 1099-R, box 2a Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996 Total taxable amount. Subtract line 9 from line 8 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- Multiply line 14 by 20% (.20) Minimum distribution allowance. Subtract line 15 from line 13 Subtract line 16 from line 12 Federal estate tax attributable to lump-sum distribution Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) Multiply line 18 by the decimal on line 20 Subtract line 21 from line 11 Multiply line 19 by 10% (.10) Tax on amount on line 23. Use the Tax Rate Schedule in the instructions Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 Multiply line 22 by 10% (.10) Tax on amount on line 26. Use the Tax Rate Schedule in the instructions	8	Ordinary income from Form 1099-B, box 2a minus box 3. If you did not complete Part II, enter			
10 Total taxable amount. Subtract line 9 from line 8 10 14,205					
11 Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0- 12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- 15 Multiply line 14 by 20% (.20) 16 Minimum distribution allowance. Subtract line 15 from line 13 17 Subtract line 16 from line 12 18 Federal estate tax attributable to lump-sum distribution 19 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 20 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 21 Multiply line 16 by the decimal on line 20 22 Subtract line 21 from line 11 23 Multiply line 19 by 10% (.10) 24 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 25 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 Multiply line 22 by 10% (.10) Tax on amount on line 26. Use the Tax Rate Schedule in the instructions 26 Multiply line 22 by 10% (.10) Tax on amount on line 26. Use the Tax Rate Schedule in the instructions 27 0	9	Death benefit exclusion for a beneficiary of a plant participant who died before Adgust 21, 1990			
12 Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18 13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 14 Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0- 15 Multiply line 14 by 20% (.20) 16 Minimum distribution allowance. Subtract line 15 from line 13 17 Subtract line 16 from line 12 18 Federal estate tax attributable to lump-sum distribution 19 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 20 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 21 Multiply line 16 by the decimal on line 20 22 Subtract line 21 from line 11 23 Multiply line 19 by 10% (.10) 24 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 24 13,246 25 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30 26 Multiply line 29 by 10% (.10) 27 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions 28 Multiply line 29 by 10% (.10) 29 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions 20 Divide line 10 by the decimal on line 26 Use the Tax Rate Schedule in the instructions 28 Multiply line 29 by 10% (.10) 29 Tax on amount on line 26. Use the Tax Rate Schedule in the instructions	10	Total taxable amount. Gabilact line o from line o		5	
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\$20,000 or less, enter -0	13	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 .			
15 Multiply line 14 by 20% (.20) 15 16 Minimum distribution allowance. Subtract line 15 from line 13 16 13,903 17 Subtract line 16 from line 12 17 18 Federal estate tax attributable to lump-sum distribution 18 644 19 Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23 19 20 Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places) 20 20 21 Multiply line 16 by the decimal on line 20 21 22 22 Subtract line 21 from line 11 22 23 23 Multiply line 19 by 10% (.10) 23 24 13,246 24 Tax on amount on line 23. Use the Tax Rate Schedule in the instructions 25 25 26 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line instructions 25 26 Multiply line 22 by 10% (.10) 26 27 0	14	Subtract \$20,000 from line 12. If line 12 is			
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17 Subtract line 16 from line 12			13 90	3	
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Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23		Subtract mile 10 mem mile 12	644		
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25 Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30	23	Waliply into 10 by 1070 (.10)	10.04	•	
29, and go to line 30	24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	13,24	6	
26 Multiply line 22 by 10% (.10)	25				
instructions	26				
	27				
20 Widitiply line 27 by ten (10)	28				
29 Subtract line 28 from line 25. Multiple recipients, see instructions			13,24	6	
Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies 30 13,249	30		13,24	9	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES Additional Taxes on Qualified Plans OMB (Including IRAs) and Other Tax-Favored Accounts

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► See separate instructions.

	al Revenue Service	See separate instructions.		Sequence No.	29
Name	e of individual subject to	additional tax. If married filing jointly, see instructions.	Your	social security nu	
		Total Forms Filed = 1,479,094			
Fill	in Your Address O	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. r	no.	
	ou Are Filing This				
For	m by Itself and No	City, town or post office, state, and ZIP code	If this	s is an amended	
With	n Your Tax Return	7	retur	n, check here >	
If yo	ou only owe the add	litional 10% tax on early distributions, you may be able to report this tax directly	on F	orm 1040, line	60, or
Forr	m 1040NR, line 55,	without filing Form 5329. See the instructions for Form 1040, line 60, or for For	m 104	0NR, line 55.	
Pa	Complete th an IRA) or m You may als	I Tax on Early Distributions his part if you took a taxable distribution, before you reached age 59½, from a qualification and the contract (unless you are reporting this tax directly on Form 1040 or have to complete this part to indicate that you qualify for an exception to the addition Roth IRA distributions (see instructions).	r Form onal ta	n 1040NR—see a	above)
1	Early distributions	included in income. For Roth IRA distributions, see instructions	1		
2	Early distributions	included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropri	ate exception number from the instructions:	2		
3	Amount subject to	additional tax. Subtract line 2 from line 1	3	1,193,950	_
4		nter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form	4	1,185,681	
		t of the amount on line 3 was a distribution from a SIMPLE IRA, you may have that amount on line 4 instead of 10% (see instructions).			
Pa	rt II Additiona	I Tax on Certain Distributions From Education Accounts			
		his part if you included an amount in income, on Form 1040 or Form 1040NR, savings account (ESA) or a qualified tuition program (QTP).	ine 21	1, from a Cover	rdell
5	Distributions include	ded in income from Coverdell ESAs and QTPs	5		
6		ded on line 5 that are not subject to the additional tax (see instructions)	6		
7		additional tax. Subtract line 6 from line 5	7	70,179	
8	Additional tax. Enter	10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	70,183	
Pa	rt III Additiona	I Tax on Excess Contributions to Traditional IRAs			
		his part if you contributed more to your traditional IRAs for 2007 than is allowed for your 2006 Form 5329.	able o	r you had an a	amoun
9	-	contributions from line 16 of your 2006 Form 5329 (see instructions). If zero,	9		
10	•	IRA contributions for 2007 are less than your e contribution, see instructions. Otherwise, enter -0-			
11		A distributions included in income (see instructions)			
12		of prior year excess contributions (see instructions) 12			
13		and 12	13		
14		contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		
15	Excess contribution	ns for 2007 (see instructions)	15		
16	Total excess contr	ributions. Add lines 14 and 15	16	32,198	
17		6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2007	.		
		butions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	31,209	\perp
Pa		I Tax on Excess Contributions to Roth IRAs			
		his part if you contributed more to your Roth IRAs for 2007 than is allowable or 2006 Form 5329.	you ha	ad an amount o	on line
18	Enter your excess co	ntributions from line 24 of your 2006 Form 5329 (see instructions). If zero, go to line 23	18		
19	•	ontributions for 2007 are less than your maximum			
	•	tion, see instructions. Otherwise, enter -0-			
20		from your Roth IRAs (see instructions)			
21	Add lines 19 and 2	· · · · · · · · · · · · · · · · · · ·	21		
22		contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22		
23	•	ons for 2007 (see instructions)	23		
24		ibutions. Add lines 22 and 23	24	54,730	
25	Additional tax. Enter	6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2007 butions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	53 724	

Par	rt V	Additional Tax on Excess Contributions to Coverd Complete this part if the contributions to your Coverd amount on line 33 of your 2006 Form 5329.		were more than	is allow	able or you h	ad an
26	Enter t	he excess contributions from line 32 of your 2006 For	m 5329 (see instru	ctions). If zero,			
	go to I				26		
27		ontributions to your Coverdell ESAs for 2007 were less that allowable contribution, see instructions. Otherwise, etc.					
28	2007 c	listributions from your Coverdell ESAs (see instructions)) 28				
29		nes 27 and 28			29		
30	-	ear excess contributions. Subtract line 29 from line 26.			30		
31		s contributions for 2007 (see instructions)			31	*	
32		excess contributions. Add lines 30 and 31			32		
33	Decem	onal tax. Enter 6% (.06) of the smaller of line 32 or the other 31, 2007 (including 2007 contributions made in 20 line 60, or Form 1040NR, line 55	08). Include this ar	mount on Form	33	*	
Par	t VI	Additional Tax on Excess Contributions to Arc	her MSAs				
		Complete this part if you or your employer contributed had an amount on line 41 of your 2006 Form 5329.	d more to your Arc	her MSAs for 200	7 than	is allowable of	or you
34		the excess contributions from line 40 of your 2006 Formine 39			34		
35		contributions to your Archer MSAs for 2007 are less thum allowable contribution, see instructions. Otherwise, et	nter -0- 35				
36	2007 c	listributions from your Archer MSAs from Form 8853, li	ne 10 . 36				
37		nes 35 and 36			37		
38	-	ear excess contributions. Subtract line 37 from line 34.			38		
39		s contributions for 2007 (see instructions)			39 40	6,852	
40 41		excess contributions. Add lines 38 and 39 conal tax. Enter 6% (.06) of the smaller of line 40 or the			70	0,032	
41	Decem	iber 31, 2007 (including 2007 contributions made in 20 line 60, or Form 1040NR, line 55	08). Include this ar	mount on Form	41	4,793	
Par	t VII	Additional Tax on Excess Contributions to Hea				1,100	
	_	Complete this part if you, someone on your behalf, or allowable or you had an amount on line 49 of your 200		tributed more to	your HS	SAs for 2007 t	han is
42	Enter t	he excess contributions from line 48 of your 2006 Forn	n 5329. If zero, go	to line 47	42		
43		contributions to your HSAs for 2007 are less than the mable contribution, see instructions. Otherwise, enter -0-	43				
44	2007 di	stributions from your HSAs from Form 8889, line 16	44				
45		nes 43 and 44			45		
46	-	ear excess contributions. Subtract line 45 from line 42.	If zero or less, ent	ter -0	46		
47		s contributions for 2007 (see instructions)			47 48	57,426	
48 49		excess contributions. Add lines 46 and 47	· · · · · · · · · · · · · · · · · · ·		40	37,420	
49		nartax. Enter 6% (.06) of the smaller of line 46 or the value of your entributions made in 2008). Include this amount on Form 1040, lin			49	52,242	
Par		Additional Tax on Excess Accumulation in Qua Complete this part if you did not receive the minimum	alified Retiremen	nt Plans (Includ			
50	Minimu	um required distribution for 2007 (see instructions) .			50		
51		,			51		
52		ct line 51 from line 50. If zero or less, enter -0			52	10,959	
53		nal tax. Enter 50% (.50) of line 52. Include this amount on Form			53	11,277	
ગgા	nature.	Complete only if you are filing this form by itself Under penalties of perjury, I declare that I have examined this form, inclu			and to the	he hest of my know	wledge
Sig		and belief, it is true, correct, and complete. Declaration of preparer (other					
Her	е	Your signature		Date			
Paid		Preparer's signature	Date	Check if self- employed	Prepar	er's SSN or PTIN	
lleo Lleb	arer's Only	Firm's name (or yours if self-employed),		EIN	 		
JJG	Jilly	address, and ZIP code		Phone no.	()	

Department of the Treasury

Internal Revenue Service

Residential Energy Credits
NUMBER OF RETURNS FILED FOR SELECTED LINES

► See instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment 158 Sequence No.

Name(s) shown on return

Your social security number Total Forms Filed = 4,366,023

Before you begin Part I: Figure the amount of any foreign tax credit or retirement savings contributions credit you are claiming.

Pa	art I Nonbusiness Energy Property Credit (See instructions before completing this	part.))		
1	Were the qualified energy efficiency improvements or residential energy property costs for yo	ur	Yes Boxe	es Checked =	4,363,021
•	main home located in the United States? (see instructions)		1 📗 Y	es 🗆	No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property cred				
	Do not complete Part I.				
2	·				
	a Insulation material or system specifically and primarily designed to reduce heat loss or gain	in			
	your home			53,994	
	b Exterior doors		2b 1,40	04,330	
	c Metal roof with appropriate pigmented coatings that meet the Energy Star program requirement	nts			
	and is specifically and primarily designed to reduce heat gain in your home	. 2	2c 98	3,777	
	d Exterior windows (including skylights)				
	e Maximum amount of cost on which the credit can be figured 2e \$2,000				
	f Enter the amount, if any, from your 2006 Form 5695, line 2b. Otherwise,				
	enter -0				
	g Subtract line 2f from line 2e				
	h Enter the smaller of line 2d or line 2g			65,831	
3	Add lines 2a, 2b, 2c, and 2h	. 📑		73,733	
4	Multiply line 3 by 10% (.10)		4 3,2	73,732	
5	000 004				
	a Energy-efficient building property. Do not enter more than \$300 5a 989,831				
	b Qualified natural gas, propane, or oil furnace or hot water boiler. Do				
	not enter more than \$150	_			
	c Advanced main air circulating fan used in a natural gas, propane, or				
	oil furnace. Do not enter more than \$50		4 7	20.000	
6	3		-	22,322	
7		·		18,735	
8		. —	-	\$500 9 ,757	
9		. —	<u> </u>	9,737 20,884	
10				13,629	
11		. 🗀	11 4,3	13,023	
12					
13					
	49, and lines 51 and 53, or Form 1040NR, lines 44, 46, and 48				
14			14		
15	property credit		1 4 1 5 4,29	92,496	
	Honorous chergy property orealt Enter the smaller of the 11 of the 14	. '	4,2	J∠, T JU	

Before you begin Part II: Figure the amount of any of the following credits you are claiming.

- Foreign tax credit
- Child tax credit
- Retirement savings contributions credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

6	Qualified solar electric property costs		
	Multiply line 16 by 30% (.30)		
	Maximum credit amount		
	Enter the smaller of line 17 or line 18	19	33,822
	Qualified solar water heating property costs		
	Multiply line 20 by 30% (.30)		
	Maximum credit amount		
	Enter the smaller of line 21 or line 22	23	26,211
	Qualified fuel cell property costs		,
	Multiply line 24 by 30% (.30)		
	Kilowatt capacity of property on line 24 above ► X \$1,000 26 18,503		
	Enter the smaller of line 25 or line 26	27	1,344
	Credit carryforward from 2006. Enter the amount, if any, from your 2006 Form 5695, line 30	28	10,077
	Add lines 19, 23, 27, and 28	29	67,281
	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43		
	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 49, and lines 51, 53, and 54; line 15 of this form; and line 12 of the Line 11 Worksheet in Pub. 972 (see instructions). 1040NR filers: Enter the total, if any, of your credits from Form 1040NR, lines 44, 46, 48, and 49; line 15 of this form; and line 12	_	
	of the Line 11 Worksheet in Pub. 972 (see instructions).		
	Subtract line 31 from line 30. If zero or less, enter -0- here and on line 33	32	4,334,735
	Residential energy efficient property credit. Enter the smaller of line 29 or line 32	33	61,302
	Credit carryforward to 2008. If line 33 is less than line 29, subtract line 33 from line 29		
а	rt III Current Year Residential Energy Credits		

Form **5695** (2007)

5884 **5884**

Work Opportunity Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES

► Attach to your tax return.

OMB No. 1545-0219

2007
Attachment
Sequence No. 77

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 45,253

Identifying number

Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified (if required) as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Total Forms Filed = 45,255			
during the tax year, and multiply by the percentage shown, for services of employees who are coefficial for frequired) as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but flewer than 400 hours \$ × 25% (.25) b Qualified second-year wages of employees who worked for you at least 400 hours \$ × 40% (.40) c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (.50) 2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make for salaries and wages. 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts, 4 Add lines 2 and 3. Partnerships and S corporations, report hits amount on Schedule K; all others, go to line 5. 5 Work opportunity credit included on line 4 from passive activities (see instructions) 5. 6 Subtract line 5 from line 4 7 Work opportunity credit allowed for 2007 from a passive activity (see instructions) 7. 6 Subtract line 5 from line 4 7 Work opportunity credit see instructions (see instructions) 7. 8 Add lines 5 through 8. Cooperatives, estates, and trusts. continue on to line 10. All others, use this amount to complete Part II Nondeductible Credit - 28 10 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 10 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 10 Add lines 12 and 13 13 Alternative minimum tax (see instructions) 11 Port II Allowable Credit (Form 8910, line 18) 150 160 170 170 170 170 170 170 170 170 170 17	Pai	t I Current Year Credit			
cortified (if required) as members of a targeted group. a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$ × 25% (25) b Qualified first-year wages of employees who worked for you at least 400 hours \$ × 40% (40) c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (50) 2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make for salaries and wages. 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts, 4 Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K, all others, go to line 5 5 Work opportunity credit included on line 4 from passive activities (see instructions) 5 13,221 5 Work opportunity credit allowed for 2007 from a passive activity (see instructions) 6 13,27.28 7 Work opportunity credit allowed for 2007 from a passive activity (see instructions) 7 8.8855 8 Camyforward from 2008 of the New York Liberty Zone business employee credit and carryback from 2008 of the work opportunity credit (see instructions) 8 10 9 Add lines 6 through 8. Cooperatives, estates, and trusts, continue on to line 10. All others, use this amount to complete Part II Nondeductible Credit = 28 10 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 9 11 11 Cooperatives, estates, and trusts, subtract line 10 from line 9. Use this amount to complete Part II 11 12 Regular tax before credits (see instructions) 13 13 Alternative minimum tax (see instructions) 14 14 Add lines 12 and 13 15 15 Credits from Forms 5735 and 8834 156 157 16 Net regular tax. Subtract line 16 from line 14. If zero, skip lines 17 through 20 and enter-0- on line 21 17 18 Enter 25% (25) of the excess, if any, of line 17 over \$25,000 (see instructions) 19 15 Empowement zone and renewal community employment credit (Form 8910, line 19) 16 16 Net Incept this amount on Form 1640, lines 55, Fo	1				
to Qualified first-year wages of employees who worked for you at least 400 hours \$.					
b Qualified first-year wages of employees who worked for you at least 400 hours \$ × 40% (40) c Qualified second-year wages of employees certified as long-term family assistance recipients \$ × 50% (50) 2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make for salaries and wages. 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts, 4 Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K, all others, go to line 5 Work opportunity credit included on line 4 from passive activities (see instructions) 5 S Work opportunity credit included on line 4 from passive activity (see instructions) 6 S Work opportunity credit allowed for 2007 from a passive activity (see instructions) 7 Work opportunity credit allowed for 2007 from a passive activity (see instructions) 7 B Add lines 6 through 8. Cooperatives, estates, and trusts, continue on to line 10. All others, use this amount to complete Part II 8 10 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) 9 11 Cooperatives, estates, and trusts, subtract line 10 from line 9. Use this amount to complete Part II 9 12 Regular tax before credits (see instructions) 19 13 Alternative minimum tax (see instructions) 19 14 Add lines 15 and 13 19 15 Credits from Form 1040, lines 47 through 50 and 52 through 54 (or Form 1040)R, lines 44, 45, and 47 through 49) 15e 15d 15b 15d	а	Qualified first-year wages of employees who worked for you at least			
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38,096			00	20.000	
For Panarwork Reduction Act Notice see instructions Cat No. 13570D Form 5884 (20)			22		

6251

Department of the Treasury

Alternative Minimum Tax—Individuals

NUMBER OF RETURNS FILED FOR SELECTED LINES See separate instructions.

Attachment

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR. Sequence No. Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR Your social security number Total Forms Filed = 9.528.998 Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, 9,527,194 1 enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 2 2 913,231 3 7,533,737 3 218,349 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 2.021.192 5 If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040) (4.291.116 7 (3,019,140 7 8 148,786 9 27,668 9 Depletion (difference between regular tax and AMT) 10 129,605 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 11 1,392,211 11 12 6,161 12 Qualified small business stock (7% of gain excluded under section 1202) 13 23,821 13 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 210,903 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 2.814 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 15 16 589.773 Disposition of property (difference between AMT and regular tax gain or loss) 16 17 1,907,090 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 1,357,783 Passive activities (difference between AMT and regular tax income or loss) 18 19 309,574 19 Loss limitations (difference between AMT and regular tax income or loss) 20 4.134 20 Circulation costs (difference between regular tax and AMT) 21 4,977 21 Long-term contracts (difference between AMT and regular tax income) 22 8,836 22 Research and experimental costs (difference between regular tax and AMT) 23 5,641 23 24 54 24 Income from certain installment sales before January 1, 1987 25 7.141 25 26 125,162 26 Other adjustments, including income-based related adjustments 27 71,866 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see page 7 of the instructions.) 9,526,358 Part II **Alternative Minimum Tax** Child Under 18 = 82,280 Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) IF your filing status is . . . AND line 28 is not over... THEN enter on line 29... Single or head of household \$112,500 \$44.350 Married filing jointly or qualifying widow(er) . 150,000 66.250 8,508,634 29 Married filing separately 75.000 33.125 If line 28 is over the amount shown above for your filing status, see page 7 of the instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 7.195.672 • If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 7,195,657 31 for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 32 2,359,047 32 Alternative minimum tax foreign tax credit (see page 8 of the instructions) 7,171,268 33 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured 34 8,820,499

4,107,693

35

Form 1040, line 45

Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-, Enter here and on

Page 2

Form 6251 (2007) Part III **Tax Computation Using Maximum Capital Gains Rates** Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from 36 36 line 3 of the worksheet on page 8 of the instructions 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 4,991,202 37 2555-EZ, see page 10 of the instructions for the amount to enter Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the 38 AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 556.258 or 2555-EZ, see page 10 of the instructions for the amount to enter . . . If you did not complete a Schedule D Tax Worksheet for the regular tax or 39 the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to 4,952,201 40 Enter the **smaller** of line 36 or line 39 40 41 41 Subtract line 40 from line 36 42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the 4,510,293 42 43 • \$63,700 if married filing jointly or qualifying widow(er), 43 • \$31,850 if single or married filing separately, or • \$42,650 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- . . . 45 45 Subtract line 44 from line 43. If zero or less, enter -0-46 46 Enter the **smaller** of line 36 or line 37 47 Enter the smaller of line 45 or line 46 48 836.422 48 Multiply line 47 by 5% (.05) 49 Subtract line 47 from line 46 49 4,457,816 Multiply line 49 by 15% (.15) 50 50 If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. 51 Subtract line 46 from line 40 52 459.591 52 Multiply line 51 by 25% (.25) 53 53 Add lines 42, 48, 50, and 52 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). 54 Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the

Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 8 of the instructions

4,906,673

54

55

NUMBER OF RETURNS FILED FOR SELECTED LINES

Installment Sale Income

► Attach to your tax return.

▶ Use a separate form for each sale or other disposition of

OMB No. 1545-0228 Attachment

73

6252

Department of the Treasury

property on the installment method. Sequence No. 79 Internal Revenue Service Identifying number Name(s) shown on return Total Forms Filed = 833.114 Description of property ▶ 2a Date acquired (month, day, year) ► _____ b Date sold (month, day, year) ► ____ Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4. Yes □No Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," ☐ No Gross Profit and Contract Price. Complete this part for the year of sale only. Part I 131,593 5 5 Selling price including mortgages and other debts. Do not include interest whether stated or unstated Mortgages, debts, and other liabilities the buyer assumed or took 6 the property subject to (see instructions) 7 7 Subtract line 6 from line 5 8 8 Cost or other basis of property sold 9 10 10 Adjusted basis. Subtract line 9 from line 8 11 11 Commissions and other expenses of sale 12 Income recapture from Form 4797, Part III (see instructions) . . . 12 118.434 13 13 130,198 14 14 Subtract line 13 from line 5. If zero or less, **do not** complete the rest of this form (see instructions) If the property described on line 1 above was your main home, enter the amount of your excluded 15 3,242 15 16 128,363 16 1,293 17 17 Contract price. Add line 7 and line 17 . . . 18 131,514 18 Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or Part II have certain debts you must treat as a payment on installment obligations. 19 Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions 19 20 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-774.090 21 Payments received during year (see instructions). Do not include interest, whether stated or unstated 21 22 774,381 22 Payments received in prior years (see instructions). **Do not** include 23 714.211 24 769,690 24 25 3,171 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions). Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) 26 769.306 Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Name, address, and taxpayer identifying number of related party If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. a

The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) **b** The first disposition was a sale or exchange of stock to the issuing corporation. c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. **d** The second disposition occurred after the death of the original seller or buyer. e 🔲 It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). 30 Selling price of property sold by related party (see instructions) 30 31 31 32 32 33 33 Total payments received by the end of your 2007 tax year (see instructions) 34 35 99 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 35 36 * 36 Enter the part of line 35 that is ordinary income under the recapture rules (see instructions).

99

37

Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

Attachment

Department of the Treasury Attach to your tax return. Sequence No. 82 Internal Revenue Service Identifying number Name(s) shown on tax return Total Forms Filed = 361,536 Check all applicable boxes (see instructions). A Mixed straddle election Mixed straddle account election Straddle-by-straddle identification election **D** Net section 1256 contracts loss election Part I Section 1256 Contracts Marked to Market (a) Identification of account (b) (Loss) (c) Gain 1 Add the amounts on line 1 in columns (b) and (c) 3 357,519 3 Net gain or (loss). Combine line 2, columns (b) and (c) 2,285 4 4 Form 1099-B adjustments. See instructions and attach schedule 357,481 5 Combine lines 3 and 4 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be 21 6 carried back. Enter the loss as a positive number . . . 357.476 7 7 Combine lines 5 and 6 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate 355.083 8 line of Schedule D (see instructions) Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate 357,285 line of Schedule D (see instructions) 9 Gains and Losses From Straddles. Attach a separate schedule listing each straddle and its components. Part II Section A—Losses From Straddles (h) Recognized loss. (f) Loss. (e) Cost or (g) If column (e) (b) Date If column (f) is more Unrecognized (c) Date other basis is more than entered (d) Gross than (g), enter gain on closed out sulg (a) Description of property (d), enter difference. difference. into or sales price offsetting or sold expense of Otherwise, enter -0acquired Otherwise, sale positions enter -0-10 11a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of 1.546 11a b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions) . . . 473 11h Section B—Gains From Straddles (b) Date (f) Gain. If column (c) Date (e) Cost or other (d) Gross (d) is more than (e), entered (a) Description of property basis plus closed out into or enter difference. sales price or sold expense of sale Otherwise, enter -0acquired 12 13a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of 1,671 13a Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions) . __. . . . 430 Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) (e) Unrecognized gain. (c) Fair market value on last (d) Cost or other basis (b) Date If column (c) is more (a) Description of property than (d), enter difference. business day of tax year as adjusted acquired Otherwise, enter -0-14

Form **8283**

(Rev. December 2006)

Department of the Treasury Internal Revenue Service **Noncash Charitable Contributions**

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Total Forms Filed = 6,904,786

Identifying number

Note	. Figure the amou	ınt of your contribi	ution deduction b	efore con	nple	ting t	his form. Se	e you	r tax return instructions.		
Sec	items (o		ar items) for wh	nich you	cla	imed	a deduction	n of	curities— List in this se \$5,000 or less. Also, e instructions).		
Par	t I Informat	ion on Donated	Property—If yo	ou need	mo	re sp	ace, attach	a st	atement.		
1		(a) Name and addre donee organiza			(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)						
Α											
В											
С											
D											
E											
Note	I If the amount you	u claimed as a ded	uction for an item	is \$500 d	or le	ss vo	ou do not hav	e to	complete columns (d), (e)	and (f	 F)
	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Done or adjus	or's c	ost	(g) Fair market	value	ue (h) Method used to determine		
Α											
В				4,744,1	48		6,861,099				
C											
D E											
Par	entire into contributi	erest in a proper ion listed in Part	ty listed in Part I; also attach th	I. Comp ne requir	olete ed :	e line state	es 3a throu ment (see i	gh 30 nstru	· · · · · · · · · · · · · · · · · · ·	laced	
2a		om Part I that ider to more than one p						an er	ntire interest >		— ·
b		imed as a deduction		•				tax ve	ear ►		
				,			(2) For any	-			
С	from the donee of	organization above		y such co	ontr	ibutio	n was made	in a	prior year (complete only	y if diff	eren
	Name of charitable or	ganization (donee)									
	Address (number, stre	eet, and room or suite n	0.)								
	City or town, state, an	nd ZIP code									
	•	•					•				
е	Name of any pers	son, other than the	e donee organizat	tion, havir	ng a	ctual	possession	of the	e property ►		
3a									lispose of the donated	Yes	No
	Did you give to a organization in cothe property, included to designate the property.	nyone (other than opperative fundrais uding the right to v	the donee organizing) the right to the rote donated secunicome, possess	zation or e income urities, to sion, or riç	ano fron acq ght	ther on the uire the total	organization donated property by the property by the property by	partic perty by pu	cipating with the donee or to the possession of rchase or otherwise, or		

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form	8283 (Rev. 12-200	6)	NUMBE	ER OF RE	ETURNS	FILED FOR	R SEL	ECTED LINES		I	Page 2
Name	e(s) shown on your	income tax return							Π,	dentifying number	
Sect	items)	for which you claim	ed a deduction	on of more	e than \$5,0	000 per item	or gro	List in this section on oup (except contribution perty listed in Section E	ons of	certain publicly t	
Pa	rt I Infor	mation on Dona	ated Prope	rty— To	be com	pleted by	the t	axpayer and/or the	e app	oraiser.	
4	Art* (contrib		more) 20,000)		Qualified Other Rea Intellectua	l Property				Equipment Securities Other	
other **Coll	similar objects. lectibles include co	culptures, watercolors, p ins, stamps, books, ger s, you must attach a	ns, jewelry, spo	rts memora	bilia, dolls,	etc., but not a	rt as d		cripts,	historical memorab	ilia, and
5 (a) Description of donated property (if you need more space, attach a separate statement)			you need	(b) If tang	gible proper	ty was donate	d, give	a brief summary of the ov	verall	(c) Appraised fa market value	air
B C										76,520	
D				<u> </u>	1,			e,	a inet	ructions	
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's adjusted			bargain sales, nount received		(h) Amount claimed as a deduction		(i) Average trading p of securities	rice
A B			59,770)	2	2,655		56,160		7,091	
C D											
Par I decl marri	are that I am not the	aration of Appra e donor, the donee, a pa no is related to any of the	rty to the transa					Date y, employed by, or related ee, or party to the transacti	to any		
Also, appravalue the presult me to Sign	I declare that I hole aisal, I am qualified to Furthermore, I undenalty under section ting from the appraise to the penalty under	to make appraisals of the lerstand that a false or fine 6701(a) (aiding and a sal of the value of the pre	e type of proper raudulent overst betting the und operty that I kno	ty being valuatement of erstatement ow, or reason	ued. I certify the property of tax liabi nably should from presen	that the appray value as desc lity). In additional discount would ting evidence	aisal fee ribed in n, I un be use	s; and that because of my as were not based on a per n the qualified appraisal or derstand that a substantia d in connection with a retur mony by the Office of Profe	centag this Fo I or gr rn or cl	ge of the appraised porm 8283 may subjectors valuation misstalaim for refund, may	roperty at me to atement
Her Busin	1 - 3	ling room or suite no.)			Title ▶	-		Date ▶	I	dentifying number	
City o	or town, state, and	ZIP code									
Pa	rt IV Done	ee Acknowledgr	nent— To b	e comp	leted by	the chari	table	organization.			
This	charitable organiz	zation acknowledges		lified orgar	nization un	der section 1	70(c) a	and that it received the d	lonate	ed property as des	cribed
Furth porti	nermore, this orga on thereof) within	anization affirms that	in the event it e of receipt, it	will file For	rm 8282, D	onee Inform	ation F	s of the property describ Return, with the IRS and			
	s the organization e of charitable orga	n intend to use the p nization (donee)	roperty for an	unrelated	use? .			cation number		▶ ☐ Yes ☐	No_
Addre	ess (number, street	, and room or suite no.)				City or tow	n, state	e, and ZIP code			
Autho	orized signature					Title			Da	te	

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

▶ See instructions on back. ► Attach to Form 1040 or 1040NR.

OMB No. 1545-0074 Attachment Sequence No.

Name(s) shown on your tax return

Total Forms Filed = 35.010

Your social security number

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Part I **Current Year Mortgage Interest Credit** Interest paid on the certified indebtedness amount. If someone else (other than your spouse if 1 filing jointly) also held an interest in the home, enter only your share of the interest paid Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the % 2 3 If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 32,869 3 your mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. 4,482 4 Enter any 2004 credit carryforward from line 18 of your 2006 Form 8396 4 3,924 5 5 Enter any 2005 credit carryforward from line 16 of your 2006 Form 8396 4,258 6 Enter any 2006 credit carryforward from line 19 of your 2006 Form 8396 . . . 6 35,010 7 7 8 8 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 Enter the total of the amounts from Form 1040, lines 47 through 49 and 1040 filers: lines 51 and 53; line 12 of the line 11 Worksheet in Pub. 972 (see instructions); and Form 5695, line 15 9 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 44, 46 and 48; line 12 of the line 11 Worksheet in Pub. 972 (see instructions); and Form 5695, line 15 10 Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II 10 Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box a on 33.185 that line Part II Mortgage Interest Credit Carryforward to 2008. (Complete only if line 11 is less than line 7.) 12 12 Add lines 3 and 4 13 13 Enter the amount from line 7 14 14 Enter the **larger** of line 11 or line 12 15 Subtract line 14 from line 13. 15 16 16 2006 credit carryforward to 2008. Enter the smaller of line 6 or line 15 . 17 17 18 2005 credit carryforward to 2008. Enter the smaller of line 5 or line 17 18 2007 credit carryforward to 2008. Subtract line 11 from line 3. If zero or less, enter -0-19

Passive Activity Loss Limitations

NUMBER OF RETURNS FILED FOR SELECTED LINES ► See separate instructions.

▶ Attach to Form 1040 or Form 1041.

Attachment Sequence No. 88

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

Identifying number

Total Forms = 3,965,0932007 Passive Activity Loss

Га	Caution: Complete Worksheets 1, 2, and 3 on page 2 before	e completing Part I.							
	tal Real Estate Activities With Active Participation (For the definit Special Allowance for Rental Real Estate Activities on page 3 of	ion of active participation,							
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a 614,400							
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b (2,414,675)							
С	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c (988,937)							
d	Combine lines 1a, 1b, and 1c.		1d	2,659,858					
Con	nmercial Revitalization Deductions From Rental Real Estate Acti	vities							
	Commercial revitalization deductions from Worksheet 2, column (a)	2a (554)							
b	Prior year unallowed commercial revitalization deductions from	06 / 1001							
C	Worksheet 2, column (b)	2b (1,081)	2c	(1,633)				
	Other Passive Activities		20	(1,000	,				
	Activities with net income (enter the amount from Worksheet 3,								
ou	column (a))	3a 645,336							
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (1,268,077)							
С	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c (1,020,348)							
d	Combine lines 3a, 3b, and 3c		3d	1,760,313					
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all I any prior year unallowed losses entered on line 1c, 2b, or 3c. Do Report the losses on the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II.		4	3,965,084					
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part III. Instead, go to line 15. 								
r ai	Special Allowance for Rental Real Estate Activities Note: Enter all numbers in Part II as positive amounts. See I	-		xample.					
5	Enter the smaller of the loss on line 1d or the loss on line 4		5	2,448,638					
6	Enter \$150,000. If married filing separately, see page 8	6 2,440,585							
7	Enter modified adjusted gross income, but not less than zero (see page 8)	7 2,381,480							
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.								
0	Subtract line 7 from line 6	8 1,673,858							
8 9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married		9	1,673,858					
10	Enter the smaller of line 5 or line 9		10	1,672,039					
Pai	t III Special Allowance for Commercial Revitalization I	Deductions From Rental	Real	Estate Activitie	es				
	Note: Enter all numbers in Part III as positive amounts. See								
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing	g separately, see instructions	11	1,322					
12	Enter the loss from line 4		12						
13	Reduce line 12 by the amount on line 10		13	1,621					
14	Enter the smallest of line 2c (treated as a positive amount), line 11	I, or line 13	14	1,322					
	rt IV Total Losses Allowed		45	013 050					
15 16			15	913,859					
16	Total losses allowed from all passive activities for 2007. Add page 10 of the instructions to find out how to report the losses on y		16	2,375,975					

(Rev. December 2006) Department of the Treasury Internal Revenue Service (99)

Low-Income Housing Credit

► Attach to your tax return.

OMB No.	1545-0984
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Attachment Sequence No. 36a

Identifying number

Name(s) shown on return

	Total Forms Filed = 59,523		,,	
1 2	Number of Forms 8609-A attached			
	(i) (ii) (iii) (iv)			
3	Current year credit from attached Form(s) 8609-A (see instructions)	3	1,074	
4	Low-income housing credit from partnerships, S corporations, estates, and trusts	4	58,781	
5	Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g.,			
	line 1e of the 2006 Form 3800)	5	59,521	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	7		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.
- The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

Recapture of Credit

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(i) for details.

Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609. Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Nondeductible IRAs

► See separate instructions.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment Sequence No. 48

Apt. no.

OMB No. 1545-0074

Fill in Your Address Only If You Are Filing This Form by Itself and Not

With Your Tax Return

Total Forms Filed = 2,138,006 Home address (number and street, or P.O. box if mail is not delivered to your home) Your social security number

City, town or post office, state, and ZIP code

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2007.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2007 and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007 (excluding any portion

	you recharacterized) and you made nondeductible contributions to a traditional IRA in 2	007 or	an earlier year.	
1 2 3	Enter your nondeductible contributions to traditional IRAs for 2007, including those made for 2007 from January 1, 2008, through April 15, 2008 (see page 5 of the instructions) Enter your total basis in traditional IRAs (see page 5 of the instructions)	1 2 3	716,563 939,993 1,294,212	
	In 2007, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2008, through	4	6,593	
5	April 15, 2008	5	1,292,172	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2007, plus any outstanding rollovers (see page 6 of the instructions)			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2007. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions)			
9	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16	_		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA			
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	306,080	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2007 and earlier years	14	1,259,218	
15	Taxable amount. Subtract line 12 from line 7. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	15	316,468	
	Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59½ at the time of the distribution (see page 6 of the instructions).	13	010,100	

Page 2

NUMBER OF RETURNS FILED FOR SELECTED LINES Form 8606 (2007)

		(,
Part	П		20

2007 Conversions From Traditional, SEP, or SIMPLE IRAs to	Conversi	ions From	Traditional.	SEP. o	r SIMPLE	IRAs to	Roth	IRAs
---	----------	-----------	--------------	--------	----------	---------	------	-------------

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2007 (excluding any portion you recharacterized).

Caution: If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2007, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2007. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16	convert you late	ted from trad	net amount you nclude amounts 008 (see page 6	16	53,301				
17			art I, enter the amore 6 of the instruction	unt from line 11. Otherwons)	rise, enter your bas		17	10,626	
18				m line 16. Also include m m 1040NR, line 16b .			18	50,639	
Par	t III (Distributior Complete thin Include a roll	ns From Roth IR s part only if you to over, qualified char		a Roth IRA in 200	07. For this purpo			
19				ns from Roth IRAs in 20 the instructions)			19	355,029	
20	Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more than \$10,000							9,820	
21	Subtrac	ct line 20 fro	m line 19. If zero o	r less, enter -0- and sk	ip lines 22 through	25	21	347,859	
22	Enter y	our basis in	Roth IRA contribut	ions (see page 7 of the	instructions) .		22	219,099	
23				less, enter -0- and skip ax (see page 7 of the in		more than zero,	23	192,906	
24	Enter y	our basis in	Roth IRA conversion	ons (see page 7 of the i	nstructions) .		24	18,285	
25				n line 23. If zero or less, line 11b; or Form 1040			25	182,074	
Are I	Filing Tl	only If You his Form I Not With eturn		erjury, I declare that I have ex it is true, correct, and comple		ding accompanying at	tachmer	nts, and to the best	t of my
Paid		Preparer's signature			Date	Check if self- employed	Prepa	rer's SSN or PTIN	
	arer's Only	Firm's name (if self-employ- address, and	ed), ———		1	EIN Phone no.	()	

Form **8606** (2007)

Tax for Children Under Age 18

With Investment Income of More Than \$1,700

2007

Attachment Sequence No. **33**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach only to the child's Form 1040, Form 1040ÅR, or Form 1040ÅR.
 ► See separate instructions.

Child's social security number Child's name shown on return Total Forms Filed = 458,397 Before you begin: If the child, the parent, or any of the parent's other children under age 18 must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040). Parent's name (first, initial, and last). Caution: See instructions before completing. B Parent's social security number Parent's filing status (check one): Single Married filing jointly Married filing separately Head of household Qualifying widow(er) Child's Net Investment Income 1 456,796 Enter the child's investment income (see instructions) If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), enter 458,397 2 Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but do 3 443.565 Enter the child's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040NR, 4 line 40. If the child files Form 2555 or 2555-EZ, see the instructions 439,497 Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do 439.497 5 Part II **Tentative Tax Based on the Tax Rate of the Parent** Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; Form 1040NR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0-. If the parent 6 393,883 Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named 7 177,029 above. **Do not** include the amount from line 5 above 8 441,301 Enter the tax on the amount on line 8 based on the parent's filing status above (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 441.301 9 Schedule J (Form 1040) is used to figure the tax, check here Boxes Checked =408.990 ▶ Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative minimum tax; Form 1040EZ, line 10; Form 1040NR, line 41; or Form 1040NR-EZ, line 15. Do not include any tax from Form 4972, 8814, or 8889 or any tax from recapture of an education credit. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to 393.883 10 figure the tax, check here Boxes Checked = 221,413 ▶ Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line 440.016 11 **12a** Add lines 5 and 7 443.047 12b Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places) 438,497 13 Child's Tax-If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16. Part III 415,485 Enter the tax on the amount on line 14 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 415,485 15 439,497 16 Add lines 13 and 15 Enter the tax on the amount on line 4 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 439.497 17 Schedule J (Form 1040) is used to figure the tax, check here . Checked = 374,446 Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040A, 439.497 line 28; or Form 1040NR, line 41. If the child files Form 2555 or 2555-EZ, see the instructions 18

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)
NUMBER OF RETURNS FILED FOR SELECTED LINES

Form **8801**

Department of the Treasury

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

► See separate instructions.

► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2007

Attachment
Sequence No. 74

Identifying number

Internal Revenue Service (99
Name(s) shown on return

- Accounts Form Foreign Foreign (

Total Forms Filed = 1,435,383 Part I **Net Minimum Tax on Exclusion Items** 1,408,872 1 Combine lines 1, 6, and 10 of your 2006 Form 6251. Estates and trusts, see instructions 1,323,535 2 Enter adjustments and preferences treated as exclusion items (see instructions) 3 14.601 Minimum tax credit net operating loss deduction (see instructions) Combine lines 1, 2, and 3. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 5. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. If more than \$200,100 and you were married filing separately for 2006, 1,371,027 4 Enter: \$62,550 if married filing jointly or qualifying widow(er) for 2006; \$42,500 if single or head of 5 1,435,383 household for 2006; or \$31,275 if married filing separately for 2006. Estates and trusts, enter \$22,500 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2006; \$112,500 if single or head of 1,435,383 6 household for 2006; or \$75,000 if married filing separately for 2006. Estates and trusts, enter \$75,000 7 1,049,734 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . 1,049,734 8 9 1,162,752 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 18, see instructions Subtract line 9 from line 4. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 11. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and 1,298,645 10 on line 15 and go to Part II. Form 1040NR filers, see instructions • If for 2006 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to Using Part III = enter. 975,277 • If for 2006 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), 1,296,974 11 complete Part III of Form 8801 and enter the amount from line 48 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result. 304,908 12 Minimum tax foreign tax credit on exclusion items (see instructions). 13 1,293,228 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 14 1,306,699 Enter the amount from your 2006 Form 6251, line 34, or 2006 Form 1041, Schedule I, line 55 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-1,031,796 15 Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2008 1.160.014 16 Enter the amount from your 2006 Form 6251, line 35, or 2006 Form 1041, Schedule I, line 56 17 17 910.183 18 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount 959,722 19 19 2006 minimum tax credit carryforward. Enter the amount from your 2006 Form 8801, line 26 20 1,254 Enter your 2006 unallowed qualified electric vehicle credit (see instructions) 20 1,379,496 21 Combine lines 18, 19, and 20. If zero or less, stop here and see instructions 21 22 1,275,663 Enter your 2007 regular income tax liability minus allowable credits (see instructions) . . . 22 23 1,239,134 23 Enter the amount from your 2007 Form 6251, line 33, or 2007 Form 1041, Schedule I, line 54. 24 394,791 24 Subtract line 23 from line 22. If zero or less, enter -0-Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount 394,791 on your 2007 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d 25 • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. • Individuals: Did you have a minimum tax credit carryforward to 2005 (on your 2004 Form 8801, No. Leave lines 26 and 27 blank and go to line 28. 177,268 Yes. Complete Part IV of Form 8801 to figure the amount to enter 26 27 Is line 26 more than line 25? No. Leave line 27 blank and go to line 28. Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the 151.643 result here and on your 2007 Form 1040, line 71, or Form 1040NR, line 69 27 Credit carryforward to 2008. Subtract the larger of line 25 or line 26 from line 21. Keep a record 28 1,092,914

Page 2

Form 8801 (2007)

Part III **Tax Computation Using Maximum Capital Gains Rates** Caution. If you did not complete the 2006 Qualified Dividends and Capital Gain Tax Worksheet, the 2006 Schedule D Tax Worksheet, or Part V of the 2006 Schedule D (Form 1041), see the instructions before completing this part. 29 Enter the amount from Form 8801, line 10 Enter the amount from line 6 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2006 Schedule D Tax Worksheet, or the amount from line 22 of the 2006 30 Schedule D (Form 1041), whichever applies* If you figured your 2006 tax using the 2006 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31. Enter the amount from line 19 of your 2006 Schedule D (Form 1040), or line 14b, column (2), of the 2006 Schedule D (Form 1041) . . . 31 Add lines 30 and 31, and enter the **smaller** of that result or the amount from line 10 of your 2006 Schedule D Tax Worksheet 33 Enter the **smaller** of line 29 or line 32 34 Subtract line 33 from line 29 35 If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married 35 36 Enter: • \$61,300 if married filing jointly or qualifying widow(er) for 2006, • \$30,650 if single or married filing separately for 2006, • \$41,050 if head of household for 2006, or 36 • \$2,050 for an estate or trust 37 Enter the amount from line 7 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2006 Schedule D Tax Worksheet, or the amount from line 23 of the 2006 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2006 Schedule D (Form 1041), enter -0-37 38 Subtract line 37 from line 36. If zero or less, enter -0-39 Enter the **smaller** of line 29 or line 30 40 Enter the **smaller** of line 38 or line 39 41 41 Multiply line 40 by 5% (.05) 42 Subtract line 40 from line 39 43 Multiply line 42 by 15% (.15) If line 31 is zero or blank, skip lines 44 and 45 and go to line 46. Otherwise, go to line 44. **44** Subtract line 39 from line 33 45 **45** Multiply line 44 by 25% (.25) 46 **46** Add lines 35, 41, 43, and 45 47 If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married 47 Enter the smaller of line 46 or line 47 here and on line 11. (If you filed Form 2555 or 2555-EZ

^{*} The 2006 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2006 Instructions for Form 1040. The 2006 Schedule D Tax Worksheet is on page D-10 of the 2006 Instructions for Schedule D (Form 1040) (page 38 of the 2006 Instructions for Form 1041).

Additional Child Tax Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES



OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Complete and attach to Form 1040, Form 1040A, or Form 1040NR. Sequence No. 47 Name(s) shown on return Your social security number Total Forms Filed = 16,018,377 Part I **All Filers** Enter the amount from line 1 of your Child Tax Credit Worksheet on page 40 of the Form 1040 instructions, page 36 of the Form 1040A instructions, or page 21 of the Form 1040NR instructions. If you used Pub. 1 16,018,364 972, enter the amount from line 8 of the worksheet on page 4 of the publication 2 8,780,210 Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47 15,978,003 3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit **4a** Enter your total earned income (see instructions on back) . . . **b** Nontaxable combat pay (see instructions on 182,619 back) Is the amount on line 4a more than \$11,750? No. Leave line 5 blank and enter -0- on line 6. 15,775,471 Yes. Subtract \$11,750 from the amount on line 4a. Enter the result 15,774,472 6 Multiply the amount on line 5 by 15% (.15) and enter the result **Next.** Do you have three or more qualifying children? No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. ☐ Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7. Certain Filers Who Have Three or More Qualifying Children Part II Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you 7 1,612,242 worked for a railroad, see instructions on back **1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 59, plus any taxes that you identified using code 8 359,551 "UT" and entered on the dotted line next to line 63. 1040A filers: Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, line 54, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 58. 9 1,793,582 Add lines 7 and 8 . 10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 1.064.688 10 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 42 (see instructions on back). **1040NR filers:** Enter the amount from Form 1040NR, line 61. 11 953,494 Subtract line 10 from line 9. If zero or less, enter -0-1,839,960 Enter the **larger** of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13. Part III **Additional Child Tax Credit** 15,884,285 This is your additional child tax credit Enter this amount on Form 1040 line 68 Form 1040A, line 41, or

Form 1040NR, line 62.

NUMBER OF RETURNS FILED FOR SELECTED LINES Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury Internal Revenue Service

Name(s) shown on your return

► Attach to parents' Form 1040 or Form 1040NR.

Your social security number

	Total Forms Filed = 206,336	6						
if yo	tion. The federal income tax on your child's income, including qual to the difference of the child instead of making this elect your child could take on his or her own return. For details, see Tax	tion. T	his is because yo	u cannot t	ake certain tax be			
Α	Child's name (first, initial, and last) Combined Totals for Form	8814			B Child's social security number 1st Child's SSN = 205,96			
С	2nd Child's SSN = 95,5. If more than one Form 8814 is attached, check here	44	3rd Child's	SSN = 19	,344 >			
Pai	rt I Child's Interest and Dividends To Report on Your F							
1a	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions		nounts shown on t	the . 1a	100,244			
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	5,073					
2a	Enter your child's ordinary dividends, including any Alaska Perman child received any ordinary dividends as a nominee, see the instru		•	_	164,334			
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	111,391					
3	Enter your child's capital gain distributions. If your child received ar as a nominee, see the instructions				93,249			
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 the lifthe total is \$8,500 or more, do not file this form. Your child mus to report the income.	t file h	nis or her own retu	ırn	206,254			
5	Base amount			l _	1,700	00		
6	Subtract line 5 from line 4			6	92,823			
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10 go to line 12. Otherwise, go to line 7.	, ente	r -0- on line 11, a	nd				
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7						
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8						
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	67,132					
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	56,649					
11	Add lines 9 and 10			. 11	71,273			
12	Subtract line 11 from line 6. Include this amount in the total on For 1040NR, line 21. In the space next to line 21, enter "Form 8814" are checked the box on line C above, see the instructions. Go to line	nd sho	w the amount. If y	ou 10	85,940			
Pai	rt II Tax on the First \$1,700 of Child's Interest and Divid			. ,	,			
13	Amount not taxed			13	850	00		
14	Subtract line 13 from line 4. If the result is zero or less, enter -0			14	196,022			
15	Tax. Is the amount on line 14 less than \$850?			•				
. •	□ No. Enter \$85 here and see the Note below.			. 15	196,016			
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see t	he No t	te below.					
	e. If you checked the box on line C above, see the instructions. Othe form 1040, line 44, or Form 1040NR, line 41. Be sure to check box	rwise,	include the amour			enter		

8824 srm

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

OMB No. 1545-1190

2007

Attachment
Sequence No. 109

Name(s) shown on tax return

Total Forms Filed = 197,019

Attachment Sequence No. 109

Pa	rt I Information on the Like-Kind Exchange									
1	Note: If the property described on line 1 or line 2 is real or personal Description of like-kind property given up ▶		•							
2	Description of like-kind property received ▶									
3	Date like-kind property given up was originally acquired (month	, day, y	rear)	3	/	/				
4	Date you actually transferred your property to other party (month, day, year)					/ /				
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written notice requirement					/				
6	Date you actually received the like-kind property from other party (mo	6	/	/						
7	Was the exchange of the property given up or received made w (such as through an intermediary)? See instructions. If "Yes," con	ith a re mplete	lated party, either directly Part II. If "No," go to Part	or in	directly	∃Yes	□No			
Pa 8	art II Related Party Exchange Information					Related party's identifying number				
Ū			Tiolationismp to you	110101	ou party o re	ortarying	nambor			
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP cod	le)								
9	During this tax year (and before the date that is 2 years after the exchange), did the related party directly or indirectly (such as th part of the like-kind property received from you in the exchange	rough a	an intermediary) sell or dis	spose	of any	ີYes	□No			
10	During this tax year (and before the date that is 2 years after the exchange), did you sell or dispose of any part of the like-kind pr				_	Yes	□No			
	If both lines 9 and 10 are "No" and this is the year of the exchange, year of the exchange, stop here. If either line 9 or line 10 is "Yes," c gain or (loss) from line 24 unless one of the exceptions on line 11 a	omplete								
11	If one of the exceptions below applies to the disposition, check	the ap	pplicable box:							
а	☐ The disposition was after the death of either of the related p	oarties.								
b	☐ The disposition was an involuntary conversion, and the thre	at of co	onversion occurred after t	he ex	change.					
c	You can establish to the satisfaction of the IRS that neithe principal purpose. If this box is checked, attach an explanation			ion ha	ad tax avo	oidance	as its			

Form 8824 (2007) NUMBER OF RETURNS FILED FOR S Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number

Pa	t III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property			
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash o see Reporting of multi-asset exchanges in the instructions.	r other	(not like-kind) prope	erty,
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherw	ise, go	to line 15.	
12	Fair market value (FMV) of other property given up 12 3,934			
13	Adjusted basis of other property given up			
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the		4.000	
	gain or (loss) in the same manner as if the exchange had been a sale	14	4,030	
	Caution: If the property given up was used previously or partly as a home, see Property used			
	as home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced	15	25,777	
16	(but not below zero) by any exchange expenses you incurred (see instructions)	16	171,387	-
16 17	FMV of like-kind property you received	17	173,260	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any			
10	exchange expenses not used on line 15 (see instructions)	18	194,723	
19	Realized gain or (loss). Subtract line 18 from line 17	19	187,806	
20	Enter the smaller of line 15 or line 19, but not less than zero	20	21,780	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) .	21	3,970	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on			
	Schedule D or Form 4797, unless the installment method applies (see instructions)	22	22,166	
23	Recognized gain. Add lines 21 and 22	23	23,241	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	183,972	
25 Po	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	193,400	
26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.).			
27	Description of divested property ▶			
28	Description of replacement property ▶			
29	Date divested property was sold (month, day, year)	29	/ /	
	Sales price of divested property (see instructions) 30			
30	Sales price of divested property (see instructions)			
31	Basis of divested property			
32	Realized gain. Subtract line 31 from line 30	32		
33	Cost of replacement property purchased within 60 days after date of sale			
34	Subtract line 33 from line 30. If zero or less, enter -0	34		
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35		
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on			
	Schedule D or Form 4797 (see instructions)	36		
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
	Basis of replacement property Subtract line 37 from line 33	38		

Department of the Treasury

Internal Revenue Service Name(s) of proprietor(s) NUMBER OF RETURNS FILED FOR SELECTED LINES

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

See separate instructions.

Attachment

Your social security number

OMB No. 1545-0074

Sequence No. 66

Total Forms Filed = Not available Part I Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory 1 2 2 3 % For daycare facilities not used exclusively for business, go to line 4. All others go to line 7. Multiply days used for daycare during year by hours used per day 4 5 8,760 hr. 5 Total hours available for use during the year (365 days \times 24 hours) (see instructions) 6 Divide line 4 by line 5. Enter the result as a decimal amount . . . L Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3. 7 % **Figure Your Allowable Deduction** Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions 8 See instructions for columns (a) and (b) before (a) Direct expenses (b) Indirect expenses completing lines 9-21. 9 Casualty losses (see instructions) 9 10 10 Deductible mortgage interest (see instructions) 11 11 Real estate taxes (see instructions) 12 12 Add lines 9, 10, and 11 13 13 Multiply line 12, column (b) by line 7 14 Add line 12, column (a) and line 13. 14 15 Subtract line 14 from line 8. If zero or less, enter -0-15 16 16 Excess mortgage interest (see instructions) . . 17 17 18 18 19 19 20 20 21 Other expenses (see instructions) 21 22 22 Add lines 16 through 21 Multiply line 22, column (b) by line 7 23 23 24 Carryover of operating expenses from 2006 Form 8829, line 42 . . . 25 25 Add line 22 in column (a), line 23, and line 24 26 26 Allowable operating expenses. Enter the **smaller** of line 15 or line 25 . . . Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 . . . 27 27 28 1,783,408 29 Depreciation of your home from Part III below Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43 31 31 32 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 33 33 48.049 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B . . . Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶ 35 **Depreciation of Your Home** Part III 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) . 37 37 38 38 39 Business basis of building. Multiply line 38 by line 7 39 40 % 40 Depreciation percentage (see instructions) . . . Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 41 Carryover of Unallowed Expenses to 2008 Part IV Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-43 659,687

Cat. No. 13232M

NUMBER OF RETURNS FILED FOR SELECTED LINES

Qualified Adoption Expenses

► Attach to Form 1040 or 1040NR. ► See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 38

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 111,480

Before you begin: See Definitions on page 1 of the instructions.

Your social security number

Part I Information About Your Eligible Child or Children-You must complete this part. See page 2 of the instructions for details, including what to do if you need more space. Check if child was-1 (b) Child's year of birth **(f)** Child's (c) born **before** (e) a child Child's name identifying number 1990 and with special foreign disabled needs First Last child Child 32,797 108,598 634 30,437 108,606

											i	i	
Child 2					25,189	0		8,361	10,357	1	-	23,	098
Caut	ion. If the child	was a f	oreign child, see Spe	cial ru	les in the ins	tructions	for	line 1 col	umn (e)	that b	egin on pa	ige 2 l	oefore
			III. If you received en										
	t II Adoption				•	•		,					
					Child	4		Child	0				
					Child			Child					
2	Maximum adop	otion cre	edit per child	2	\$11,39	00		\$11,39	90 00				
3	-		39 for a prior year										
	for the same		. ,										
	■ No. Enter	-0)										
	☐ Yes. See p	age 4 of	the instructions for	3									
	the amoun	t to ente	er. J										
4	Subtract line 3	from lin	e 2	4									
5	Qualified adop	tion exp	penses (see page 4										
	of the instruction	ons) .		5	60,370			9,411		-			
			adoption expenses										
			adoption expenses										
_	you paid in 200												
6	Enter the small			6						7	55,13	7	
7			ne 6. If zero, skip lines		•		on I	line 12 .		7		,,	
8	•	_	income (see page 4 of	the in	structions) .	. 6				-			
9	Is line 8 more t		·										
	•		and 10, and enter -0-			9							
40			,					ممام ممسط	-\				
10	Do not enter m		0. Enter the result as		mai (rounded	i to at lea	สรีเ แ	riree piace	s).	10	×		
11	Multiply line 7 I						•			11			\Box
12		-	ne 7							12	54,30)4	
13			m prior years (line 23				ard '	Workshee	et on				
			orm 8839 instructions							13	63,82	29	
14	Add lines 12 ar	nd 13								14	108,5	24	
15	Enter the amour	nt from F	orm 1040, line 46, or F	Form 10	040NR, line 40	3 . 15							
16	1040 filers:		e total of any amounts f		١								
			040, lines 47 through 49, 12 of the Line 11 Works										
			ge 4 of the instructions);										
			Form 5695, line 15.		\ .	16							
	1040NR filers:		e total of any amounts f										
			R, lines 44, 46, and 48; lii Ksheet in Pub. 972 (see j										
		instruct	ions); Form 8396, line 11										
4-		5695, lir			,					17			
17	Subtract line 16									''			+-
18	-		the smaller of line 1										
			NR, line 49. Check bo carryforward (see pa				SIII	ian e i man	IIIIE 14,	18	94,12	28	
For I			Act Notice, see page				•	Cat No.	228431			8839	(2007)
. 01 1	abel wolk ued	auction .	Act Notice, see page	, U UI	เมษามายนเป็	J113.		Cat. No. :	22043L		Form	0003	(2007)

NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2

Part III Employer-Provided Ado	ption Benefits
--------------------------------	----------------

Form 8839 (2007)

			Child 1	Child 2					
					.				
19	Maximum exclusion per child	19	\$11,390	00	\$11,390	00			
20	Did you receive employer-provided adoption benefits for a prior year for the same child? No. Enter -0								
	Yes. See page 5 of the instructions for the amount to enter.	20							
21	Subtract line 20 from line 19	21							
22	Employer-provided adoption benefits you received in 2007. This amount should be shown in box 12 of your 2007 Form(s) W-2 with code T	22							
23	Add the amounts on line 22						23	7,699	
24	Enter the smaller of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2007, enter the amount from line 21	24							
25	Add the amounts on line 24. If zero, skip line enter -0- on line 30, and go to line 31	nes 20	6 through 29,	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)			-					
27	Is line 26 more than \$170,820?								
	 No. Skip lines 27 and 28, and enter -0- on line 29. Yes. Subtract \$170,820 from line 26								
28	Divide line 27 by \$40,000. Enter the result a			00	~				
	to at least three places). Do not enter mor	e thai	า 1.000	28	× .				
29	Multiply line 25 by line 28			29					
30	Excluded benefits. Subtract line 29 from	line 2	5				30	4,935	
31	Taxable benefits. Is line 30 more than line	e 23?							
	No. Subtract line 30 from line 23. Also line 7 of Form 1040 or line 8 of Form 7 of Form 1040 or line 8 of Form								
	☐ Yes. Subtract line 23 from line 30. Ente		31	3,382					
	the total you would enter on line by the amount on Form 8839, line or line 8 of Form 1040NR. Enter line.								

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2006, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2006.
- The total adoption expenses you paid in 2007 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2007 or earlier.
- You adopted a child with special needs and the adoption became final in 2007.

Community Employment Credit

► Attach to your tax return.

OMB No. 1545-1444 Attachment Sequence No. **99**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 36,166

Identifying number

Pa	Current Year Credit		
1	Enter the total qualified wages paid or incurred during calendar year 2007 only (see instructions)		
а	Qualified empowerment zone wages	1a	361
b	Qualified renewal community wages	1b	1,181
2	Add lines 1a and 1b. You must subtract this amount from your deduction for salaries and wages	2	
3	Employment zone and renewable community employment credit from partnerships, S corporations, cooperatives, estates, and trusts	3	
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others, go to line 5	4	
5	Empowerment zone and renewal community employment credit included on line 4 from passive activities (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Passive activity credit allowed for 2007 (see instructions)	7	3,908
8	Carryforward of empowerment zone and renewal community employment credit to 2007	8	7,865
9	Carryback of empowerment zone and renewal community employment credit from 2008 (see instructions)	9	
10	Add lines 6 through 9. Cooperatives, estates, and trusts, go to line 11. All others, use this amount to complete Part II	10	34,423
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see		
10	instructions)	11	
12 Par	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to complete Part II Allowable Credit	12	
13	Regular tax before credits: Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41		
•	Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41 Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable line of		
	your return	13	
•	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and		
	1b, or the amount from the applicable line of your return		
14	Alternative minimum tax:		
•	Individuals. Enter the amount from Form 6251, line 35		0.000
•	Corporations. Enter the amount from Form 4626, line 14	14	9,629
	Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56	45	
15	Add lines 13 and 14	15	
16a	Credits from Form 1040, lines 47 through 50 and lines 52 through 54 (or Form 1040NR, lines 44, 45, and 47 through 49)		
	Foreign tax credit	-	
	Credits from Forms 5735 and 8834	-	
	Non Business alternative motor verified dreat (Form 6516, line 16)	-	
	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)	16f	
	Add lines 16a through 16e	17	31,308
17 18	Net regular tax. Subtract line 16f from line 13. If zero or less, enter -0-		,
19	Tentative minimum tax (see instructions)		
20	Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see		
	instructions)		
21	Multiply line 19 by 75% (.75)		
22	Enter the greater of line 20 or line 21	22	
23	Subtract line 22 from line 17. If zero or less, enter -0	23	
24	General business credit (Form 3800, line 19)	24	
25	Subtract line 24 from line 23	25	
26	Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the smaller of line 12 or		
	line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedule J, line 5c. If line 25 is smaller than line 12, see instructions. All others. Enter the smaller of line 10 or line 25. Report		
	this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; or the		
	applicable line of your return. If line 25 is smaller than line 12, see instructions	26	29,219

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

OMB No. 1545-1414

Attachment Sequence No. 98

Identifying number

Name(s) shown on return

Total Forms Filed = 69.655

Note. Claim this credit only for social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1. Part | Current Year Credit Tips received by employees for services on which you paid or incurred employer social security 1 3,847 668 2 3,847 3 3 Multiply line 3 by 7.65% (.0765). If you had any tipped employees whose wages (including tips) 4 3.847 exceeded \$97,500, see instructions and check here Boxes Checked = * . ▶ □ Credit for employer social security and Medicare taxes paid on certain employee tips from 66,058 5 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K; all 6 69,558 Credit for employer social security and Medicare taxes paid on certain employee tips included 25,754 7 45,410 8 8 Credit for employer social security and Medicare taxes paid on certain employee tips allowed 15,863 9 Carryback of the credit for employer social security and Medicare taxes paid on certain employee 10 60,148 Allowable Credit 12 13 Alternative minimum tax (see instructions) 14 **14** Add lines 12 and 13 15a Credits from Form 1040, lines 47 through 50 and 52 through 54 (or Form 1040NR, lines 44, 45, and 47 through 49) 15a 15b c Credits from Forms 5735 and 8834 15c d Non-business alternative motor vehicle credit (Form 8910, line 18) . 15d e Non-business alternative fuel vehicle refueling property credit (Form 15e 15f Net income tax. Subtract line 15f from line 14. If zero, skip lines 17 through 20 and enter -0-62,344 16 62,096 17 Net regular tax. Subtract line 15f from line 12. If zero or less, enter -0-32,994 18 18 Enter 25% (.25) of the excess, if any, of line 17 over \$25,000 (see instructions) 19 19 Subtract line 18 from line 16. If zero or less, enter -0- 20a 20a General business credit (Form 3800, line 19) **b** Empowerment zone and renewal community employment credit 20b 686 20c c Work opportunity credit (Form 5884, line 22) 128 **20**d d Alcohol fuels credit (Form 6478, line 24) e Renewable electricity, refined coal, and Indian coal production 20e credit (Form 8835, line 36) 20f f Add lines 20a through 20e 21 21 Subtract line 20f from line 19. If zero or less, enter -0-Credit allowed for the current year. Enter the smaller of line 11 or 21. Report this amount

on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; or the applicable line of your return. If line 21 is smaller than line 11, see instructions

53,276

22

NUMBER OF RETURNS FILED FOR SELECTED LINES Archer MSAs and **Long-Term Care Insurance Contracts**

	ment of the Treasury	► Attach to Form 1040 or Form 1040N	R. ► See separate instructions.		Attachment Sequence No.	39
	e(s) shown on return	Total Forms Filed = 80,227	Social security number of MSA account holder. If both spouses have MSAs, see page 1 of the instructions	·		
			Advantage MSA, skip Section A and o	comp	olete Section	B
Pai	Genera	al Information. See page 2 of the ins	tructions.		Vac	No
b c	If "Yes," were yell line 1a is "Yes	s," indicate coverage under high deductible	d (see page 2 of the instructions)? health plan: \square Self-Only or \square Far	nily	1a Yes 1b Yes	= 40,632 = 24,344 = 21,217
b	If "Yes," was yo	our spouse or spouse's employer make cor our spouse uninsured when the MSA was es s," indicate coverage under high deductible	ntributions to your spouse's Archer MSA for 2 tablished (see page 2 of the instructions)? . health plan: \square Self-Only or \square Far			= 3,492
Par			s. See page 2 of the instructions befo	re cc	mpletina this	part.
	If you	are filing jointly and both you and yo	our spouse have high deductible hea ch spouse (see page 2 of the instructi	lth p	lans with self	•
3	Total employer	contributions to your Archer MSA(s) for 2	2007 3 15,285			
4	April 15, 2008, t	ntributions you made for 2007, including the that were for 2007. Do not include rollovers	(see page 4 of the instructions)	4	14,259	
5		the worksheet on page 3 of the instruction		5	14,417	
6	health plan. (If	(see page 3 of the instructions) from the er self-employed, enter your earned income fatible health plan was established.)		6	14,039	
7	the total on For	rm 1040, line 36, or Form 1040NR, line 34 in 1040NR, line 34, enter "MSA" and the addingtion than line 7, you may have to pay a	. On the dotted line next to Form 1040,	7	10,972	
Par		MSA Distributions	arradamentar tast (eee page e er tre metraene			
		ons you and your spouse received in 2007	7 from all Archer MSAs (see page 4 of	8a	22,614	
b	Distributions inc Also include any	luded on line 8a that you rolled over to anothe y excess contributions (and the earnings on e withdrawn by the due date of your return	those excess contributions) included on	8b	82	
С	Subtract line 8	b from line 8a		8c	22,539	
9	Unreimbursed	qualified medical expenses (see page 4 o	f the instructions)	9	17,588	
10	include this am	er MSA distributions. Subtract line 9 from nount in the total on Form 1040, line 21, o e 21, enter "MSA" and the amount	r Form 1040NR, line 21. On the dotted	10	5,948	
11a		stributions included on line 10 meet any opage 4 of the instructions), check here				
b	on line 10 that Form 1040, line	6 tax (see page 4 of the instructions). Enter are subject to the additional 15% tax. As 63, or Form 1040NR, line 58. On the do line 58, enter "MSA" and the amount.	Iso include this amount in the total on tted line next to Form 1040, line 63, or	11b	5,944	
Sec	distri		If you are filing jointly and both you an antage MSA, complete a separate Sec			
12	Total distribution instructions)	ons you received in 2007 from all Medicar		12	1,259	
13	Unreimbursed	qualified medical expenses (see page 5 o	f the instructions)	13	1,258	
14	enter -0 Also	care Advantage MSA distributions. Subtribution of the include this amount in the total on Form filme next to line 21, enter "Med MSA" and	1040, line 21, or Form 1040NR, line 21.	14	*	
	50% Tax (see	stributions included on line 14 meet any opage 5 of the instructions), check here tax (see page 5 of the instructions). Al	Boxes Checked = 0 ▶ □			

15b

Form 1040NR, line 58, enter "Med MSA" and the amount .

Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or

Form 8853 (2007) NUMBER OF RETURNS FILED FOR SELECTED LINES

Attachment Sequence No. 39

Page 2

Name of policyholder (as shown on Form 1040)

Social security	number
of policyholder	•

Sec	tion C. Long-Term Care (LTC) Insurance Contracts. See Fitthe instructions before completing this section.	iling R	equirements	for Sec	tion C on pa	ge 6 of
	If more than one Section C is attached, check here					.▶ □
16a	Name of insured ▶ b Soc	cial secu	urity number of	insured l	—	!
17	In 2007, did anyone other than you receive payments on a per diem or o LTC insurance contract covering the insured or receive accelerated depolicy covering the insured?	leath be	enefits under a	life insura		□ No
18	Was the insured a terminally ill individual?		Yes Boxes Ch	ecked = 2	2,231 Yes	☐ No
	Note: If "Yes" and the only payments you received in 2007 were acceled to you because the insured was terminally ill, skip lines 19 through 27	erated o			paid	
19	Gross LTC payments received on a per diem or other periodic basis. Enter from box 1 of all Forms 1099-LTC you received with respect to the indiem" box in box 3 is checked				28,492	
	Caution: Do not use lines 20 through 28 to figure the taxable amount LTC insurance contract that is not a qualified LTC insurance contract are not excludable from your income (for example, if the benefits are not or sickness through accident or health insurance), report the amount ron Form 1040, line 21.	ct. Inste et paid fo	ad, if the bene or personal inju	fits ries		
20	Enter the part of the amount on line 19 that is from qualified LTC insu	urance	contracts .	20	26,826	
21	Accelerated death benefits received on a per diem or other periodic beamounts you received because the insured was terminally ill (see page				1,653	
22	Add lines 20 and 21			22	26,835	
	Note: If you checked "Yes" on line 17 above, see Multiple Payees on page 7 of the instructions before completing lines 23 through 27.					
23	Multiply \$260 by the number of days in the LTC period	23	29,800			
24	Costs incurred for qualified LTC services provided for the insured during the LTC period (see page 7 of the instructions)	24	28,139			
25	Enter the larger of line 23 or line 24	25	35,047			
26	Reimbursements for qualified LTC services provided for the insured during the LTC period	26	14,158			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see page 7 of the instructions.					
27	Per diem limitation. Subtract line 26 from line 25			27	35,037	
28	Taxable payments. Subtract line 27 from line 22. If zero or less, en amount in the total on Form 1040, line 21. On the dotted line next to					
	the amount				_	53 (2007)

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Education Credits (Hope and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99) OMB No. 1545-0074

2007

Attachment
Sequence No. 50

Name(s) shown on return

Total Forms Filed = 7,499,740

Your social security number

Cau	tion: ● You cannot take	e the Hope credit and a	the lifetime learnin	g credit fo	r the	same :	student	in the	e san	ne year.	
	in the same yea					•		n 891	7) foi	the same st	udent
	ore you begin: Figure the										
Pa	<u> </u>	aution: You cannot to	ake the Hope cre	dit for mo	re tha	an 2 ta	x years	for th	ne sa	me student.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,200 for each student.	small amo colun	ount ir	the n	columi	Add n (c) a mn (d)		(f) Enter one of the amou column (ınt in
	Student # 1	2,944,042	2,944,686							2,939,675	
	Student # 2 Student # 3	114,680 2,366	114,680 2,366							113,680 2,366	
	Student # 4	1,,007	1,007							1,007	
2	Tentative Hope credit.	nt, go to Part II; otherv	ne 1, column (f). If y vise, go to Part III	ou are tak	ing th	e lifetin	ne learni	ing	2	2,944,686	
	rt II Lifetime Learn										
3	(a) Student's name (as shown on page 1 of your tax return) First name Last name (b) Student's social s number (as shown on page 1 of your tax return) 1 of your tax return)						wn on p	n page expenses (see		see	
	- I HOL HAITIO	<u> </u>		udent # 1			50:668	,		4,750,666	
				udent # 1			3,498			214,495	Student #4=
	-			udent # 3			3,439			8,438	986
4	Add the amounts on lin	e 3 column (c) and er					986		4	4,750,668	
5	Enter the smaller of line							Г	5	4,750,668	
6	Tentative lifetime learn								6	4,750,668	
Pa	rt III Allowable Edu		, , , , , , , , , , , , , , , , , , ,	· · · · · · · ·				- 1		.,,	
7	Tentative education cre	dits Add lines 2 and 6							7	7,491,700	
8	Enter: \$114,000 if marrie				 I	 I		.			
	or qualifying widow(er)				8	7,49	9,738				
9	Enter the amount from			22	9	7,49	9,738				
10	Subtract line 9 from lineducation credits	ne 8. If zero or less, s		take any	10	7,47	1,202				
11	Enter: \$20,000 if married or qualifying widow(er)				11	7,47	1,202				
12	If line 10 is equal to or line 14. If line 10 is les (rounded to at least thro	s than line 11, divide	line 10 by line 1	1. Enter th	ne res	sult as	a decin		12	7,471,202 × .	
13	Multiply line 7 by line 1:	2				<i>.</i>		•	13	7,463,515	
14	Enter the amount from	Form 1040, line 46, or	Form 1040A, line	28	14	7,44	1,548				
15	Enter the total, if any, of 51; or Form 1040A, line	-	orm 1040, lines 47		15	677	,240				
16	Subtract line 15 from lin	ne 14. If zero or less, s	top. You cannot t	ake any ed	ducati	on cred	dits . I	•	16	7,441,548	
17	Education credits. Ent Form 1040A, line 31 * If you are filing Form 2555, 25						1	▶	17	7,435,045	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form **8864**

Department of the Treasury

Name(s) shown on return

Biodiesel and Renewable Diesel Fuels Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES

► Attach to your tax return.

2007
Attachment

Sequence No. 141

Internal Revenue Service

Identifying number

Total Forms Filed = 4,306

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See *Certification* below.

	Type of Fuel		(a) (b) Number of Gallons Sold or Used			Column (a) x Colu	mn (b)
1	Biodiesel (other than agri-biodiesel)	1		\$.5	0	67	
2	Agri-biodiesel		\$1.0	0	142		
3	Renewable diesel	3		\$1.00		*	<u> </u>
4	Biodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.5	0	0	
5	Agri-biodiesel included in a biodiesel mixture	0	0				
6	Renewable diesel included in a renewable diesel mixture 6 \$1.00					0	
7	Qualified agri-biodiesel production (gallons sold)					*	
8	Add lines 1 through 7. Include this amount in your income for	2007 (see instructions)		8	214	<u> </u>
9	Biodiesel and renewable diesel fuels credit from partnership estates, and trusts			,	9	4,092	
10	Add lines 8 and 9. Cooperatives, estates, and trusts, go to line 1 report this amount on Schedule K; all others, report this amount	ations,	10	4,306			
11	Amount allocated to patrons of the cooperative or beneficiaries				11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. line 1m			,	12		

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit,
- Renewable diesel credit.
- Biodiesel mixture credit,
- · Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

Definitions and Special Rules

Certification

To claim a credit on lines 1 through 6, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, the certificate must indicate at all appropriate locations that the fuel to which it relates is renewable diesel and state that the fuel meets the requirements discussed under *Renewable Diesel* on page 2. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agri-biodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Pub. 510, Excise Taxes, for the model certificate and statement.

Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See instructions on back.

OMB No. 1545-0074

2007

Attachment
Sequence No. 55

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

Total Forms Filed = 6,429,354



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$26,000 (\$39,000 if head of household; \$52,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1990, (b) is claimed as a dependent on someone else's 2007 tax return, or (c) was a **student** (see instructions).

Traditional and Roth IRA contributions for 2007. Do not include rollover contributions 1			<u>'</u>							
2 Elective deforals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2007 (see instructions). 3 Add lines 1 and 2							(a) You		(b) Your spot	use
employee contributions, and 501(c)(18)(D) plan contributions for 2007 (see instructions) 2	1		Roth IRA co	ontributions for 2007. D	o not include rollover		762,587		272,205	
(including extensions) of your 2007 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception		employee cont (see instruction	ributions, ar ns)	nd 501(c)(18)(D) plan c	ontributions for 2007	2				
7 Add the amounts on line 6. If zero, stop; you cannot take this credit 8 Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 36 9 Enter the applicable decimal amount shown below: Filine 8 is-	5	(including extensions) of your 2007 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception					5,245,556		1,154,479	
8 Enter the amount from Form 1040, line 38°; Form 1040A, line 22; or Form 1040NR, line 36. 9 Enter the applicable decimal amount shown below: If line 8 is							3,240,333	7		
Form 1040NR, line 36 Enter the applicable decimal amount shown below: F Init In									0,000,040	<u> </u>
State Stat	8					l g	5 995 549			
If line 8 is—	•						3,333,343			
Note: If line 9 is zero, stop; you cannot take this credit. Note: If line 9 is zero, stop; you cannot take this credit. 10 Multiply line 7 by line 9 Multiply line 43 Multiply line 64 Multiply line 64 Multiply line 7 by line 9 Multiply line 7 by line 9 Multiply line 64 Multiply line 7 by line 9 Multiply line 64 Multiply line 7 by line 9 Multiply line 64 Multiply line 64 Multiply line 65	9	Enter the appli	cable decim	nal amount shown bel	OW:					
Note: If line 9 is zero, stop; you cannot take this credit. Note: If line 9 is zero, stop; you cannot take this credit. 10 Multiply line 7 by line 9 Multiply line 43 Multiply line 64 Multiply line 64 Multiply line 7 by line 9 Multiply line 7 by line 9 Multiply line 64 Multiply line 7 by line 9 Multiply line 64 Multiply line 7 by line 9 Multiply line 64 Multiply line 64 Multiply line 65		If line 8	is—	Δr	nd vour filing status	is—		1		
Over		11 11110 0	, 10				lo Marriad filing	-		
Subtract line 12 from line 11. If zero, stop; you cannot take this credit 10 10 10 10 10 10 10 1		Over—	But not			_	_			
\$15,500 \$17,000 \$5 .5 .5 .2 \$2 \$17,000 \$23,250 .5 .5 .5 .1 \$2 \$23,250 \$25,500 .5 .5 .2 .1 .1 .1 .1 .0 .2 .2 .1 .1 .0 .0 .2 .1 .0 .0 .2 .1 .0 .0 .0 .2 .1 .0 .0 .0 .2 .1 .0 .0 .0 .0 .2 .1 .0 .0 .0 .0 .0 .2 .1 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0		over—								
\$15,500 \$17,000 \$23,250 \$5 .5 .5 .1 \$9 5,984,635 X. \$17,000 \$23,250 55 .5 .1 1 \$22,5500 \$25,500 55 .2 .1 1 \$25,500 \$26,000 55 .1 1 .1 1 \$26,000 \$31,000 55 .1 1 .0 0 \$31,000 \$34,000 .2 1 1 .0 0 \$34,000 \$32,000 1.1 .0 0 .0 \$39,000 55,2,000 .1 .0 0 .0 \$35,000 .1 .0 0 .0 \$35,000 .1 .0 0 .0 \$35,000 .1 .0 0 .0 \$35,000 .1 .0 0 .0 .0 \$35,000 .1 .0 0 .0 \$35,000 .1 .0 0 .0 .0 \$35,000 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1						Qua		-		
\$17,000 \$23,250										
\$23,250 \$25,500		1 ' '							5 004 625 V	
\$25,500 \$26,000								9	5,964,635 A.	
\$26,000 \$31,000										
\$31,000 \$34,000				I .						
\$34,000 \$39,000										
\$39,000 \$52,000										
\$52,000				1						
Note: If line 9 is zero, stop; you cannot take this credit. 10 Multiply line 7 by line 9										
Multiply line 7 by line 9 In the same of the street the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 In the street the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 In the street the total of your credits from lines 47 through 49, and 51. In the street the total of your credits from lines 29 through 31. In the street the total of your credits from lines 29 through 31. In the street the total of your credits from lines 44 and 46. In the street		\$52,000		.0	.0		.0			
Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 1040 filers: Enter the total of your credits from lines 47 through 49, and 51. 1040NR filers: Enter the total of your credits from lines 29 through 31. 1040NR filers: Enter the total of your credits from lines 44 and 46. Subtract line 12 from line 11. If zero, stop; you cannot take this credit Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48						redit.		46	5 004 005	
Form 1040NR, line 43	10		-			· · ·		10	5,904,035	
12 1040 filers: Enter the total of your credits from lines 47 through 49, and 51. 1040A filers: Enter the total of your credits from lines 29 through 31. 1040NR filers: Enter the total of your credits from lines 44 and 46. 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit	11						5.904.859			
through 49, and 51. 1040A filers: Enter the total of your credits from lines 29 through 31. 1040NR filers: Enter the total of your credits from lines 44 and 46. 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit		,					-,,			
1040A filers: Enter the total of your credits from lines 29 through 31. 1040NR filers: Enter the total of your credits from lines 44 and 46. 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit	12	1040 filers:			om lines 47					
1040NR filers: Enter the total of your credits from lines 44 and 46. 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit		1040A filers:	_		nes 29 through 31.	12	903,581			
14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48										
13 here and on Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48	13	Subtract line 12	2 from line	11. If zero, stop ; you	cannot take this credi	it .		13	5,873,120	
*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.	14	•		-				14	5,862,206	
		*See Pub. 590 fo	r the amount	to enter if you are filing	Form 2555, 2555-EZ, or	4563 o	r you are excluding	income fi	rom Puerto Rico.	

NUMBER OF RETURNS FILED FOR SELECTED LINES **Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Attachment Sequence No. 53

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

See separate instructions.

Social security number of HSA beneficiary. If both spouses have

Name(s) shown on Form 1040 or Form 1040NR Total Forms Filed = 1,243,268 HSAs, see page 2 of the instructions ▶

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

HSA Contributions and Deduction. See page 3 of the instructions before completing this part. If you

	are filing jointly and both you and your spouse each have separate HSAs, compleach spouse.	lete a	separate Part	I for
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2007 (see page 4 of the instructions) Self-Only Boxes = 488,463 Family Boxes = 626,845 ▶	☐ Se	elf-only 🗌 Far	nily
2	HSA contributions you made for 2007 (or those made on your behalf), including those made from January 1, 2008, through April 15, 2008, that were for 2007. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 4 of the instructions)	2	639,011	
3	If you were under age 55 at the end of 2007, and on the first day of every month during 2007, you were, or were considered, an eligible individual with the same coverage, enter \$2,850 (\$5,650 for family coverage) (see page 4 of the instructions)	3	978,561	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2007 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2007, also include any amount contributed to your spouse's Archer MSAs	4	13,666	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	978,517	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2007, see the instructions on page 4 for the amount to enter	6	973,850	
7	If you were age 55 or older at the end of 2007, married, and you or your spouse had family coverage under an HDHP at any time during 2007, enter your additional contribution amount (see page 4 of the instructions)	7	99,932	
8	Add lines 6 and 7	8	976,712	
9 10	Employer contributions made to your HSAs for 2007			
11	Add lines 9 and 10	11	609,089	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	936,175	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	592,526	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).			
Par	HSA Distributions. If you are filing jointly and both you and your spouse each homeometric complete a separate Part II for each spouse.	ave se	eparate HSAs,	
14a	Total distributions you received in 2007 from all HSAs (see page 6 of the instructions)	14a	827,561	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		45.700	
	withdrawn by the due date of your return (see page 6 of the instructions)	14b	15,739	
	Subtract line 14b from line 14a	14c	822,528	
15	Unreimbursed qualified medical expenses (see page 6 of the instructions)	15	752,747	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	90,475	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 10% Tax (see page 6 of the instructions), check here Total Boxes Checked = 24,371 ▶ □ Additional 10% tax (see page 6 of the instructions). Enter 10% (.10) of the distributions included			
	on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR line 58 enter "HSA" and the amount	17h	78 332	

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Domestic Production Activities Deduction

► Attach to your tax return. ► See separate instructions.

2007
Attachment
Sequence No. 143

OMB No. 1545-1984

Identifying number Name(s) as shown on return Total Forms Filed = 532.517 284,496 1 Domestic production gross receipts (DPGR) Allocable cost of goods sold. If you are using the small business 173.010 simplified overall method, skip lines 2 and 3 If you are using the section 861 method, enter deductions and 190,797 3 losses allocable to DPGR. All others, see instructions If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses 73,829 you ratably apportion to DPGR. All others, skip line 4 271.620 5 Add lines 2 through 4 . 281.866 Subtract line 5 from line 1 Qualified production activities income from estates, trusts, and certain partnerships and 7 275,805 S corporations (see instructions) 8 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Amount allocated to beneficiaries of the estate or trust (see instructions) Qualified production activities income. Estates and trusts, subtract line 9 from line 8, all others, enter amount from line 8. If zero or less, enter -0- here, skip lines 11 through 19, 494,181 10 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the 11 492.684 • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) Enter the smaller of line 10 or line 11. If zero or less, enter -0- here, skip lines 13 through 488.252 12 19, and enter -0- on line 20 487.391 Enter 6% of line 12 . . . 13 232,348 14 Form W-2 wages (see instructions) Form W-2 wages from estates, trusts, and certain partnerships and S corporations 15 262,502 Add lines 14 and 15. Estates and trusts, go to line 17, all others, skip line 17 and go to line 16 17 Amount allocated to beneficiaries of the estate or trust (see instructions) . . . 18 467,879 Estates and trusts, subtract line 17 from line 16, all others, enter amount from line 16 467,882 19 Form W-2 wage limitation. Enter 50% of line 18 20 467.347 Enter the smaller of line 13 or line 19 . . . 20 21 Domestic production activities deduction from cooperatives. Enter deduction from 16,147 Form 1099-PATR, box 6 21 22 185 Expanded affiliated group allocation (see instructions) Domestic production activities deduction. Combine lines 20 through 22 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return 23 478.215 2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Alternative Motor Vehicle Credit

Attachment

Department of the Treasury Internal Revenue Service

► Attach to your tax return. NUMBER OF RETURNS FILED FOR SELECTED LINES

Sequence No. **152**

Form **8910** (2007)

OMB No. 1545-1998

Name(s) shown on return Identifying number Total Forms Filed = 176,161

Part I Tentative Credit							
Use a separate column for each vehicle. If you need more columns additional Forms 8910 and include the totals on lines 8 and 12.	s, use	(a)		(b)		(c)	
1 Year, make, and model of vehicle	1						
2 Enter date vehicle was placed in service (MM/DD/YYYY)	2	/ /		/ /		/ /	1
3 Maximum credit allowable (see instructions)	3		0.1				
4 Phaseout percentage (see instructions)5 Tentative credit. Multiply line 3 by line 4	5		%		%		<u>%</u>
Part II Credit for Business/Investment Use Part of		e					
6 Business/investment use percentage (see instructions)	6		%		%		%
7 Multiply line 5 by line 6	7		/		70		70
8 Add columns (a) through (c) on line 7					8	18,994	
Alternative motor vehicle credit from partnerships and S corp.					9	65	
10 Business/investment use part of credit. Add lines 8 and 9. If this amount on Schedule K; all others, report this amount on	artner	ships and S co	orporati	ons, report	10	19,060	
Part III Credit for Personal Use Part of Vehicle							
11 Subtract line 7 from line 5	11						
12 Add columns (a) through (c) on line 11					12	172,461	
13 Regular tax before credits:							
 Individuals. Enter the amount from Form 1040, line 44 (or Form 1040). 	orm 104	10NR,)			40		
line 41)		. } ·			13		
Other filers. Enter the regular tax before credits from your Credits that reduce regular tax before the alternative mater.		.)					
14 Credits that reduce regular tax before the alternative motor value a Credits from Form 1040, lines 47 through 50 and 52 through							
1040NR, lines 44, 45, and 47 through 49)							
b Foreign tax credit		116					
c Qualified electric vehicle credit (Form 8834, line 11)			(כ			
d Add lines 14a through 14c					14d	75,195	
15 Net regular tax. Subtract line 14d from line 13. If zero or less,			e this fo	orm unless			
you are claiming a credit on line 10					15	168,065	
16 Tentative minimum tax (see instructions):				١	4.0	100 600	
• Individuals. Enter the amount from Form 6251, line 33					16	128,682	
Other filers. Enter the tentative minimum tax from your alteract line 16 from line 15. If zero or less, step bores do not be a second or less and the second or less are less as a second or less are less are less as a second or less are less as a second or less are less as a second or less are less are less as a second or less are le							
17 Subtract line 16 from line 15. If zero or less, stop here; do no a credit on line 10	r me tr	iis iorrii uriless	s you al	e ciaiming	17	158,673	
18 Personal use part of credit. Enter the smaller of line 12 or 1.	 7 here :	and on Form 1	040. lin	e 55: Form			
10/10NR line 50: or the appropriate line of your return. If line 17					10	156 405	

NUMBER OF RETURNS FILED FOR SELECTED LINES

Tuition and Fees Deduction

See Instructions.

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074 Attachmen Sequence No. 63

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 4,471,217

Your social security number

You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student in the same year.

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below. Before you begin: ✓ If you file Form 1040, use the instructions for line 36 to figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. (a) Student's name (as shown on page 1 of your tax return) (b) Student's social security (c) Qualified number (as shown on page expenses (see First name Last name 1 of your tax return) instructions) Student 1 SSN = 4.462.211 4.462.211 Student 2 SSN = 333,362 333.362 Student 3 SSN = 14.942 14,942 Student 4 SSN = 137 137 4,462,220 2 Add the amounts on line 1, column (c), and enter the total Enter the amount from Form 1040, line 22, or Form 1040A, line 15 Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or 4 • Form 1040A, lines 16 through 18 Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly) 5 4,419,940 You cannot take the deduction for tuition and fees Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? Yes. Enter the smaller of line 2, or \$2,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19. 6 4.457.152

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Pub. 970 to figure the amount to enter.

No. Enter the smaller of line 2, or \$4,000. Also enter this amount on Form 1040,

Section references are to the Internal Revenue Code unless otherwise noted.

line 34, or Form 1040A, line 19.

General Instructions

Purpose of Form

Use Form 8917 to figure and take the deduction for tuition and fees expenses paid in 2007.

This deduction is based on qualified education expenses paid to an eligible postsecondary educational institution. See What Expenses Qualify, on page 2, for more information.



You may be able to take the Hope credit or lifetime learning credit for your education expenses instead of the tuition and fees deduction. Figure your tax both

ways and choose the one that gives you the lower tax. See Form 8863, Education Credits, and Pub. 970, Tax Benefits for Education, for more information about the Hope and lifetime learning credits.

Who Can Take the Deduction

You may be able to take the deduction if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The deduction is based on the amount of qualified education expenses you paid for the student in 2007 for academic periods beginning in 2007 and the first 3 months of 2008.



Qualified education expenses must be reduced by any expenses paid directly or indirectly using tax-free educational assistance. See Tax-free educational

assistance and refunds of qualified education expenses on page 2.

Generally, in order to claim the deduction for qualified education expenses for a dependent, you must have paid the expenses in 2007 and must claim an exemption for the student as a dependent on your 2007 tax return (line 6c of Form 1040 or 1040A). For additional information, see chapter 6 of Pub. 970.

You cannot claim the tuition and fees deduction if any of the following apply.

- Your filing status is married filing separately.
- Another person can claim an exemption for you as a dependent on his or her tax return. You cannot take the deduction even if the other person does not actually claim that exemption.
- Your modified adjusted gross income (MAGI), as figured on line 5, is more than \$80,000 (\$160,000 if filing a joint return).
- You were a nonresident alien for any part of the year and did not elect to be treated as a resident alien for tax purposes. More information on nonresident aliens can be found in Pub. 519, U.S. Tax Guide for Aliens.

THE FOLLOWING PAGES OF THE TEXT ARE THE CORRESPONDING DOLLAR AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS).

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** IRS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending . 20 OMB No. 1545-0074 Label Your first name and initial Last name Your social security number (See Total of all returns filed = 142.978.806 instructions A B E If a joint return, spouse's first name and initial Last name Spouse's social security number on page 12.) Electronically Filed Returns = 87,851,490 1040 = 86,300,563 Use the IRS label. Home address (number and street). If you have a P.O. box, see page 12. You must enter н Otherwise, your SSN(s) above. 1040A = 33,507,223E R please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. or type. Checking a box below will not $1040EZ = ^23,171,020$ ^Includes 78,013 1040EZ-T returns change your tax or refund. **Presidential** Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ▶ You Spouse Sinale Head of household (with qualifying person). (See page 13.) If **Filing Status** the qualifying person is a child but not your dependent, enter Married filing jointly (even if only one had income) this child's name here. ▶ Married filing separately. Enter spouse's SSN above Check only one box. and full name here. Qualifying widow(er) with dependent child (see page 14) Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a on 6a and 6b **Exemptions** b Spouse . No. of children (4) if qualifying on 6c who: (3) Dependent's **Dependents:** (2) Dependent's lived with you relationship to child for child tax social security number (1) First name Last name credit (see page 15) • did not live with you you due to divorce or separation If more than four (see page 16) dependents, see Dependents on 6c page 15. not entered above Add numbers on d Total number of exemptions claimed lines above ▶ depend. other earnd inc. = 145,635 5,842,269,820 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 268,058,182 8a Taxable interest. Attach Schedule B if required 79,351,341 8b Tax-exempt interest. Do not include on line 8a Attach Form(s) 237,052,127 9a W-2 here. Also Ordinary dividends. Attach Schedule B if required attach Forms 155,872,285 9b W-2G and 27,046,648 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . 1099-R if tax 10 8,759,334 was withheld. 11 11 Business income or (loss). Attach Schedule C or C-EZ13* Cap gain distrib = 11,981,884 279,736,261 12 12 13 895,673,985 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 4,356,741 If you did not Other gains or (losses). Attach Form 4797 . 14 14 get a W-2, 189,848,217 147,959,327 IRA distributions . . . 15a 15b 15a **b** Taxable amount (see page 21) see page 19. 490,581,465 851,528,103 Pensions and annuities 16a 16b **b** Taxable amount (see page 22) 453,450,912 17 Enclose, but do Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 not attach, any 18 -14,693,259 Farm income or (loss). Attach Schedule F 18 payment. Also. 29,415,079 19 19 Unemployment compensation please use 382,324,621 Social security benefits 20a 20h 167,186,633 Form 1040-V. 20a **b** Taxable amount (see page 24) 36,140,255 Other income. List type and amount (see page 24) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 8,810,738,960 925,997 21 Net Operat. loss = 86,369,141 Educator expenses (see page 26) 23 **Adjusted** 21 Stock options = 551,250 24 Certain business expenses of reservists, performing artists, and Gross 420,756 21 Cancell of debt = 1.881.848 24 fee-basis government officials. Attach Form 2106 or 2106-EZ 21 For. earn. inc. excl. 19.888,233 Income 1,500,881 25 25 Health savings account deduction. Attach Form 8889. . . 21 Gambling inc. = 30,139,091 26 2,903,022 26 Moving expenses. Attach Form 3903 24,759,998 27 27 One-half of self-employment tax. Attach Schedule SE . . . 22,262,415 Self-employed SEP, SIMPLE, and qualified plans . . . 28 28 21,283,306 29 29 Self-employed health insurance deduction (see page 26) 30 352,592 Penalty on early withdrawal of savings 30 31a 9,496,674 Alimony paid **b** Recipient's SSN ▶ 31a 12,876,504 32 IRA deduction (see page 27) 32 36 Archer MSA = 21,74833 7,463,755 33 Student loan interest deduction (see page 30). 36 Housing ded. = 98,011 10,578,961 Tuition and fees deduction. Attach Form 8917 34 36 Other adj. = 1,295,091 6,780,483 35 Domestic production activities deduction. Attach Form 8903 123,020,191 Add lines 23 through 31a and 32 through 35 36

Subtract line 36 from line 22. This is your adjusted gross income

8,687,718,769

Form 1040 (2007)	1			F	Page 2	
Tax	38	Amount from line 37 (adjusted gross income)	38			•
and		Check \[\bigcup \text{You} \text{ were born before January 2, 1943,} \text{Blind.} \] \text{Total boxes}				•
Credits	39a	<u> </u>		Basic Stand. Ded. =	635,82	24,934
		if: ☐ Spouse was born before January 2, 1943, ☐ Blind. ∫ checked ▶ 39a ☐		Add. Stand Ded. =	18.356	6.722
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b ∟	40	1,333,036,542	.,	
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40			
	41	Subtract line 40 from line 38	41	6,871,049,690		
 People who checked any 	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line				
box on line		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	943,171,372		
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	6,063,263,892		
claimed as a	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	1,155,415,243		
dependent, see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45	24,109,512		
			46	1,179,538,578		•
All others:	46	Add lines 44 and 45		8396 = 37,432		
Single or Married filing	47	12 460				
separately,	48	Credit for the elderly of the disabled. Attach Schedule h	54c F	8839 = 396,039		
\$5,350	49	Education credits. Attach Form 8863		3800 = 845,539		
Married filing	50	Residential energy credits. Attach Form 5695		8801 = 1,034,675		
jointly or Qualifying	51	Foreign tax credit. Attach Form 1116 if required 51 15,435,196		8844 = 116,603		
widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 31,556,282		8835 = 11,238 8846 = 291.552		
\$10,700	53	Retirement savings contributions credit. Attach Form 8880 976,846		5884 = 224,666		
Head of	54	Credits from: a Form 8396 b Form 8859 c Form 8839		ther = 106,428		
household,	55	Other credits: a Form 3800 b Form 8801 c Form	55c Al	t. motor veh. = 184,661	1	
\$7,850	56	Other credits. a 1 min 3000 b 1 min 3001 c 1 min	56	62,630,766		
	57	Add lines 47 through 55. These are your total credits	57	1,116,907,812		
				49,511,062		
Other	58	Self-employment tax. Attach Schedule SE	58		h 22	241
Taxes	59	Unreported social security and Medicare tax from: a \square Form 4137 b \square Form 8919	59	a= 30,331	b= 32	,241
Idxoo	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	5,004,547		
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	69,336		-
	62	Household employment taxes. Attach Schedule H	62	914,059		
	63	Add lines 57 through 62. This is your total tax Recapture Tax = 413,740 Other taxes = 381.256 ▶	63	1,173,264,964		
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 912,563,316				
1 dyllicitis	65	2007 estimated tax payments and amount applied from 2006 return 65 284,119,655				
If you have a	66a	66a 48 539 994				
qualifying	b	Nontaxable combat pay election 66b 109,650				
child, attach		2 510 004				
Schedule EIC.	67	20 14 400 210				
	68	Additional child tax credit. Attach Form 5012		70a F2439 = 119,9	959	
	69	Amount paid with request for extension to life (see page 55)		70b F4136 = 88,95	50	
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70c F8885 = 39,34	13	
	71	Refundable credit for prior year minimum tax from Form 8801, line 27 71 151,643		1 0/1 454 000		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,361,454,082		
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	316,924,652		
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶	74a	267,872,391		
See page 59	b	Routing number				
and fill in 74b,	▶ d	Account number				
74c, and 74d, or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax 49,052,261				
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ▶	76	130,607,837		
You Owe	77	Estimated tax penalty (see page 61)				
	Do	you want to allow another person to discuss this return with the IRS (see page 61)? Yes. (Compl	ete the following	No	
Third Party	, 00	you want to allow another person to discuss this return with the mo (see page of):	Johnph	ete the following.	140	
Designee		Personal identific	ation			
	nar	me	l to the	boot of my knowledge	o and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh				
Here Your signature Date Your occupation Daytime phone						
Joint return?	100	a. a.g. a.a.a.	p			
See page 13.	_		()		
Keep a copy for your	Spe	ouse's signature. If a joint return, both must sign. Date Spouse's occupation				
records.						
Paid	Pre	parer's Date Check if	Prep	arer's SSN or PTIN		
Paid		nature Check if self-employed				
Preparer's		n's name (or EIN	1			
Use Only	VOL	urs if self-employed), dress, and ZIP code Phone no.	()			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

1040		tment of the Treasury—Internal Revenue Individual Income Tax Revenue	<u> </u>)7	IRS Use Only—[o not write o	r staple in this space.		
	For	he year Jan. 1-Dec. 31, 2007, or other tax year be	ginning	, 2007, ending	, 20	_	OMB No. 1545-0074		
Label	You	r first name and initial	Last name				social security numb	ber	
See	1		Total 1040 ONLY	returns filed	= 86,300,563				
nstructions A B B	If a	joint return, spouse's first name and initial	Last name			Spou	Spouse's social security number		
Jse the IRS	1								
abel.	Hor	ne address (number and street). If you have	a P.O. box, see pag	ge 12.	Apt. no.		You must enter		
Otherwise, Dlease print	Elec	ronically filed forms 1040 Only = 47,98	2,634				your SSN(s) above.		
or type.	City	, town or post office, state, and ZIP code. If	f you have a foreign	address, see	page 12.	Check	ing a box below will	not	
Presidential							your tax or refund.		
Election Campaign	CI	neck here if you, or your spouse if filing	g jointly, want \$3	to go to this	fund (see page 1	2) ▶ _	You Spous	se	
Filing Status	1 _	Single			•		ng person). (See page	′	
Filing Status	2 _	Married filing jointly (even if only one					it not your dependen	t, enter	
Check only one box.	3 _	Married filing separately. Enter spou and full name here. ►	ise's SSN above		s child's name here		ndent child (see pag	ıo 1/l)	
DIE DOX.	6a	Yourself. If someone can claim your	ou as a depende		, ,)	Boxes checked	C 1+)	
Exemptions	b	Spouse	•		eck box oa .	, , , , ,	on 6a and 6b No. of children		
•	С	Dependents:	(2) Depende	ent's (3)		if qualifying	on 6c who:		
		(1) First name Last name	social security i			or child tax see page 15)	lived with youdid not live with		
							you due to divorce or separation		
f more than four dependents, see							(see page 16)		
page 15.							Dependents on 6c not entered above		
							Add numbers on		
	d	Total number of exemptions claimed		<u></u>			lines above ▶		
Income	7	Wages, salaries, tips, etc. Attach Forn				. 7	4,654,803,923		
income	8a	Taxable interest. Attach Schedule B in	k 🖜		78,943,162	. 8a	253,418,458		
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include		. 8b	70,943,102	9a	234,459,299		
attach Forms	9a	Ordinary dividends. Attach Schedule E	·	9b	154,569,655	. 3a	254,457,277		
N-2G and	10	Qualified dividends (see page 19) . Taxable refunds, credits, or offsets of				10	27,046,648		
I099-R if tax was withheld.	11	Alimony received	State and local ii	icome taxes	(see page 20) .	11	8,759,334		
	12	Business income or (loss). Attach Sch	edule C or C-EZ	13* Cap G	ain Distrib = 10,553	,675 12	279,736,261		
	13	Capital gain or (loss). Attach Schedule				13	895,673,985		
f you did not	14	Other gains or (losses). Attach Form 4				. 14	4,356,741		
get a W-2, see page 19.	15a	II IA distributions	5,639,218	b Taxable a	amount (see page 2	1) 15b	136,906,901		
	16a	T Cholons and annutios	1,620,536		amount (see page 2	´	420,225,163		
Enclose, but do	17	Rental real estate, royalties, partnershi		s, trusts, etc.	Attach Schedule		453,450,912		
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedu	le F			. 18	-14,693,259		
olease use	19	Unemployment compensation	3,491,166	7. 2		. 19 4) 20b	18,632,104 150,240,453		
Form 1040-V.	20a 21	Social security benefits . 20a 303 Other income. List type and amount (s		b Taxable a	amount (see page 2	21	34,229,171		
	22	Add the amounts in the far right column		h 21. This is y	our total income		7,493,563,335		
	23			22	786,825		Net Operat. Loss = 86	,369,141	
Adjusted	24	Certain business expenses of reservists, p				21.5	Stock options = 551	,250	
Gross		fee-basis government officials. Attach Fo	,		420,756		Cancell of debt = 1,8		
Income	25	Health savings account deduction. Att	ach Form 8889.	. 25	1,500,881		or. earn. inc. excl = 1		
	26	Moving expenses. Attach Form 3903		. 26	2,903,022	210	Gambling inc. = 30	,139,091	
	27	One-half of self-employment tax. Attac	h Schedule SE .		24,759,998				
	28	Self-employed SEP, SIMPLE, and qua			22,262,415				
	29	Self-employed health insurance deduc			21,283,306				
	30	Penalty on early withdrawal of savings	5	30	352,592 9,496,674				
	31a	Alimony paid b Recipient's SSN ▶	1 1	31a 32	11,631,429		I		
	32	IRA deduction (see page 27)			5,177,068	36	II Archer MSA = 21,74	1 48	
	33 34	Student loan interest deduction (see p Tuition and fees deduction. Attach Fo			8,223,876		Housing ded. = 98,		
	35	Domestic production activities deduction		. 05	6,780,483		Other adj. = 1,295,0		
	36	Add lines 23 through 31a and 32 thro		,	<u> </u>	. 36	116,994,173		
	37	Subtract line 36 from line 22. This is y	•			▶ 37	7,376,569,161		

Form 1040 (2007)	1			F	Page 2	4
Tax	38	Amount from line 37 (adjusted gross income)	38			
and	39a	Check \[\bigcup \text{You} \text{ were born before January 2, 1943, } \Bigcup \text{Blind.} \] \text{Total boxes}				
Credits	Sea	·		Basic Stand Ded. =	260,72	4,92
		(—),		Add. Stand. Ded. =	11,397	,481
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b ∟	40	1,333,036,542		
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40			-
	41	Subtract line 40 from line 38	41	5,924,801,906		-
 People who checked any 	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line				
box on line		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	626,935,766		
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5,371,192,461		
claimed as a	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	1,062,209,822		
dependent, see page 31.			45	24,107,229		-
	45	Alternative minimum tax (see page 36). Attach Form 6251	46	1,086,330,875		-
All others:	46	Add lines 44 and 45		8396 = 37,432	-	-
Single or	47	dicar for office and deportating care expenses. Attach from 2441	344 1			
Married filing separately,	48	Credit for the elderly or the disabled. Attach Schedule R . 48 4,222	54c F	1 8839 = 396,039	ı	
\$5,350	49	Education credits. Attach Form 8863	55a F	3800 = 845,539		
Married filing	50	Residential energy credits. Attach Form 5695	55b F	8801 = 1,034,675		
jointly or	51	Foreign tax credit. Attach Form 1116 if required 51 15,435,196		8844 = 116,603		
Qualifying widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 22,701,465		8835 = 11,238		
\$10,700		Retirement savings contributions credit. Attach Form 8880. 53 510,409		8846 = 291,552		
Head of	53	Hetirement Savings Contributions Credit. Attach Form Cood		5884 = 224,666 hther = 106,428		
household,	54	ordate from 6000 D Tom 6000 C Tom 6000		nner = 106,428 It. Motor Veh. = 184,661	, 1	
\$7,850	55	Other credits: a Form 3800 b Form 8801 c Form			' 	
	56	Add lines 47 through 55. These are your total credits	56	50,216,102	-	-
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	1,036,114,773		
Othor	58	Self-employment tax. Attach Schedule SE	58	49,511,062		
Other	59	Unreported social security and Medicare tax from: a Form 4137 b Form 8919	59	a= 30,331	b= 32	² ,241
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	3,076,536		
			61	50,297		-
	61	Advance earned income credit payments from Form(s) W-2, box 9	62	914,059		-
	62 63	Household employment taxes. Attach Schedule H Add lines 57 through 62. This is your total tax Recapture tax = 413,740 Other taxes = 381,256 ▶	63	1,092,417,136		-
	03	707.050.000	63	1,092,417,130		-
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 787,253,230				
	65	2007 estimated tax payments and amount applied from 2006 return 65 282,973,273				
If you have a	_66a	Earned income credit (EIC)				
qualifying	b	Nontaxable combat pay election ▶ 66b 46,020				
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67 2,515,780				
Corrodate Etc.	68	Additional child tax credit. Attach Form 8812		 70a F2439 = 119.9	FO.	
		Additional child tax credit. Attach I child cold.		, ,		
	69	Amount paid with reducst for extension to file (see page 55)		70b F4136 = 88,95		
	70	500.074		70c F8885 = 39,34	3	
	71	Refundable credit for prior year minimum tax from Form 8801, line 27 71 508,074		1 10/ 010 / 40		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,196,018,642		-
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	228,519,265		
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶	74a	179,542,304		
See page 59	▶ b	Routing number				
and fill in 74b,	► d	Account number				
74c, and 74d,						
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax 75 48,976,961	76	126,749,611		
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 Fetimated tax penalty (see page 61)	70	120,177,011		
You Owe	77	Estimated tax penalty (see page 61)				
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 61)? Yes. (Jompl	ete the following.	∐ No	
Designee		signee's Phone Personal identific	ation			1
	nar]
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and				
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether they are true, correct, and complete.			uge.	
Joint return?	Yo	ur signature Date Your occupation	Dayt	time phone number		
See page 13.			()		
Keep a copy	Sn	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	(,		
for your	Z Sp	Opodoc o occupation				
records.			_	1 0011		
Paid		parer's Date Check if	Prep	parer's SSN or PTIN		
Preparer's	sig	nature self-employed self-employed				
		m's name (or EIN	i			
Use Only	you	urs if self-employed), dress, and ZIP code Phone no.	()		

109 2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** IRS Use Only-Do not write or staple in this space For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20 OMB No. 1545-0074 Label Your first name and initial Your social security number Electronically Filed Returns = 87,851,490 instructions A B E Spouse's social security number If a joint return, spouse's first name and initial on page 12.) 1040's E-filed = 47,982,634 Use the IRS label. Home address (number and street). If you have a P.O. box, see page 12. Apt. no. You must enter н Otherwise, 1040A's E-filed = 25,420,635your SSN(s) above. E R please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. or type. Checking a box below will not 1040EZ's Efiled = 14,448,221 change your tax or refund. **Presidential** You Spouse Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ▶ Sinale Head of household (with qualifying person). (See page 13.) If **Filing Status** the qualifying person is a child but not your dependent, enter Married filing jointly (even if only one had income) this child's name here. ▶ Married filing separately. Enter spouse's SSN above Check only one box. and full name here. Qualifying widow(er) with dependent child (see page 14) Boxes checked Yourself. If someone can claim you as a dependent, do not check box 6a on 6a and 6b **Exemptions** b Spouse No. of children (4) if qualifying on 6c who: (3) Dependent's **Dependents:** (2) Dependent's lived with you relationship to child for child tax social security number (1) First name Last name credit (see page 15) · did not live with you due to divorce or separation If more than four (see page 16) dependents, see Dependents on 6c page 15. not entered above Add numbers on Total number of exemptions claimed lines above ▶ 7 3,609,639,144 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 95,123,390 Taxable interest. Attach Schedule B if required 8a 26,755,277 8b Tax-exempt interest. Do not include on line 8a Attach Form(s) 80,108,656 W-2 here. Also Ordinary dividends. Attach Schedule B if required 9a attach Forms 50,739,699 9b W-2G and 15,450,139 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 1099-R if tax 10 4,617,245 11 was withheld. 11 Business income or (loss). Attach Schedule C or C-EZ 13* Cap Gain Dist = 5,311,764 12 121,682,665 12 13 251,839,641 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 180,231 If you did not 14 Other gains or (losses). Attach Form 4797 14 get a W-2, 87,709,495 71,186,308 15b IRA distributions . . 15a 15a **b** Taxable amount (see page 21) see page 19. 250,569,397 448,965,804 16a 16b Pensions and annuities **b** Taxable amount (see page 22) 157,482,109 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Enclose, but do 17 not attach, any 18 -8,069,336 Farm income or (loss). Attach Schedule F . . . 18 payment. Also. 19,849,435 19 19 Unemployment compensation please use 192,253,886 80,602,028 20b Form 1040-V. Social security benefits . 20a **b** Taxable amount (see page 24) 15 442 385 2 2 737 2

Adjusted Gross Income

34

35

36 37

21	Other income. List type and amount (see page 24)			L	21	13,442,363		
22	Add the amounts in the far right column for lines 7 through 21.	This is	s your total income		22	4,752,923,300		
23	Educator expenses (see page 26)	23	615,558		21 N	let Operat. Loss =	26,50	2,737
24	Certain business expenses of reservists, performing artists, and				21 S	Stock options = 16	7,866	
	fee-basis government officials. Attach Form 2106 or 2106-EZ	24	252,314		21 (Cancell. of debt = 8	351,91	1
25	Health savings account deduction. Attach Form 8889.	25	793,873		21 F	or. earn. inc. excl.	= 4,80	2,783
26	Moving expenses. Attach Form 3903	26	2,016,560		21 (Sambling inc. = 12	361,7	07
27	One-half of self-employment tax. Attach Schedule SE	27	11,155,823					
28	Self-employed SEP, SIMPLE, and qualified plans	28	9,649,156					
29	Self-employed health insurance deduction (see page 26)	29	9,857,539					
30	Penalty on early withdrawal of savings	30	165,591					
31a	Alimony paid b Recipient's SSN ▶	31a	5,050,015					
32	IRA deduction (see page 27)	32	6,527,884					
33	Student loan interest deduction (see page 30)	33	4,257,519		36 N	MSA Ded. = 5,853		

Tuition and fees deduction. Attach Form 8917

Domestic production activities deduction. Attach Form 8903 Add lines 23 through 31a and 32 through 35

Subtract line 36 from line 22. This is your adjusted gross income

36 Housing Ded. = 36,507

61,473,316

36 Other adi. = 574.538

6,930,501

2,438,355

Form 1040 (2007)				F	age 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	Jaa	if: Spouse was born before January 2, 1943, ☐ Blind. Checked ▶ 39a ☐		Basic Stand. Ded. =	400,8 <mark>81,0</mark> 2
				Add. Stand. Ded.	= 8,650 <mark>,226</mark>
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶39b ∟	40	745,402,399	
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			
 People who 	41	Subtract line 40 from line 38	41	3,604,073,465	
checked any	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line		,,,,,,,,,,	
box on line 39a or 39b or		6d. If line 38 is over \$117,300, see the worksheet on page 33	42	616,644,960	
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	3,073,387,454	
claimed as a dependent,	44	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 c Form(s) 8889	44	552,521,824	
see page 31.	45	Alternative minimum tax (see page 36). Attach Form 6251	45	10,033,643	
All others:	46	Add lines 44 and 45	46	562,561,681	
Single or	47	Credit for child and dependent care expenses. Attach Form 2441 47 2,754,697	54a F	8396 = 32,737	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R . 48 5,705			
separately,		orealt for the elderly of the disabled. Attach Schedule 11.		8839 = 225,994	
\$5,350	49	(74.710		3800 = 296,090	
Married filing	50	2.470.02/		8801 = 423,611 8844 = 31,198	
jointly or Qualifying	51	Foreign tax credit. Attach Form 1116 if required 51 2,470,836		8835 = 186	
widow(er),	52	Child tax credit (see page 39). Attach Form 8901 if required 52 23,673,102		8846 = 111,716	
\$10,700	53	Retirement savings contributions credit. Attach Form 8880. 53 742,033		5884 = 58,054	
Head of household,	54	Credits from: a Form 8396 b Form 8859 c Form 8839		ther = 66,373	
97,850	55	Other credits: a Form 3800 b Form 8801 c Form		MV = 126,019	
	56	Add lines 47 through 55. These are your total credits	56	36,609,909	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	525,951,772	
	58	Self-employment tax. Attach Schedule SE	58	22,306,889	
Other		Unreported social security and Medicare tax from: a Form 4137 b Form 8919	59	a = 17,403	b= 15, <mark>551</mark>
Taxes	59		60	3,076,536	b- 13,331
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	61	50,297	
	61	Advance earned income credit payments from Form(s) W-2, box 9			
	62	Household employment taxes. Attach Schedule H	62	276,455	
	63	Add lines 57 through 62. This is your total tax Recapture Tax = 110,506 Other Taxes = 133,754	63	551,939,172	
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 532,586,398			
	65	2007 estimated tax payments and amount applied from 2006 return 65 95,800,679			
If you have a	66a	Earned income credit (EIC)			
qualifying	b	Nontaxable combat pay election ▶ 66b 96,930			
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59) 67 1,476,038			
	68	Additional child tax credit. Attach Form 8812		 70a F2439 = 3,862	
		7.444.672.		· ·	
	69	Attribute paid with request for extension to the (see page 66)		70b F4136 = 34,48	
	70	Taymonto nom. a la tom 2400 b la tom 4000 c.		70c F8885 = 18,94	4
	71		70	706,148,358	
	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	206,149,758	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ □	74a	192,768,792	
	b	Routing number			
and fill in 74b, 74c, and 74d,	▶ d	Account number			
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax 75 13,380,966			
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ▶	76	52,629,975	
You Owe	77	Estimated tax penalty (see page 61)			
	Do	you want to allow another person to discuss this return with the IRS (see page 61)? Yes. C	Compl	ete the following.	No
Third Party				oto the following:	
Designee	De: nar	ignee's Phone Personal identification no. ► () number (PIN)	ation		
Cian		ler penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the	hest of my knowledge	and
Sign		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of whether the correct is based on all information of which is based on the correct is based on all information of which is based on the correct in the correct is based on the co			
Here	Yo	ır signature Date Your occupation	Davt	ime phone number	
Joint return?		July 11.5. 15.5. Parts	,		
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	Pre	parer's Date Check if	Prep	arer's SSN or PTIN	
		nature self-employed			
Preparer's		n's name (or EIN	1		
Use Only	you	rs if self-employed), dress, and ZIP code Phone no.	()	
	aut	Priorie fio.	١.	,	

111

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Department of the Treasury—Internal AND UNITS (OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form

1040A 2007 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. OMB No. 1545-0074 Your first name and initial Label Your social security number (See page 15.) Total Forms Filed = 33,507,223 A B E If a joint return, spouse's first name and initial Spouse's social security number Use the L Total Forms Filed Electronically = 25,420,635 IRS label. н Home address (number and street). If you have a P.O. box, see page 15. You must enter Otherwise, your SSN(s) above. please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 15. or type. Checking a box below will not Single = 11,874,291 Joint = 8.982.553change your tax or refund. **Presidential** Election Campaign > Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15) You 1 Sinale Head of household (with qualifying person). (See page 16.) **Filing** If the qualifying person is a child but not your dependent. 2 Married filing jointly (even if only one had income) status enter this child's name here. Married filing separately. Enter spouse's SSN above and Check only one box. **5** Qualifying widow(er) with dependent child (see page 17) full name here. Boxes checked on 6a and 6b **6a** Yourself. If someone can claim you as a dependent, **do not** check **Exemptions** box 6a. b Spouse No. of children (4) √if qualifying on 6c who: c Dependents: (3) Dependent's (2) Dependent's social child for child lived with relationship to security number tax credit (see vou (1) First name Last name you page 18) If more than six did not live dependents, with you due to divorce or see page 18. separation (see page 19) **Dependents** on 6c not entered above Add numbers on lines **d** Total number of exemptions claimed. above > Income Wages, salaries, tips, etc. Attach Form(s) W-2. 786,384,938 Attach Form(s) W-2 14,029,845 8a Taxable interest. Attach Schedule 1 if required. 8a here. Also b Tax-exempt interest. Do not include on line 8a. 8b 408,161 attach Ordinary dividends. Attach Schedule 1 if required. 2,592,828 Form(s) 9a 1099-R if tax **b** Qualified dividends (see page 22). 9b 1,302,630 was withheld. 1.428.210 10 Capital gain distributions (see page 22) 10 If you did not **11a** IRA 11b Taxable amount get a W-2, see 13,208,999 11,052,426 distributions. (see page 22). 11a 11b page 21. 12a Pensions and Taxable amount Enclose, but do 89.907.567 70,356,302 annuities. 12a (see page 23). 12b not attach, any Other Income = 1.232.997 payment. 7,172,951 13 Unemployment compensation and Alaska Permanent Fund dividends 13 14a Social security 14b Taxable amount 78,833,455 16,946,180 benefits. 14a (see page 25) 14b 911,196,677 15 Add lines 7 through 14b (far right column). This is your total income. 15 **Adjusted** 16 16 Educator expenses (see page 25). 139,172 gross 17 IRA deduction (see page 27). 1,245,075 17 income 18 Student loan interest deduction (see page 29). 2.286.687 18 19 Tuition and fees deduction. Attach Form 8917. 2,355,085 6.026.018 20 Add lines 16 through 19. These are your total adjustments. 20 905,170,659 21 21 Subtract line 20 from line 15. This is your adjusted gross income.

Form 1040A	(2007)) AMOUNTS OF SELECTED LINES FILED (IN THO	OSANDS OF DOL	LLARS) Pi	age 2
Tax,	22	Enter the amount from line 21 (adjusted gross income).		2	22	
credits,						
and	23 a		otal boxes		Additional Stand. Ded.:	= 6,959,24 ⁻
payments			hecked ► 23a		Total Stand. Ded.= 260	0,926,470
Standard	b	If you are married filing separately and your spouse				
Deduction	04	deductions, see page 30 and check here	▶ 23b	_	24 253,967,229	
for—	24 25	Enter your standard deduction (see left margin). Subtract line 24 from line 22. If line 24 is more than line 3	22 optor 0			
 People who checked any 	26	If line 22 is \$117,300 or less, multiply \$3,400 by the total nu			25 654,890,421	
box on line	20	claimed on line 6d. If line 22 is over \$117,300, see the work			26 255,940,437	
23a or 23b or who can be	27	Subtract line 26 from line 25. If line 26 is more than line 2		,_, _	200,040,407	
claimed as a	21	This is your taxable income.	25, 611161 -0	> 2	27 449,641,880	
dependent, see page 30.	28	Tax, including any alternative minimum tax (see page 30))		28 59,771,127	
All others:	29	Credit for child and dependent care expenses.	<i>,</i> .			
Single or		Attach Schedule 2. 29	952,868			
Married filing separately,	30	Credit for the elderly or the disabled. Attach				
\$5,350		Schedule 3.	8,247			
Married filing	31	Education credits. Attach Form 8863. 31	2,132,295			
jointly or Qualifying	32	Child tax credit (see page 35). Attach				
widow(er),		Form 8901 if required. 32	8,854,818			
\$10,700	33	Retirement savings contributions credit. Attach				
Head of household,		Form 8880. 33	466,436			
\$7,850	34	Add lines 29 through 33. These are your total credits.			12,414,664	
	35	Subtract line 34 from line 28. If line 34 is more than line 28,			35 47,358,745	
	36	Advance earned income credit payments from Form(s) W	7-2, box 9.		36 54,789	
	37	Add lines 35 and 36. This is your total tax.	70 470 004		37 47,413,535	
	38	Federal income tax withheld from Forms W-2 and 1099. 38	79,473,831	+		
If you have	39	2007 estimated tax payments and amount applied from 2006 return. 39	1,146,381			
a qualifying	40a	Earned income credit (EIC). 40a		+		
child, attach Schedule	b	Nontaxable combat pay election. 40b 63,629	23,721,200	F	excess FICA withheld	I = 3 301
EIC.	41	Additional child tax credit. Attach Form 8812.	8,582,763		Extension request :	
	42	Add lines 38, 39, 40a, and 41. These are your total payn		> 4	118,962,382	
Refund	43	If line 42 is more than line 37, subtract line 37 from line 4				
riciana		This is the amount you overpaid.		4	74,694,333	
Direct	44a	Amount of line 43 you want refunded to you. If Form 8888 is attack	ched, check here		44a 74,619,033	
deposit? See page 52	▶ b	Routing number				
and fill in		number Type: C Type: C Type: C Type:	g Savings			
44b, 44c, and 44d or	▶ d	Account				
Form 8888.		number		_		
	45	Amount of line 43 you want applied to your	75,300			
	40	2008 estimated tax. 45				
Amount	46	Amount you owe. Subtract line 42 from line 37. For deta to pay, see page 53.	alls on now	> 4	3,185,936	
you owe	47	Estimated tax penalty (see page 53). 47	40,451		5,100,000	
		Do you want to allow another person to discuss this return with the IRS (Ves Co	omplete the following.	No
Third party	_				,	
designee		Designee's Phone no. ► ()		nal identi [.] er (PIN)	ification	
Sign	ι	Inder penalties of perjury, I declare that I have examined this return and accompany	ing schedules and sta	atements,		
here	k C	nowledge and belief, they are true, correct, and accurately list all amounts and source if preparer (other than the taxpayer) is based on all information of which the prepar	es of income I received er has any knowledge	d during the	he tax year. Declaration	
Joint return?	Y	our signature Date Your occ	upation		Daytime phone number	er
See page 15.					()	
Keep a copy for your	5	Spouse's signature. If a joint return, both must sign. Date Spouse's	occupation			
records.						
Paid		Preparer's Date	Check if		Preparer's SSN or PTIN	
preparer's	_	ignature	self-employe	ed 🔲		
use only		irm's name (or ours if self-employed),	EIN		i	
	У	ddress, and ZIP code	Phone	no.	()	

Department of the Treasury

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **Income Tax Return for Single and 1040EZ** 2007 **Joint Filers With No Dependents** OMB No. 1545-0074 Your first name and initial Your social security number Label Total Forms Filed = 23,171,020 - 1 (See page 8.) A B Last name Spouse's social security number If a joint return, spouse's first name and initial Use the IRS Total Forms Filed includes 17,003 Form 1040EZ-T's label. Home address (number and street). If you have a P.O. box, see page 9. Apt. no. You must enter Otherwise. Н your SSN(s) above. please print Е R or type. City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. Checking a box below will not **Presidential** change your tax or refund. Single = 21,870,710Joint = 1,300,310Election Campaign Spouse Check here if you, or your spouse if a joint return, want \$3 to go to this fund (page 9) Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. 401.080.959 Income Attach your Form(s) W-2 tax exempt interest = 18 **Attach** 609.879 Form(s) W-2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ here. Other Net Income or Loss = 678,087 3,610,024 Enclose, but Unemployment compensation and Alaska Permanent Fund dividends (see page 10). do not attach, any payment. Total Income = 405,978,949 / 405.978.949 Add lines 1, 2, and 3. This is your **adjusted gross income**. If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. Spouse If no one can claim you (or your spouse if a joint return), enter \$8,750 if single; 60,295,169 \$17,500 if **married filing jointly.** See back for explanation. Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. 242,429,551 6 Federal income tax withheld from box 2 of your Form(s) W-2 45,836,256 **Payments** 8a Earned income credit (EIC). 623.525 8a and tax 0 **b** Nontaxable combat pay election. 8h Excess FICA / RRTA = 3 46,473,058 Add lines 7 and 8a. These are your total payments. F4868 payment = 4,310 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 33,434,294 18-26 of the booklet. Then, enter the tax from the table on this line. 10 11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. Refund If Form 8888 is attached, check here 11a 13,711,054 Have it directly deposited! See page 15 and fill **b** Routing number in 11b, 11c, and 11d or ▶ d Account number Form 8888. **Amount** If line 10 is larger than line 9, subtract line 9 from line 10. This is 672,290 12 the amount you owe. For details on how to pay, see page 16. you owe Do you want to allow another person to discuss this return with the IRS (see page 16)?

Yes. Complete the following.

No Third party Designee's Phone Personal identification designee **)** () number (PIN) name Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and Sign accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. here Date Your occupation Daytime phone number Your signature Joint return? See page 6. Keep a copy Spouse's signature. If a joint return, both must sign. Date Spouse's occupation for your records. Date Preparer's SSN or PTIN Preparer's Paid Check if sianature self-employed ___ preparer's Firm's name (or EIN yours if self-employed), address, and ZIP code use only Phone no.

Schedule 1 (Form 1040A)

Department of the Treasury—Internal ANOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Interest and Ordinary Dividends for Form 1040A Filers

2	00	7 OMB No.	1545-0074
_		E CIVID INC.	1040 007

Name(s) shown on Form	m 1040		You	r social security nu	mber
		Total Schedules Filed = 2,451,196			
Part I			ent from a hat form.		
(See back of schedule and the instructions	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social security number and address.		Amount	
for Form		•	1	7	
1040A, line 8a.)					\vdash
	_				-
					-
		Add the executate on line 4	0	10 110 017	_
	3	Add the amounts on line 1. Excludable interest on series EE and I U.S. savings bonds issued	2	12,119,917	
		after 1989. Attach Form 8815.	3		_
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4		
Part II		Note. If you received a Form 1099-DIV or substitute statement from a been enter the firm's name and the ordinary dividends shown on that for		age firm,	
Ordinary	5	List name of payer.		Amount	
dividends		. ,	5		
(See back of schedule					
and the	_				+
instructions					+
for Form 1040A,					
line 9a.)					
					-
	_				-
	_				_
					+
					+
					_
					-
	6	Add the amounts on line 5. Enter the total here and on Form 1040A,			+

line 9a.

2,119,505

Schedule 2 (Form 1040A) Department of the Treasury—Internal Revenue Service AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Child and Dependent Care Expenses for Form 1040A Filers

(99) 2007

OMB No. 1545-0074

Name(s) shown on Form 1040A Your social security number Total Schedules Filed = 1,913,438 Before you begin: You need to understand the following terms. See Definitions on page 1 of the separate instructions. Dependent care benefits Qualifying person(s) Qualified expenses (a) Care provider's (b) Address (number, street, apt. no., (c) Identifying (d) Amount paid Part I city, state, and ZIP code) number (SSN or EIN) (see instructions) name Persons or organizations who provided the care 6,193,034 (If you have more than two care providers, see the instructions.) You must complete this No ———— Complete only Part II below. Did you receive part. dependent care benefits? Yes — Complete Part III on the back next. Caution. If the care was provided in your home, you may owe employment taxes. If you do, you must use Form 1040. See Schedule H and its instructions for details. Information about your qualifying person(s). If you have more than two qualifying persons, see Part II the instructions. (c) Qualified expenses Credit for child (a) Qualifying person's name (b) Qualifying person's social you incurred and paid and dependent security number in 2007 for the person First Last care expenses listed in column (a) 4,789,161 1,170,479 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 27. 3 4,876,573 4 Enter your earned income. See the instructions. 4 56,892,445 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4. 5 11,290,721 6 Enter the smallest of line 3, 4, or 5. 6 4,861,571 7 Enter the amount from Form 1040A, line 22. 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: **But not Decimal But not Decimal** Over amount is Over amount is over over \$0-15,000 35 \$29,000-31,000 .27 15,000—17,000 17,000—19,000 .34 31,000-33,000 .26 .33 33,000-35,000 .25 19,000-21,000 .24 .32 35,000—37,000 21,000-23,000 .31 37.000-39.000 .23 23,000-25,000 .30 39,000-41,000 .22 25,000-27,000 .29 41,000-43,000 .21 27,000-29,000 .28 43,000-No limit 8 Multiply line 6 by the decimal amount on line 8. If you paid 2006 1,269,615 current vr. expenses in 2007, see the instructions. 9 prior year -28 10 Enter the amount from Form 1040A, line 28. 10 Credit for child and dependent care expenses. Enter the smaller total credit- 952,868 of line 9 or line 10 here and on Form 1040A, line 29.

Schedule 2 (Form 1040A)	2007	7					P	age 2			
Part III Dependent care benefits	12	Enter the total amount of dependent care benefits you received for 2007. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2.									
_	13	Enter the amount, if any, you carried over from 20 during the grace period. See the instructions.	07	13	210,084						
- -	14	Enter the amount, if any, you forfeited or carried the instructions.	forwa	ard to 2008. S€		14	()			
_	15	Combine lines 12 through 14. See the instructions	s.			15					
_	16	Enter the total amount of qualified expenses incurred in 2007 for the care of the qualifying person(s).	16	457,178							
-	17	Enter the smaller of line 15 or 16.	17								
<u>:</u>	18	Enter your earned income. See the instructions.	18	56,892,445							
- <u>-</u>	20	 Enter the amount shown below that applies to you. If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see the instructions for the amount to enter. All others, enter the amount from line 18. Enter the smallest of line 17, 18, or 19. Excluded benefits. Enter here the smaller of the The amount from line 20, or 									
_		 \$5,000 (\$2,500 if married filing separately and enter your spouse's earned income on line 19). 		were required t		21	174,168				
:	22	Taxable benefits. Subtract line 21 from line 15. A amount on Form 1040A, line 7. In the space to th "DCB."		22	24,308						
		To claim the child and dependent credit, complete lines 23-27 below									
<u>:</u>	23	Enter \$3,000 (\$6,000 if two or more qualifying per	:	23							
<u>.</u>	24	Enter the amount from line 21.		24	174,168						
	25	Subtract line 24 from line 23. If zero or less, stop the credit. Exception. If you paid 2006 expenses instructions for line 9.			:	25					

26 Complete line 2 on the front of this schedule. **Do not** include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.

on the front of this schedule and complete lines 4-11.

27 Enter the smaller of line 25 or 26. Also, enter this amount on line 3

26

27

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Schedule 3 (Form 1040A) Department of the Treasury—Internal Revenue Service AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Credit for the Elderly or the Disabled for Form 1040A Filers

2007

	OIVID	INO.	1545-007	-

Name(s) shown on Form 1040A	Your social security number
Total Schedules Filed = 72,359	

You may be able to take this credit and reduce your tax if by the end of 2007:

- You were age 65 or older
- or
- You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule 3.

TIP

In most cases, the IRS can figure the credit for you. See the instructions.

Part I If your filing status is: And by the end of 2007: Check only one box: Check the Single, box for your Head of household, or filing status Qualifying widow(er) 2 You were under 65 and you retired on permanent and age 4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 5 Both spouses were under 65, and both retired on permanent and total disability. 5 Married filing jointly 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total 7 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and 8 You were 65 or older and you lived apart from your Married filing 9 You were under 65, you retired on permanent and separately total disability, and you lived apart from your Skip Part II and complete Part III on the back. Did you check box 1, 3, 7, or 8? No — Complete Parts II and III. Part II

Statement of permanent and total disability

Complete this part **only** if you checked box 2, 4, 5, 6, or 9 above.

- f: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and
 - - If you checked this box, you do not have to get another statement for 2007.
 - If you **did not** check this box, have your physician complete the statement on page 4 of the instructions. You **must** keep the statement for your records.

Schedule 3 (Form 1040A) 2007

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Part III Figure your credit

)	If you checked (in Part I):						Enter:		
	Box 1, 2, 4, or 7						\$5,000		
	Box 3, 5, or 6						\$7,500		
	Box 8 or 9						\$3,750	10	

Did you check Yes — You must complete line 11. box 2, 4, 5, 6, or 9 in Part I? Enter the amount from line 10 No on line 12 and go to line 13.

- 11 If you checked (in Part I):
 - Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
 - Box 2, 4, or 9, enter your taxable disability income.
 - Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

	For more details on what to include on line 11, see the instructions.	11	74,359	
12	If you completed line 11, enter the smaller of line 10 or line 11; all	4.0		
	others, enter the amount from line 10.	12	385,882	1

- 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2007.
 - a Nontaxable part of social security benefits

Nontaxable part of railroad retirement benefits 13a 125,253 treated as social security (see the instructions).

b Nontaxable veterans' pensions

Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).

12,175 13b

126,506

c Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c

14 Enter the amount from Form 1040A, line 22.

15 If you checked (in Part I): **Enter:** Box 1 or 2 \$7.500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 . . \$5,000 15 16 Subtract line 15 from line 14. If zero or less,

enter -0-. 16 467,602 17 Enter one-half of line 16. 17 233,817 Add lines 13c and 17 18

	Add miles ree and Tr.		000,020	
19	Subtract line 18 from line 12. If zero or less, stop; you cannot take			
	the credit. Otherwise, go to line 20.	19	110,303	
20	Multiply line 19 by 15% (.15).	20		
21	Enter the amount from Form 1040A, line 28, minus any amount on			
	Form 1040A, line 29.	21		
22	Credit for the elderly or the disabled. Enter the smaller of line 20			
	or line 21 here and on Form 1040A, line 30.	22	8,247	

360.323

12

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Schedule A—Itemized Deductions

(Schedule B is on back)

► Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040). OMB No. 1545-0074 Attachment Sequence No. **07**

Name(s) shown on Form 1040 Your social security number Total Schedules Filed = 51.090,456 Medical Caution. Do not include expenses reimbursed or paid by others. 119,153,650 and 1 Medical and dental expenses (see page A-1) . . . Enter amount from Form 1040, line 38 2 **Dental** Multiply line 2 by 7.5% (.075). 42,806,188 **Expenses** 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-76,347,462 4 **Taxes You** State and local (check only one box): Income Tax = 269,351,140 **Paid** a ☐ Income taxes, or 287,873,621 5 General Sales Tax = 18,522,480 **b** General sales taxes (See page A-2.) Real estate taxes (see page A-5) 6 166,884,976 7 9,207,161 8 Other taxes. List type and amount ▶..... 1,914,783 8 465,880,541 9 Add lines 5 through 8 9 484,500,709 10 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 (See page A-5.) and show that person's name, identifying no., and address 6,931,592 11 Note. Personal Points not reported to you on Form 1098. See page A-6 interest is 12 2,057,338 not 13 1,846,093 13 deductible. Qualified mortgage insurance premiums (See page A-7). Investment interest. Attach Form 4952 if required. (See 29,454,467 14 15 Add lines 10 through 14 15 524,790,200 Gifts to Gifts by cash or check. If you made any gift of \$250 or 143,826,766 16 Charity more, see page A-8 If you made a 17 Other than by cash or check. If any gift of \$250 or more, gift and got a 17 58,747,438 see page A-8. You must attach Form 8283 if over \$500 benefit for it, 25,522,568 18 18 see page A-8. 193,603,968 Add lines 16 through 18 19 Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.) 2,337,018 20 Unreimbursed employee expenses—job travel, union Job Expenses 21 and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ 21 82,105,794 Miscellaneous if required. (See page A-9.) ▶ 6,485,717 22 **Deductions** 22 (See Other expenses—investment, safe deposit box, etc. List page A-9.) type and amount ▶ 34,643,576 123,235,088 24 24 Add lines 21 through 23 Enter amount from Form 1040, line 38 25 25 81,174,287 26 Multiply line 25 by 2% (.02) 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-85,217,982 27 Other 28 Other—from list on page A-10. List type and amount Miscellaneous Gambling Loss Deduction = 21,113,627 Other Than Gambling deduction = 2,544,908 **Deductions** Property income, Casualty & Theft Deduction = 302,708 23,961,243 28 Total Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? **Itemized No.** Your deduction is not limited. Add the amounts in the far right column 1,333,036,542 for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 **Deductions** Yes. Your deduction may be limited. See page A-10 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

Schedules A&B (Form 1040) 2007

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. Your social security number Total Schedules Filed = 27,330,503 Attachment Sequence No. **08** Schedule B—Interest and Ordinary Dividends **Amount** List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see page B-1 and list this Interest interest first. Also, show that buyer's social security number and address (See page B-1 Of the total schedules filed the component parts are as follows: and the F1040A = 2,451,196 instructions for F1040 = 24,879,307 Form 1040, line 8a.) 1 Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's The component parts of line 2 are as follows: name as the payer and enter F1040 = 244,670,595 F1040A = 12,119,917 the total interest 256,790,511 2 Add the amounts on line 1 shown on that form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 62,969 3 Attach Form 8815 . Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ 4 Note. If line 4 is over \$1,500, you must complete Part III. **Amount** 5 List name of payer ► Part II **Ordinary Dividends** (See page B-1 and the instructions for Form 1040, line 9a.) Note. If you 5 received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown The component parts of line 6 are as follows: on that form. F1040 = 230,219,429 F1040A = 2,119,505Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 232,338,934 Note. If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had Yes No Part III a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** 7a At any time during 2007, did you have an interest in or a signature or other authority over a financial **Accounts** account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. and Trusts **b** If "Yes," enter the name of the foreign country ▶ (See During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a page B-2.) foreign trust? If "Yes," you may have to file Form 3520. See page B-2

SCHEDULE C (Form 1040) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99) Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

Name of proprietor

Attachment Sequence No. 09

Name	e of proprietor Total Schedule:	s Filed	d = 25,828,431	Includ	es 4,401,351 Schedule C-EZ's	Socia	al security	y number (S	SSN)	
A	Principal business or profession	, inclu	ding product or servi	ce (se	e page C-2 of the instructions)	B Er	nter code	from pages	C-8,	9, & 10
С	Business name. If no separate b	ousines	ss name, leave blank.			D En	nployer II	D number (E	EIN),	if any
E	Business address (including sui City, town or post office, state,									
F	Accounting method: (1)	Cash	n (2) 🗌 Accrua	ıl	(3) ☐ Other (specify) ►					
G					during 2007? If "No," see page C-3 for				es	☐ No
H Pai		usines	s during 2007, check	here	<u> </u>		<u></u>		<u> </u>	
1	Gross receipts or sales. Caution employee" box on that form wa				u on Form W-2 and the "Statutory	1	1.3	357,251,70	69	
2	Returns and allowances				Confidence	2		4,341,764		
3						3		352,910,0		
4	Cost of goods sold (from line 42					4		72,475,43		
5	Gross profit. Subtract line 4 fro					5		80,434,56		
6	Other income, including federal					6		0,343,738		
7	Gross income. Add lines 5 and					7		00,778,30		
Pai	rt II Expenses. Enter ex				our home only on line 30.					
8	Advertising	8	15,704,781		18 Office expense	18	3 1	3,299,721	1	
9	Car and truck expenses (see				19 Pension and profit-sharing plans	19	9	1,277,544		
•	page C-4)	9	81,897,517		20 Rent or lease (see page C-5):					
10	Commissions and fees	10	14,527,541		a Vehicles, machinery, and equipment .	20	a (9,492,125		
11	Contract labor (see page C-4)	11	36,623,320		b Other business property	20	b 3	3,630,708	3	
12	Depletion	12	1,023,667		21 Repairs and maintenance	2	1 1	6,168,980)	
13	Depreciation and section 179				22 Supplies (not included in Part III) .	22	2 3	2,367,360)	
13	expense deduction (not				23 Taxes and licenses	23	3 1	8,167,458	3	
	included in Part III) (see page C-4)	13	39,786,407		24 Travel, meals, and entertainment: a Travel	24	a 1	3,101,850)	
14	Employee benefit programs (other than on line 19).	14	2.902.172		b Deductible meals and entertainment (see page C-6)	24	b 7	7.647.180		
15	Insurance (other than health)	15	19,280,691		25 Utilities	25	5 2	4,833,370)	
16	Interest:				26 Wages (less employment credits) .	26	3 7	9,473,076	3	
а	Mortgage (paid to banks, etc.) .	16a	6,477,263		27 Other expenses (from line 48 on			10 711 00	_	
b	Other	16b	8,293,281		page 2)	27	7 1	19,714,86	8	
17	Legal and professional services	17	10,945,436							
28	Total expenses before expense	s for b		e. Add	lines 8 through 27 in columns .	28	3 6°	10,318,69	0	
							20	00 450 64	2	
29	Tentative profit (loss). Subtract I					29	1	90,459,61 1,223,164		-
30	Expenses for business use of your			. 9		30	, 1	1,223,102	•	
31	Net profit or (loss). Subtract lin				1					
	• If a profit, enter on both Form line 13 (statutory employees, see				,	3-	2	79,736,26	0	
	• If a loss, you must go to line	32.	non	dedu	ctible loss (+)/suspended loss carry	over	(-) = 49	9,811		
32	If you have a loss, check the bo • If you checked 32a, enter the	x that loss c emplo	describes your investion both Form 1040, li byees, see page C-7).	tment ne 12, Estate	in this activity (see page C-7). and Schedule SE, line 2, or on s and trusts, enter on Form 1041,	32	2a ☐ All 2b ☐ Sc	investmer ome investr risk.		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Schedule C (Form 1040) 2007

Pai	rt III Cost of Goods Sold (see page C-7)			
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	☐ Otl	her (attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing involutions in the costs, attach explanation		🗆 Yes	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	44,172,765	
36	Purchases less cost of items withdrawn for personal use	36	295,536,203	
37	Cost of labor. Do not include any amounts paid to yourself	37	32,166,214	
38	Materials and supplies	38	59,209,862	
39	Other costs	39	86,874,598	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	45,484,203	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		
	Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the instance C-4 to find out if you must file Form 4562.	ng cal		
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	/		
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used you	our veh	icle for:	
а	Business b Commuting (see instructions) c Oth	ier		
45	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	☐ No
46	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	☐ No
47a	Do you have evidence to support your deduction?		🗌 Yes	☐ No
b	If "Yes," is the evidence written?		🗌 Yes	☐ No
Pa	rt V Other Expenses. List below business expenses not included on lines 8–26	or line	e 30.	
48	Total other expenses. Enter here and on page 1, line 27	48		

Page 2

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Net Profit From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
 Attach to Form 1040, 1040NR, or 1041.
 ▶ See instructions on back.

Attachment Sequence No. 09A

Name of proprietor

Social security number (SSN)

Total Forms Filed = 4,401,351 Data is tabulated with the Schedule C's **General Information** Part I Had business expenses of \$5,000 or Had no employees during the year. Are not required to file Form 4562. You May Use Depreciation and Amortization, for Use the cash method of accounting. Schedule C-EZ this business. See the instructions Instead of • Did not have an inventory at any for Schedule C, line 13, on page time during the year. Schedule C C-4 to find out if you must file. And You: • Do not deduct expenses for Only If You: • Did not have a net loss from your business use of your home. business. • Do not have prior year unallowed Had only one business as either a passive activity losses from this sole proprietor or statutory business. employee. Principal business or profession, including product or service B Enter code from pages C-8, 9, & 10 Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code Part II **Figure Your Net Profit** Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for 1 2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C. Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.) Part III **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2. Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other 7 □ No

Cat. No. 14374D

b If "Yes," is the evidence written?

Yes

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
 ▶ See Instructions for Schedule D (Form 1040).
 ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2007

Attachment
Sequence No. 12

Name(s) shown on return

Total Schedules Filed = 22,939,950 Total Sales reported with Form 1099 = 4,726,454,414

Your social security number

Pa	rt I Short-Term Capital Gains a	and Losses	-Assets He	eld One Yea	r or l	_ess			
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date solo (Mo., day, yr.)-7 of	(e) Cost or othe (see page D the instructi	-7 of	(f) Gain or (los Subtract (e) from	
1		, , ,,,,,							
_									
							<u> </u> 		i ! !
2	Enter your short-term totals, if any, line 2							1,953,182	
3	Total short-term sales price amounts	s. Add lines 1 a	and 2 in	3,086,892	2,263				
4	column (d)		🗀			, and 8824	4	4,753,687	
5	Net short-term gain or (loss) from p Schedule(s) K-1						5	26,054,938	
6	Short-term capital loss carryover. Enter								
	Carryover Worksheet on page D-7 of	the instruction	ns				6	(98,287,936)
7	Net short-term capital gain or (loss).	Combine lines	s 1 through	6 in column (f)		7	-65,525,733	
Pa	rt II Long-Term Capital Gains a	nd Losses	Assets He	ld More Tha	ın Or	ne Year Sno	πien	m Non-Ded. Loss	s = 39
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr	I appe nage I	0-7 of	(e) Cost or othe (see page D the instructi	-7 of	(f) Gain or (los Subtract (e) from	
8									
							<u> </u>		
9	Enter your long term totals if any	from Cohodu	lo D 1						
9	Enter your long-term totals, if any, line 9)				349,108,251	
10	Total long-term sales price amounts column (d)			1,639,562	2,151				
11	Gain from Form 4797, Part I; long-term						11	228,422,111	
12	(loss) from Forms 4684, 6781, and 882 Net long-term gain or (loss) from p Schedule(s) K-1	artnerships, S	corporatio	ns, estates,	and t	rusts from	12	216,518,974	
13	Capital gain distributions. See page D-						13	74,415,564	
14	Long-term capital loss carryover. Ente Carryover Worksheet on page D-7 of	r the amount,	if any, from	line 15 of yo	ur Ca	pital Loss	14	(185,854,582)
15	Net long-term capital gain or (loss). Part III on the back	. Combine line	s 8 through		n (f). T	Then go to	15	682,638,770	

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	617,113,020	
17	 If line 16 is: A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. Are lines 15 and 16 both gains? Yes. Go to line 18. 			
18	No. Skip lines 18 through 21, and go to line 22. Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	5,186,580	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	22,560,695	
20	Are lines 18 and 19 both zero or blank? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. ☐ No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:			
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). ☐ No. Complete the rest of Form 1040 or Form 1040NR.			

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Supplemental Income and Loss**

SCHEDULE E (Form 1040)

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2007

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to Form 1040, 1040NR, or Form 1041. ► See Instructions for Schedule E (Form 1040).

Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

			lotal Forms I		<u> </u>							
Pa	Income or Loss From Renta					-						
1	Schedule C or C-EZ (see page List the type and location of each re		<u> </u>				come or loss fro ach rental real es				age 2, 1	_
	List the type and location of each re	mai	real estate pr	open	Ly:		on line 1, did yo				Ye	s No
Α						use it	during the tax ye	ear for	perso	onal	_	
_							ses for more tha	n the	greate	r of:	A	
В							days or % of the total da	01 (O KO	ntad	٠.	В	
)							જ or the total વર rental value?	ays re	ntea a	at [<u> </u>	
С							page E-3)				C	
					Prope	erties				T	otals	
Inc	ome:		Α		E		С		(Ad		nns A, B,	and C.)
3	Rents received	3	RENT						3	254,9	925,36	5
4	Royalties received	4			ROYALT	Υ			4		03,331	
Ext	penses:											
5	Advertising	5										
6	Auto and travel (see page E-4) .	6										
7	Cleaning and maintenance	7										
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11										
12	Mortgage interest paid to banks,										_,	
	etc. (see page E-4)	12					7.070.744		12	80,9	71,923	
13	Other interest	13	40.444.004		4 000 50	_	7,673,741					
14	Repairs	14	13,414,904		4,033,58	51	2,087,134					
15	Supplies	15 16										
16	Taxes	17										
17	Utilities	17										
18	Other (list)											
		18										
19	Add lines 5 through 18	19	213,935,877		3,590,58	31			19			
20	Depreciation expense or depletion											
_0	(see page E-5)	20	58,570,016		2,373,07	'3			20			
21	Total expenses. Add lines 19 and 20	21										
22	Income or (loss) from rental real											
	estate or royalty properties. Subtract line 21 from line 3 (rents)											
	or line 4 (royalties). If the result is a											
	(loss), see page E-5 to find out if				47.000.0							
	you must file Form 6198	22	-17.580.527		17,639,6	//						
23	Deductible rental real estate loss.		nonded	uctibl	e rental los		22,845,319					
	Caution. Your rental real estate loss on line 22 may be limited. See											
	page E-5 to find out if you must		suspend	led lo	ss carryove	er	5,802,238					
	file Form 8582. Real estate											
	professionals must complete line	23	(56,216,892)	()				
24	43 on page 2			ot inc	dude any k) SSAS		,	24	83.5	67,321	
24 25							total losses her	e	25		65,091)
	Total rental real estate and royalty in											
	If Parts II, III, IV, and line 40 on page											
	line 17, or Form 1040NR, line 18. Other								26	17,1	02,230	

Page 2

Schedule E (Form 1040) 2007

Nam	ie(s) shown	on return. Do not	enter name	and so	ocial secur	rity nu	mber if shown	on oth	ner side.					You	social	security nu	mber
Caı	ution. Th	e IRS compare	s amour	nts rep	orted o	n yo	ur tax retui	n with	h amo	unts	s shown on	Schedu	ıle(s)	K-1.			
Pa	rt II	Income or I which any amo															vity for
27	loss from	reporting any lo m a passive action nswered "Yes,	vity (if tha	at loss	was not	repo	rted on Forr	n 8582	2), or u							Yes [□ No
28			(a) Nan	ne				pártn	nter P for ership; corporat	S	(c) Check if foreign partnership		d) Emp dentific numb	ation		(e) Chec any amou not at ri	nt is
Α																	
В																	
<u>D</u>		Passive Inco	me and	Loss						Nor	npassive Ir	come a	and I	oss			
_	(f) Pas	sive loss allowed			sive incom	ne	(h) No	npassiv			i	ion 179 ex			(i) No	onpassive inc	ome
	(attach Fo	orm 8582 if required			hedule K			chedul				n from Fo				n Schedule	
Α		NERSHIPS	PA	RTNE	RSHIP	S	PARTNE				PARTNI	ERSHIP	S			TNERSHIF	s
В		035,764		66,701	-		89,75				<u> </u>	6,454				,582,462	
C		CORPS		S-COI			S-CC					ORPS				CORPS	
D		096,979		12,394 09,096			72,84	7,333			18,9	76,496				,531,773 ,114,235	
	Totals Totals	29,132,744		03,030	J,Z+J		162,59	9.577	7		23.7	72,949			521	, 114,200	
		lumns (g) and (i) of line	29a								,		30	630	,210,480	
		lumns (f), (h), a												31	(215	,505,270)
32	Total p	partnership and ere and include	d S cor le in the	porati total	on inco	ome 41 k	or (loss). (Comb	ine lin	nes :	30 and 31.	Enter t	he	32	414	,705,210	
Pa	rt III	Income or I	_oss Fr	om E	states	and	Trusts										
33					(a) Nar	ne									Employer ation numbe	r
<u>A</u>																	
<u>B</u>		Pas	sive In	come	and Lo	ess.					Non	passive	Inc	ome	and I	nss	
		sive deduction or lo ch Form 8582 if re	ss allowed		4.14 20	(d) l	Passive incom				(e) Deduction from Sched	or loss			f) Othe	r income fror edule K-1	n
Α																	
В																	
	Totals	720.27	0			11,4	100,533				0.400.700				9,876	5,465	
	Totals	739,37		0.4 -							2,430,733)		35	21	276,998	
35 36		lumns (d) and (lumns (c) and (•			•	36		70,103	
		state and trus	•		 (loss). (Comh	oine lines 3	 85 and	 d 36. l	Ente	r the result	here a	nd		, ,,		
	include	in the total on	line 41	below	<u>` . </u>									37		106,895	
Pa	rt IV	Income or I	oss Fr	om R	Real Es	tate					Conduits	(REM	Cs)	-Res	sidua	I Holder	
38	(a) Name	ide	(b) Em	ployer on numbe	r	(c) Exces Schedu (see		line 2c	m ——	(d) Taxable in from Sched	ules Q, line		;		come from les Q, line 3	b
00	0		()	mb - E	- A 41		, the least terms	lur - I	ala !	Lla -	4,01	_		00	4	25 194	
39 Da	rt V	ne columns (d) a	and (e) c	my. E	nter the	resu	iit nere and	inclu	de in 1	ine i	total on line	41 Delc)W	39	ı,	35,184	
40		m rental income	e or (loss	s) from	Form	4835	Also con	nnleto	line /	12 h	elow			40	3.4	101,393	
41		me or (loss). Combin											<u>, </u>	41		,450,913	
42		iliation of farm															
		ning income rep															
		oox 14, code B; le K-1 (Form 10						ode 1;	anu	42	72,185,	602					
43		iliation for real			•			real e	state								
.5	profession anywher	onal (see page re on Form 1040	E-2), ent or Form	er the 1040N	net inco R from a	ome all ren	or (loss) youtal real esta-	u repo	orted vities								
	in which	you materially p	articipate	d unde	er the pas	ssive	activity loss	rules		43	9,736,2	271					

SCHEDULE EIC (Form 1040A or 1040)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2007

Attachment
Sequence No. 43

Department of the Treasury Internal Revenue Service Name(s) shown on return Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Total Schedules Filed = 18,956,901

		•	
Y	our socia	al security num	ber
	!	1	

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	Child 1	Child 2
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Last name	First name Last name
2	Child's SSN The child must have an SSN as defined on page 41 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2007. If your child was born and died in 2007 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.		
3	Child's year of birth	Year If born after 1988, skip lines 4a and 4b; go to line 5.	Year If born after 1988, skip lines 4a and 4b; go to line 5.
	If the child was born before 1989— Was the child under age 24 at the end of 2007 and a student?	Yes. No. Go to line 5. Continue.	Yes. No. Go to line 5. Continue.
b	Was the child permanently and totally disabled during any part of 2007?	Yes. No. Continue. The child is not qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)		
6	Number of months child lived with you in the United States during 2007 • If the child lived with you for more than half of 2007 but less than 7 months, enter "7." • If the child was born or died in 2007 and your home was the child's home for the entire time he or she was alive during 2007, enter "12."	months Do not enter more than 12 months.	months Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2007, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

SCHEDULE F (Form 1040)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 Attachment

Department of the Treasury

	Revenue Service		See mstruc	CHOILS 10	r Schedule F (F	om 1040).			Sequence No.		
Name of proprietor Total Fe		Total Forms	Filed = 2	2,045,056		Soc	Social security number (SSN)				
A Pri	ncipal product. Describe in one or two	words y	our principal crop o	or activity	for the current tax	year.	ВЕ	Enter c	ode from Part IV		
	A Principal product. Describe in one or two words your principal crop or activity for the current tax year. B Enter code from Part IV D Employer ID number (EIN), if C Accounting method: (1) Cash (2) Accrual		, if any								
C Ac	counting method:	(1)	Cash	(2	Accrual						
									П.,		
	you "materially participate" in the										
Par					•	the state of the s				,	
	Do not include sales of I						eport tr	iese s	sales on Form 4	197.	
1	Sales of livestock and other items					30,312,156 18,795,187					
2	Cost or other basis of livestock a							2	11,516,969		
3	Subtract line 2 from line 1							3 4	**90,892,995		
4	Sales of livestock, produce, grain		1 - 1	ou raised **1,58	l 27		·.	5b	**1,465,574		
5a	Cooperative distributions (Form(s) 1		·		55,759	5b Taxable amo		6b	**5,489,759		
	Agricultural program payments (s		o. o,		50,707	6b Taxable amo	ount _	OD	0,107,707		
7	Commodity Credit Corporation (C			3):				7a	**1,292,412		
	CCC loans reported under election			· · · · · · · · · · · · · · · · · · ·	2,749	7c Taxable amo		7c	**59,570		
_	CCC loans forfeited					7C Taxable amo	Juni _	10	07,070		
8	Amount received in 2007			2,329		8b Taxable amo	ount	8b	**2,037,243		
	If election to defer to 2008 is atta						Julii _	8d			
9	Custom hire (machine work) inco						.	9	**4,095,231		
10	Other income, including federal and							10	**8,720,694		
11	Gross income. Add amounts in the										
••						· · · · · ·		11	123,462,700		
12	Tarm Expenses—Cash Do not include personal Car and truck expenses (see page					e, or repairs on yo	our hon	ne.			
	F-4). Also attach Form 4562	12	1,742,156		plans .			25	14,161		
13	Chemicals	13	4,910,396		26 Rent or le	ease (see page F-6):					
14	Conservation expenses (see				a Vehicles,	machinery, and					
	page F-4)	14	166,031		equipmer	nt	. 🗀	26a			
15	Custom hire (machine work) .	15	3,812,608		b Other (lar	nd, animals, etc.) .	. 4	26b	0.401.1//		
16	Depreciation and section 179					and maintenance .		27	8,401,166		
	expense deduction not claimed		22.7/0./07			d plants	. -	28	6,454,688		
	elsewhere (see page F-5)	16	22,769,607			and warehousing .		29	/ 100 00E		
17	Employee benefit programs other	47	397,436					30	4,188,885 2,877,614		
40	than on line 25	17	16,495,123					31 32	2,077,014		
18	Feed	19	11,721,215		32 Utilities			33			
19	Fertilizers and lime	20	11,721,210		-	breeding, and medicin	ie _	00			
20	Freight and trucking	21	7,139,500			penses (specify):		34a			
21 22	Gasoline, fuel, and oil	22	4,416,084					34b			
23	Interest:		.,,					34c			
	Mortgage (paid to banks, etc.)	23a	5,170,235					34d			
	Other	23b	4,624,115					34e			
24	Labor hired (less employment credits)	24	5,743,967		f		;	34f			
35	Total expenses. Add lines 12 thr	ough 3	4f. If line 34f is n	Total o	of all unmarked exp see instructions	= 29,080,99	³ . ▶	35	140,125,980		
36	Net farm profit or (loss). Subtract • If a profit, enter the profit on For	line 35 m 1040	from line 11. No , line 18, and also	ndeducti on Sche	ble Loss (+) / Su	spended Carryover	(-)	36	-14,693,259		
37	If you file Form 1040NR, enter th If a loss, you must go to line 37. If you have a loss, you must check If you checked 37a, enter the I If you file Form 1040NR, enter If you checked 37b, you must	Estates the boo oss on the los	s, trusts, and partn x that describes yo Form 1040, line s on Form 1040N	nerships, sour invest 18, and NR, line	ment in this activalso on Schedu 19.		7		All investment is Some investment is no		

Schedule F (Form 1040) 2007

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	38	**90,892,995
39a	Cooperative distributions (Form(s) 1099-PATR) . 39a **1,587,321 39b Taxable amount	39b	**1,465,574
40a	Agricultural program payments	40b	**5,489,759
41	Commodity Credit Corporation (CCC) loans:		
	CCC loans reported under election	41a	**1,292,412
а	Coo loans reported under election	114	
b	CCC loans forfeited	41c	**59,570
42	Crop insurance proceeds	42	**2,037,243
43	Custom hire (machine work) income	43	**4,095,231
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	**8,720,694
45	Add amounts in the right column for lines 38 through 44	45	2,541,350
46	Inventory of livestock, produce, grains, and other products at beginning of the year		
47	Cost of livestock, produce, grains, and other products purchased during the year		
48	Add lines 46 and 47		
49	Inventory of livestock, produce, grains, and other products at end of year		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50	
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11 ▶	51	1,811,544

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Schedule R (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Credit for the Elderly or the Disabled

Total Schedules Filed = 240.104

► Attach to Form 1040.

You may be able to take this credit and reduce your tax if by the end of 2007:

► See Instructions for Schedule R (Form 1040).

• You were under age 65, you retired on permanent and total disability, and

OMB No. 1545-0074 Attachment Sequence No. Your social security number

Name(s) shown on Form 1040

You were age 65 or older or

you received taxable disability income. But you must also meet other tests. See page R-1. In most cases, the IRS can figure the credit for you. See page R-1. Before you begin: Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, if it applies. Check the Box for Your Filing Status and Age Part I If your filing status is: And by the end of 2007: Check only one box: Single, Head of household, or Qualifying widow(er) You were under 65 and you retired on permanent and total disability 2 Both spouses were under 65, but only one spouse retired on Married filing 5 Both spouses were under 65, and both retired on permanent and total jointly One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability 6 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and total disability 8 You were 65 or older and you lived apart from your spouse for all of Married filing separately 9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2007 Did you check Skip Part II and complete Part III on the back. box 1, 3, 7, or 8? No — Complete Parts II and III. Statement of Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above.) Part II If: 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and 2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2007, check this box • If you checked this box, you do not have to get another statement for 2007. • If you did not check this box, have your physician complete the statement on page R-4. You must

keep the statement for your records.

Page 2

Schedule R (Form 1040) 2007

Par	Till Figure Your Credit			
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7 \$5,000 Box 3, 5, or 6 \$7,500 Box 8 or 9 \$3,750	10		
	Did you check box 2, 4, 5, 6, or 9 in Part I? Yes You must complete line 11. Enter the amount from line 10 on line 12 and go to line 13.			
11		11	74,359	
110	taxable disability income. Enter the total. For more details on what to include on line 11, see page R-3.			
12	If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10	12	711,654	
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2007.			
а	Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see page R-3).			
b	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3).			
	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c			
14	Enter the amount from Form 1040, line 38			
15	If you checked (in Part I): Enter: Box 1 or 2 \$7,500 Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000			
16	Subtract line 15 from line 14. If zero or less, enter -0			
17	Enter one-half of line 16			
18 19	Add lines 13c and 17	18	708,002	
20	go to line 20	20	,	
21 22	Enter the amount from Form 1040, line 46			
23	Subtract line 22 from line 21. If zero or less, stop ; you cannot take the credit	23		
24	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and on Form 1040, line 48	24	12 469	

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Self-Employment Tax

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

Total Scheduled Filed = 17,881,314

Social security number of person with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SF if:

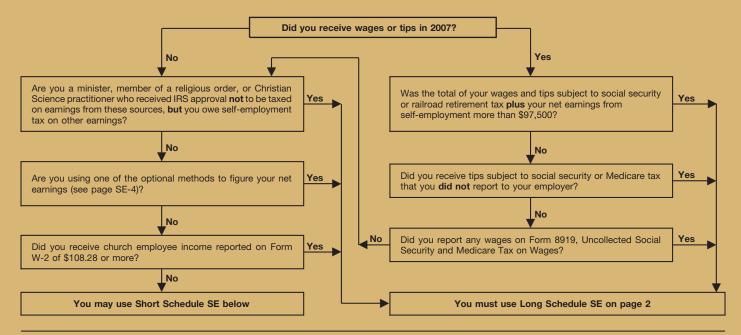
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	10,238,934
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	498,929,811
3	Combine lines 1 and 2	3	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	470,169,642
5	Self-employment tax. If the amount on line 4 is: ● \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.		
	• More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on Form 1040, line 58	5	49,511,062
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 6		

Schedule SE (Form 1040) 2007 Attachment Sequence No. 17 Page 2 Social security number of person

Name of person with self-employment income (as shown on Form 1040)

with self-employment income

Section	B—Lo	ong Sc	hedu	le SE
---------	------	--------	------	-------

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee

	no. oco pago oz			
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pa			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	10.238.934	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	498,929,811	
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	470,169,642	
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c	470,732,833	
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	471,579,614	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2007	7	97,500	00
	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip lines 8b through 10, and go to line 11	_		
	Wages subject to social security tax (from Form 8919, line 10) 8c 75,110			
	Add lines 8a, 8b, and 8c	8d	115,909,487	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .	9		
0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	35,834,953	
1	Multiply line 6 by 2.9% (.029)	11	13,675,736	
2	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	49,511,062	
3	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 13			
Par	t II Optional Methods To Figure Net Earnings (see page SE-4)			
	Optional Method. You may use this method only if (a) your gross farm income¹ was not more \$2,400, or (b) your net farm profits² were less than \$1,733.			
4	Maximum income for optional methods	14	1,600	00
5	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	34,386	
han rom	farm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings self-employment of at least \$400 in 2 of the prior 3 years.			
aut	tion. You may use this method no more than five times.			
6	Subtract line 15 from line 14	16		
7	Enter the smaller of: two-thirds (3/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	13,790	
_	0 5 11 10 14 15 1005 25 0 0 0 0 0 14 15 16 16 16 16 16 16 16	205) !		

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

²From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

 $^{^4}$ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

2106

Employee Business Expenses

AMOUNTS OF SELECTED IN STELL FREIGH LINE THE CONTROL OF DOLLARS)

OMB No. 1545-0074

Social security number

Department of the Treasury Internal Revenue Service

Your name

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 54

Occupation in which you incurred expenses Total Forms Filed = 8.966.892 Includes 4.494.485 Form 2106EZ's Part I **Employee Business Expenses and Reimbursements** Column B Column A **Step 1 Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See 31,529,459 Parking fees, tolls, and transportation, including train, bus, etc., that 2 1,648,224 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging, 4,806,104 3 airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not 17,459,825 include meals and entertainment. . . . 10,017,308 Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the 55,443,612 6 result. In Column B, enter the amount from line 5 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see 2,092,529 550,444 instructions) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as 53.414.561 9.517.013 income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) 5,511,078 instead of 50%. For details, see instructions.)

Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with

disabilities: See the instructions for special rules on where to enter the total.)

58,925,639

Form 2106 (2007)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2 Part II **Vehicle Expenses** Section A—General Information (You must complete this section if you (b) Vehicle 2 (a) Vehicle 1 are claiming vehicle expenses.) Enter the date the vehicle was placed in service Total miles the vehicle was driven during 2007 12 miles miles 12 miles miles 13 % % 14 Percent of business use. Divide line 13 by line 12 15 miles miles 16 miles miles 16 17 miles miles Other miles. Add lines 13 and 16 and subtract the total from line 12, . . 17 18 Do you (or your spouse) have another vehicle available for personal use? ■ No Was your vehicle available for personal use during off-duty hours? 19 Yes No Yes No If "Yes," is the evidence written?. No Section B—Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 23,561,948 Multiply line 13 by 48.5¢ (.485) Section C—Actual Expenses (a) Vehicle 1 (b) Vehicle 2 Gasoline, oil, repairs, vehicle insurance, etc. 23 24a 24b **b** Inclusion amount (see instructions). 24c c Subtract line 24b from line 24a . Value of employer-provided vehicle (applies only if 100% of annual lease value was included 25 on Form W-2—see instructions) 26 Add lines 23, 24c, and 25. 26 Multiply line 26 by the 27 percentage on line 14 . . . 28 28 Depreciation (see instructions) . Add lines 27 and 28. Enter total here and on line 1. 2,740,379 29 Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle 1 (b) Vehicle 2 Enter cost or other basis (see 30 instructions) 31 Enter section 179 deduction 31 (see instructions) 32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or 32 special allowance) Enter depreciation method and 33 percentage (see instructions) . 34 Multiply line 32 by the percentage 34 on line 33 (see instructions) . . 35 35 Add lines 31 and 34 Enter the applicable limit explained 36 in the line 36 instructions . . . Multiply line 36 by the 37 percentage on line 14 . . . Enter the smaller of line 35 38 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above 38

OMB No. 1545-0074

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form **2106-EZ**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

Attachment Sequence N

Department of the Treasury
Internal Revenue Service

Attach to Form

Occupation in which you incurred expenses Social security number

Your name

Total Forms Filed = 4,494,485

Occupation in which you incurred expenses

Social security number

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2007.

Caution: You can use the standard mileage rate for 2007 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Pa	t I Figure Your Expenses	
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 48.5¢ (.485)	1
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4
5	Meals and entertainment expenses: $\$$ \times 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	5
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR, line 9)). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6
Pai	t II Information on Your Vehicle. Complete this part only if you are claiming vehi	icle expense on line 1.
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/
8	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you	ou used your vehicle for:
	a Business b Commuting (see instructions) c	Other
9	Do you (or your spouse) have another vehicle available for personal use?	🗆 Yes 🗆 No
10	Was your vehicle available for personal use during off-duty hours?	🗆 Yes 🗆 No
11a	Do you have evidence to support your deduction?	Yes . No
b	If "Yes," is the evidence written?	Yes . No

	RRECTED	(99)			
lame, address, and ZIP code of RIC or REIT OMB No. 1545-0145 Notice to Shareholder of Long-Term Capital					
	2007		or calendar year 2007, or othe regulated investment compar real estate investment tro	ny (RIĆ) or the	
	0.400		beginning, 2	007, and	
Total Forms Filed = 27,174	Form 2439		ending, 2	20	
Identification number of RIC or REIT	1a Total undistributed I	1a Total undistributed long-term capital gains			
	54,802	Copy A			
Shareholder's identifying number	1b Unrecaptured section	on 1250 g	gain	Attach to Form 1120-RIC	
	1,582			or Form 1120-REIT	
Shareholder's name, address, and ZIP code	1c Section 1202 gain		1d Collectibles (28%) gain		
	0		748	For Instructions	
	2 Tax paid by the RIC or REIT on the box 1a gains			and Paperwork Reduction Act Notice, see back of Copies A and D.	
Form 2439	Cat. No. 11858E		Department of the Treasury -	Internal Revenue Service	

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

2441

Child and Dependent Care Expenses

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service (99)	► See separate instructions.		Seque	ence No.	21
Name(s) shown on return	You	ur social s	ecurit	ty numbe	r
	Total Forms Filed = 7,296,478				

Before you begin: Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, or Form 1040NR, line 46.

Part I Persons or Organizations Who Provided the Care—You must complete this part

	· · ·		e than two care pr	roviders, see the ins	tructions.)	()		nber (d) Amount pa	.,
1	(a) Care provi name	der's	(number, street,	(b) Address apt. no., city, state, and ZIF	code)		dentifying number (d) An (see ir		
								30,327,637	
				No	→ Co	omplete only	, Part	II below	
			d you receive						
			ent care benefits?					the back next.	
		e was prov	ided in your home, yo	ou may owe employmen	nt taxes. See	the instructi	ons fo	or Form 1040, line 62, o	or Form
	NR, line 57.	for Obile	Land Danandant	2010 Funances					
Pai 2			and Dependent	Jare ExpensesIf you have more that	n two qualif	vina poroon		the instructions	
	IIIIOIIIIalioii a		Qualifying person's name	i you have more the				(c) Qualified expenses	VOLL
	Fi	` '	qualifying person's name	Last		ing person's so urity number	cial	incurred and paid in 2007 person listed in column	for the
				Lust				person listed in column	1 (a)
								21,130,209	
						i			
						İ		6,666,774	
2	Add the eme	unto in col	umn (a) of line 2. Do	not enter more than \$	2 000 for one	a qualifying			
3				you completed Part III					
	i	•		· '	, enter the ar	nount nom	3	18,054,803	
4			me. See instructions				4	385,805,518	
5	· ·			earned income (if you					
				thers, enter the amou			5	185,836,463	
6	Enter the sm						6	17,765,253	
7			Form 1040, line 38						
	1040NR, line	36							
8	Enter on line	8 the dec	mal amount shown I	pelow that applies to t	he amount o	n line 7			
	If line	7 is:		If line 7 is:					
	Over	But not over	Decimal amount is	But Over ove		cimal lount is			
	<u></u>)—15,000	.35	\$29,000—31,0	00	.27			
		—17,000 —17,000	.34	31,000—33,0		.26			
		— 19,000	.33	33,000—35,0		.25	8	X	
	19,000	-21,000	.32	35,000—37,0		.24			
		-23,000	.31	37,000—39,0		.23			
		-25,000	.30	39,000—41,0		.22			
		27,000	.29	41,000—43,0		.21			
9	,	—29,000 6 by the c	.28 Accimal amount on li	43,000—No I ne 8. If you paid 2006		.20			
3	the instruction						9	4,002,134	
0			om Form 1040, lin	e 46, or					
	Form 1040N	R, line 43		10					
1			om Form 1040, lin	e 51, or					
	Form 1040N	R, line 46		11					
2				, stop. You cannot tak	e the credit		12		
3				enses. Enter the sma				0.400.450	
	here and on	Form 1040), line 47, or Form 10)40NR, line 44			13	3,483,152	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Form 2441 (2007)

Page 2 Part III Dependent Care Benefits Enter the total amount of dependent care benefits you received in 2007. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole 3,833,890 Enter the amount, if any, you carried over from 2006 and used in 2007 during the grace 7.956 15 68,130 16 16 Enter the amount, if any, you forfeited or carried forward to 2008. See instructions 17 Combine lines 14 through 16. See instructions Enter the total amount of qualified expenses incurred 8,251,456 18 in 2007 for the care of the qualifying person(s) 19 19 Enter the **smaller** of line 17 or 18 385,805,518 Enter your earned income. See instructions . . . 20 20 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). 185.836.463 21 • If married filing separately, see the instructions for the amount to enter. • All others, enter the amount from line 20. 22 Enter the smallest of line 19, 20, or 21 Enter the amount from line 14 that you received from your sole proprietorship or partnership. 14,400 23 If you did not receive any such amounts, enter -0-24 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your 25 Deductible benefits. Enter the smallest of line 22, 23, or 25. Also, include this amount 26 8.112 26 on the appropriate line(s) of your return. See instructions Enter the **smaller** of line 22 or 25 27 Enter the amount from line 26 2,850,057 Excluded benefits. Subtract line 28 from line 27. If zero or less, enter -0-Taxable benefits. Subtract line 29 from line 24. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB". 909,941 To claim the child and dependent care credit, complete lines 31-35 below. 31 2,858,169 32 32 Subtract line 32 from line 31. If zero or less, stop. You cannot take the credit. 33 **Exception.** If you paid 2006 expenses in 2007, see the instructions for line 9 Complete line 2 on the front of this form. Do not include in column (c) any benefits shown 34 on line 32 above. Then, add the amounts in column (c) and enter the total here. . . . Enter the smaller of line 33 or 34. Also, enter this amount on line 3 on the front of this 18,054,803 form and complete lines 4-13

Form 3468
(Rev. December 2006)
Department of the Treasury
Internal Revenue Service (99)

Investment Credit

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Attachment Sequence No. **52**

Name(s) shown on return Identifying number Total Forms Filed = 30,469 1 Rehabilitation credit (see instructions for requirements that must be met): a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent **b** Enter the date on which the 24- or 60-month measuring period begins ____/ and ends ____/ ___ c Enter the adjusted basis of the building as of the beginning date above **d** Enter the amount of the qualified rehabilitation expenditures incurred. or treated as incurred, during the period on line 1b above \$______ Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: e Pre-1936 buildings located in the Gulf Opportunity Zone . \$_____ * 13% (.13) 1e 1f 13.498 g Certified historic structures located in the Gulf Opportunity Zone .\$ * × 26% (.26) * 1g 185.058 1h For properties identified on lines 1g or 1h, complete lines 1i and 1j i Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions) j Enter the date that the NPS approved the Request for Certification of 3.096 1k k Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) 2 Energy credit: a Basis of property using geothermal energy placed in service during 1.458 2a the tax year (see instructions) \$ _____ × 10% (.10) **b** Basis of property using solar illumination or solar energy placed in service 2b 36,161 during the tax year (see instructions) \$ _____ × 30% (.30) Qualified fuel cell property (see instructions): c Basis of property installed during the tax year \$ × 30% (.30) d Kilowatt capacity of property in c above . . . ▶×\$1,000 Qualified microturbine property (see instructions): f Basis of property installed during the tax year \$ × 10% (.10) g Kilowatt capacity of property in f 2g above . . . ▶×\$200 2h 37,649 2i i Total. Add lines 2a, 2b, 2e, and 2h 3 Qualifying advanced coal project credit (see instructions): a Basis of qualified investment in integrated gasification combined cycle property 3a placed in service during the tax year \$ _____ × 20% (.20) **b** Basis of qualified investment in property other than in **a** above placed 3b in service during the tax year ▶ \$_____ × 15% (.15) 28.127 3c c Total. Add lines 3a and 3b Qualifying gasification project credit (see instructions). Basis of qualified investment in property 4 584 159 Credit from cooperatives. Enter the unused investment credit from cooperatives . . . 5 Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of Form 3800 (e.g., line 1a of the 2006 Form 3800) . . . Nondeductible investment credit = 324 269,413

General Business Credit

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) ► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 437,644

Identifying number

Part I

Current Year Credit

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see the instructions.

			222 //-	<u> </u>
	Investment credit (attach Form 3468)	1a	269,415	
b	Welfare-to-work credit (Form 8861)	1b	19,965	
С	Credit for increasing research activities (Form 6765)	1c	466,368	
d	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through			
	entity:)	1d	138,669	
е	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1e	25,751	
f	Renewable electricity production credit (Form 8835, Section A only)	1f	27,019	
g	Indian employment credit (Form 8845)	1g	41,222	
h	Orphan drug credit (Form 8820)	1h	1,985	
i	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:			
		1i	5,347	
j	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1j	1,876	
k	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming			
	this credit from a pass-through entity:)	1k	4,732	
- 1	Qualified railroad track maintenance credit (Form 8900)	11	26,615	
m	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1m	9,252	
n	Low sulfur diesel fuel production credit (Form 8896)	1n	46,059	
0	Distilled spirits credit (Form 8906)	10	17,894	
р	Nonconventional source fuel credit (Form 8907)	1p	40,191	
q	Energy efficient home credit (Form 8908)	1q	22,458	
r	Energy efficient appliance credit (Form 8909)	1r	538	
s	Alternative motor vehicle credit (Form 8910)	1s	36,937	
t	Alternative fuel vehicle refueling property credit (Form 8911)	1t	1,493	
u	Hurricane Katrina housing credit (only from S corporations, partnerships, estates, and			
	cooperatives)	1u	1,820	
v	Mine rescue team training credit (Form 8923)	1v	2,971	
w	Credit for contributions to selected community development corporations (Form 8847)	1w	18	
х	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1x	9,518	
2	Add lines 1a through 1x	2	1,238,777	
3	Passive activity credits included on line 2 (see instructions)	3	239,702	
4	Subtract line 3 from line 2	4	999,071	
5	Passive activity credits allowed for 2007 (see instructions)	5	266,411	
6	Carryforward of general business credit to 2007. See instructions for the schedule to attach	6	3,891,318	
7	Carryback of general business credit from 2008 (see instructions)	7		
8	Current year credit. Add lines 4 through 7	8	5,156,800	
			0000	

Part II Allowable Credit

9	Regular tax before credits:						
	Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41. Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the				9		
	 Corporations. Enter the amount from Form 1120, Schedule 3, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 						
10	Alternative minimum tax:		,				
	• Individuals. Enter the amount from Form 6251, line 35				10	2,620,409	
	 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Form 1041, Schedule I, line 					, ,	
	2 Estates and disease Enter the unionic norm 10111, 1011, contocale i, in		. ,				
11	Add lines 9 and 10				11		
100	Credita from Form 1040 lines 47 through 50 and lines 50 through 54		1				
12a	Credits from Form 1040, lines 47 through 50 and lines 52 through 54 (or Form 1040NR, lines 44, 45, and 47 through 49)	12a					
b	Foreign tax credit	12b					
		40					
	Credits from Forms 5735 and 8834	12c					
d	Non-business alternative motor vehicle credit (Form 8910, line 18)	12d					
е	Non-business alternative fuel vehicle refueling property credit						
	(Form 8911, line 19)	12e					
_	Add lines 10s through 10s				12f		
	Add lines 12a through 12e						
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 thr	ough	17 and enter -0-	on		_, _,	
	line 18				13	74,391,607	
14	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0-	14	71,772,514				
15	Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see		40.040.000				
40	instructions)	15	16,212,269				
16	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33						
	• Corporations. Enter the amount from Form 4626, line 12 }	16	69,129,338				
	• Estates and trusts. Enter the amount from Form 1041,						
17	Schedule I, line 54				17		
18	Subtract line 17 from line 13. If zero or less, enter -0		18				
19	9 Credit allowed for the current year. Enter the smaller of line 8 or line 18. Individuals, estates, and trusts: See the instructions for line 19 if claiming the research credit. C corporations: See the line 19 instructions if there has been an ownership change, acquisition, or reorganization.						
	Report the amount from line 19 (if smaller than line 8, see instructions) a		· ·				
	the applicable line of your return: • Individuals Form 1040 line 55 or Form 1040NB line 50		ì				
	 Individuals. Form 1040, line 55 or Form 1040NR, line 50 Corporations. Form 1120, Schedule J, line 5c Estates and trusts. Form 1041, Schedule G, line 2c 				19	845,539	
	Lotatoo and truoto. Form 1041, deficació di, line 20		,				

Department of the Treasury Internal Revenue Service

Moving Expenses

► Attach to Form 1040 or Form 1040NR. AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed = 1.118.610

Your social security number

See the Distance Test and Time Test in the instructions to find out if you can deduct your moving Before you begin: expenses. See Members of the Armed Forces on the back, if applicable. 2,341,394 1 Transportation and storage of household goods and personal effects (see instructions) . . . Travel (including lodging) from your old home to your new home (see instructions). **Do not** include 753,179 2 the cost of meals 3,094,573 3 Add lines 1 and 2 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in 289,047 box 12 of your Form W-2 with code P 4 Is line 3 more than line 4? No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or

General Instructions What's New

For 2007, the standard mileage rate for using your vehicle to move to a new home is 20 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can **Deduct**

Form 1040NR, line 26. This is your moving expense deduction

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving **Expenses**

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

2,819,118

5

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Distance Test Worksheet

Keep a Copy for Your Records

F '		
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1.	Number of miles from your old home to your new workplace	miles
2.	Number of miles from your old home to your old workplace	miles
3.	Subtract line 2 from line 1. If zero or less, enter -0	miles
	Is line 3 at least 50 miles? Yes. You meet this test. No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.	

Credit for Federal Tax Paid on Fuels

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) ► See the separate instructions.

Attachment Sequence No. 23

OMB No. 1545-0162

Department of the Treasury Internal Revenue Service

► Attach this form to your income tax return. Name (as shown on your income tax return)

Data on this form reflects only form 1040 filers, not business or fiduciary filers

Taxpayer identification number Total Forms Filed = 305,765

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	t (e) CRN
а	Off-highway business use		\$.183)	\$	
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	46,671	
d	Exported		.184		1,145	411

Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	redit	(e) CRN
а	Use in commercial aviation (other than foreign trade) Caution. This credit is not available for aviation gasoline taxed at \$.044 (purchased after February		\$.15/.000*		\$		354
	29, 2008).				151		
b	Other nontaxable use (see Caution above line 1)		.193/.043*		826		324
С	Exported		.194/.044*		36		412
	*This rate applies after February 29, 2008.						

Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (b) Rate (c) Gallons (d) Amount of credit (e) CRN (a) Type of use a Nontaxable use 29,711 .243 \$ 360 Use on a farm for farming purposes .243 Use in trains 9 .243 353 Use in certain intercity and local buses (see Caution 350 290 above line 1) .17 Exported 413 .244 17

Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible (Exception. If any of the kerosene included in this claim did			ye, attach an exp	olanation and check	here ▶ □
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	dit (e) CRN
а	Nontaxable use taxed at \$.244		\$.243)	\$ 6,906	346
b	Use on a farm for farming purposes		.243	<u> </u>		340
С	Use in certain intercity and local buses (see Caution above line 1)		.17		*	347
d	Exported		.244		0	414
е	Nontaxable use taxed at \$.044		.043		14	377
f	Nontaxable use taxed at \$.219		.218		70	369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form **4136** (2007)

Page 2

Form 4136 (2007)

5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$ 149	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219/.044* Caution. This credit is not available for kerosene taxed at \$.044 (purchased after February 29, 2008).		.175/.000*		248	355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243		6,906	346
d	Nontaxable use (other than use by state or local government) taxed at \$.219/.044*		.218/.043*		70	369
	*This rate applies after February 29, 2008.					

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . .

	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
a Use by a state or local government	\$.243		\$ 29,711		360
b Use in certain intercity and local buses	.17		290		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye. **Exception.** If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here.

		(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Use by a state or local government	\$.243		6,906		346
b	Sales from a blocked pump	.243	<u> </u>	\$		340
С	Use in certain intercity and local buses	.17		*		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219/.044*		\$.175/.000*		\$		355
	Caution. This credit is not available for kerosene taxed at \$.044 (purchased after February 29, 2008).				248		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		149		417
С	Nonexempt use in noncommercial aviation		.025/.200*		*		418
d	Other nontaxable uses taxed at \$.244		.243		6,906		346
е	Other nontaxable uses taxed at \$.219/.044*		.218/.043*		70		369
	*This rate applies after February 29, 2008						

Page 3

Alcohol Fuel Mixture Credit

Registration No. ▶

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

		(b) Rate	(c) Gallons of alcohol	(d) Amount of c	redit	(e) CRN
а	Alcohol fuel mixtures containing ethanol	\$.51		\$ *		393
b	Alcohol fuel mixtures containing alcohol (other than ethanol)	.60		0		394

Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with diesel fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass (as defined in section 45K(c)(3)) using a thermal department of the produced may be a sold met additives and met ASTM D975 or D396. The mixture was depolymerization process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975 or D396. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for details

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cr	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$.50		\$ *		388
b	Agri-biodiesel mixtures	1.00		495		390
С	Renewable diesel mixtures	1.00		0		307

Nontaxable Use of Alternative Fuel

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 5 in the Instructions for Form 4136 for the credit rate.

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	redit	(e) CRN
а	Liquefied petroleum gas (LPG)		\$.183		\$ 133		419
b	"P Series" fuels		.183		0		420
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		*		421
d	Liquefied hydrogen		.183		0		422
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.243		0		423
f	Liquid fuel derived from biomass		.243		25		424
g	Liquefied natural gas (LNG)		.243		*		425

12 Alternative Fuel Credit and Alternative Fuel Mixture Credit

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of cr	edit	(e) CRN
а	Liquefied petroleum gas (LPG)	\$.50		\$ 1,848		426
b	"P Series" fuels	.50		23		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		104		428
d	Liquefied hydrogen	.50		0		429
е	Any liquid fuel derived from coal (including peat) through the					
	Fischer-Tropsch process	.50		0		430
f	Liquid fuel derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		*		432

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form 4136 (2007)

Page 4

13 Registered Credit Card Issuers

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$ 29,711		360
b	Kerosene sold for the exclusive use of a state or local government	.243		6,906		346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219/.044*	.218/.043*		70		369
	*This rate applies after February 29, 2008					

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

	Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 6 in the Instructions for Form 4136 for the credit rate.											
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN					
а	Nontaxable use		\$.197		\$ *		309					
b	Exported		.198		0		306					

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN
Blender credit	\$.046		\$	0		310

16 Exported Dyed Fuels

	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
a Exported dyed diesel fuel	\$.001		\$ *		415
b Exported dyed kerosene	.001		0		416

17 Leaking Underground Storage Tank (LUST) Tax

		(b) Rate	(c) Gallons	(d	d) Amount of c	redit	(e) CRN
a L	LUST tax on aviation fuels used in foreign trade	\$.001		\$	0		433
b L	LUST tax on fuels used in trains or inland waterways			0		434	
F	Total income tax credit claimed. Add lines 1 through 17, column (a Form 1040, line 70 (also check box b on line 70); Form 1120, line 32ic; Form 1041, line 24g; or the proper line of other returns. ▶		\$ \$	88,950			

* Entry for this line is greater than zero, but too small to report

Form **4136** (2007)

Depreciation and Amortization

(Including Information on Listed Property)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) ► See separate instructions.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service ► Attach to your tax return Sequence No. 67 Name(s) shown on return Business or activity to which this form relates Identifying number Total Forms Filed = 12,231,434 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **EPZONE** \$125.000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 42,147,745 2 2 Total cost of section 179 property placed in service (see instructions) . 3 \$500,000 3 Threshold cost of section 179 property before reduction in limitation . 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 626,899,545 separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 47,995,320 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 47,910,456 9 9 10 1,660,800 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 10 384,819,862 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 47,496,390 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 566,103 14 13,306 15 Other depreciation (including ACRS) 3.802.344 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 41,807,401 MACRS deductions for assets placed in service in tax years beginning before 2007 If you are electing to group any assets placed in service during the tax year into one or more 18 general asset accounts, check here Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use vear placed in only—see instructions) service 696,066 19a 3-year property 2,601,628 19,348,452 3.183.166 b 5-year property 2,268,421 7-year property 20,570,519 10-year property 3,241,551 222,609 265,408 15-year property 6,281,147 20-year property 2,344,753 83,295 444,352 13,304 25 yrs. g 25-year property 27.5 yrs. 189,674,464 4,135,867 MM h Residential rental 1,765 property undetermined type 27.5 yrs. ММ S/L 1.765 undetermined type 65,175,066 1,001,910 ММ S/L 39 yrs. Nonresidential real Total GDS cost 309,683,696 ММ S/L 11,871,811 Total GDS cost Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life 684,489 S/L 33,794 942 **b** 12-year 27,026 12 yrs. S/L c 40-year 974,997 15,484 40 yrs. ММ S/L Summary (see instructions) Total ADS Cost = 1,686,513 Total ADS Deduction = 50,220 Part IV 6,213,328 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.

For assets shown above and placed in service during the current year,

enter the portion of the basis attributable to section 263A costs

7.273

111,820,903

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A—Depre	ciation and O	ther Inforr	nation	(Cautio	n: See	the ins	structio	ns for lir	nits for	passei	nger au	tomobil	es.)			
	Do you have evid												written?		s 🗌 No		
Тур	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) or other pasis			oreciation vestment nly)		y Me	(g) thod/ vention	Depr	(h) eciation luction	Ele secti	(i) cted on 179 ost		
25		nce for qualified used more than															
26		more than 50					000				. 20						
			%														
			%														
			%														
27	Property used	50% or less i			iess use) :				T							
			% %			to	tal 26e	+ 27e		S/L -							
			%			10	51,171			5/L -							
28	Add amounts	in column (h).										6,2	13,328	3			
29	Add amounts												. 29	1,83	32,716		
Con If you	nplete this secti u provided vehicles	on for vehicles to your employee	s used by a	a sole p	roprieto	r, part	ner, or	other"	Vehicles more that eet an exc	an 5% (owner,' o comple	or rela	ated per section fo	rson. or those	vehicles.		
30	during the year (investment mile	ommuting	(a Vehic	-		b) icle 2	1	(c) icle 3	(d Vehic	•	-	e) cle 5	(f Vehic			
31		miles driven during															
32	Total other permites driven .	nmuting)															
33	Total miles driv	ear. Add															
34		e available for duty hours? .		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
35	more than 5% of	ele used primar owner or related	person?														
36	use?	cle available for															
	wer these quest more than 5%		nine if you	meet a	n excep	tion to								yees w	ho are		
37		ain a written po					norcon	al uso i	of vobial	oc incl	uding	ommu	ting	Yes	No		
31		oyees?	-					ai use i			uuiiig (ing,				
38	Do you maintain	a written policy ions for vehicles	statement th	nat prohi	bits pers	onal us	e of veh										
39		all use of vehic															
40	Do you provid	le more than fi vehicles, and	ve vehicles	s to you	ır emplo	yees,	obtain	informa	ation fro	m your	emplo	yees al	bout				
41	Do you meet th		concerning of	qualified	automob	ile den	nonstrat	ion use'	? (See ins	struction	s.) .						
Pa		tization															
	(a) Description	of costs	Date am	b) ortization gins		Amor	c) tizable ount		(c Co sect	de	Amort	ization od or entage		(f) rtization f nis year	or		
42	Amortization of	f costs that beg	gins during	your 200	07 tax ye	ear (se	e instru	ctions):									
							3,979							100.07			
43 44		of costs that be nounts in colur	_									43		432,356			
77	iotai. Add all	iodinio ili colui	(i). Oee	1110 11131) IOI V	יווטוט נע	repon				44	1	884,843			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Casualties and Thefts

► See separate instructions.

► Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

OMB No. 1545-0177

2007

Attachment

151

Name(s) shown on tax return

Form 4684

Department of the Treasury Internal Revenue Service

Total Forms Filed = 268.350

Identifying number

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes.) Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. Property A Property B Property C **Properties** A В C 2 Cost or other basis of each property. Insurance or other reimbursement (whether or not you filed a claim) (see instructions) Note: If line 2 is more than line 3, skip line 4. Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year. Fair market value **before** casualty or theft . . . 6 Fair market value after casualty or theft 7 Enter the smaller of line 2 or line 7 8 8 Subtract line 3 from line 8. If zero or less, 9 10 Casualty or theft loss. Add the amounts on line 9 in columns A through D 10 Enter the **smaller** of line 10 or \$100 11 11 12 12 Caution: Use only one Form 4684 for lines 13 through 18. 13 13 14 • If line 14 is more than line 13, enter the difference here and on Schedule D. Do not 15 28,545 complete the rest of this section (see instructions). 15 • If line 14 is less than line 13, enter -0- here and go to line 16. • If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section. 3,365,303 16 16 17 Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 36. Estates and 2,058,536 17 Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20,

1,842,452

18

tax return

or Schedule A (Form 1040NR), line 8. Estates and trusts, enter the result on the "Other deductions" line of your

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Attachment Sequence No. 26

Page 2 Form 4684 (2007)

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

SEC	CTION B—Business and Income-Producin	g Pr	operty							
Pa	rt I Casualty or Theft Gain or Loss (Use	a se	parate Part I	for	each casua	alty o	theft.)			
19	Description of properties (show type, location, and da	ate ac	quired for each	prop	erty). Use a se	eparate	e line for each	n prope	erty lost or da	m-
	aged from the same casualty or theft.									
	Property A									
	Property B									
	Property C									
	Property D					Prope	artiae			
			A		В	гтор	C		D	
		20			В			1		
20	Cost or adjusted basis of each property	20								
21	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3.	21								
22	Note: If line 20 is more than line 21, skip line 22. Gain from casualty or theft. If line 21 is more than line									
	20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes									
	insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year,	22								
23	Fair market value before casualty or theft	23								
24	Fair market value after casualty or theft	24								
25	Subtract line 24 from line 23	25								
26	Enter the smaller of line 20 or line 25	26								
20	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the									
27	amount from line 20. Subtract line 21 from line 26. If zero or less, enter -0-	27								
28	Casualty or theft loss. Add the amounts on line 27. Ent		total here and o	n line	29 or line 34	(see in	structions)	28		
Pa	rt II Summary of Gains and Losses (from				I	·	asualties or the			
	(a) Identify casualty or theft			,	(i) Trade, busi rental or roy	ness, alty	(ii) Incom producing	e- and	 (c) Gains from casualties or the casualties or the casualties in includible in includible. 	thefts
	Casualty or The	ft of	Property Ho	eld (property One Year of		employee pro	operty		
			торого, га		()	()		
29	-				()	()		
00	Table Add the second of the OO			30	()	(1		
30	Totals. Add the amounts on line 29					/		 		
31	Combine line 30, columns (b)(i) and (c). Enter the net of					e 14. If	Form 4797	24	-161,108	
32	is not otherwise required, see instructions Enter the amount from line 30, column (b)(ii) here. Indion Schedule A (Form 1040), line 28, or Schedule A (Form 1040).	viduals	s, enter the amo	ount fr	rom income-p	 roducii	ng property	31	-101,100	
	used as an employee on Schedule A (Form 1040), lin trusts, partnerships, and S corporations, see instructi	e 23,	or Schedule A	(Form	1040NR), line	e 11. E		32		
	Casualty or Theft						ear			
33	Casualty or theft gains from Form 4797, line 32 .							33	118,813	
34	cacauty of their game nem com more, and co				 ()	()		
•					()	()		
35	Total losses. Add amounts on line 34, columns (b)(i) a	and (h)(ii)	35	(260,961)	()		
36	Total gains. Add lines 33 and 34, column (c)						•	36	194,032	
37	Add amounts on line 35, columns (b)(i) and (b)(ii)			•				37	484,092	
38	If the loss on line 37 is more than the gain on line 36			•					. ,	
а	Combine line 35, column (b)(i) and line 36, and enter the net g and S corporations, see the note below. All others, enter the	ain or (I nis amo	ount on Form 479	97, line	e 14. If Form 47	797 is n	ot otherwise	38a	-237,288	
b	b Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing prope on Schedule A (Form 1040), line 28, or Schedule A (Form 1040NR), line 16, and enter the amount from prope used as an employee on Schedule A (Form 1040), line 23 or Schedule A (Form 1040NR), line 11. Estates a									
	trusts, enter on the "Other deductions" line of your ta and S corporations, see the note below. Electing larg	e part	nerships, enter	on F	orm 1065-B, F	Part İI,	line 11	38b	192,006	
39	If the loss on line 37 is less than or equal to the gain on (except electing large partnerships), see the note below.	line 36 All oth	, combine lines a ers, enter this a	36 and mount	d 37 and enter t on Form 4797	here. F 7, line 3	artnerships	39	168,879	
	Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.									

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return. ► See separate instructions.

2007

Attachment Sequence No. **27**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 3,071,277

Identifying number

1	Enter the gross proceeds from statement) that you are included	(or substitute	1	53,520,502				
Pa	rt I Sales or Exchang Than Casualty or			de or Busines	ss and Involun	tary Conve	rsio	
	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements expense of si	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2								
								130,241,120
3	Gain, if any, from Form 4684,	line 39					3	221,153
4	Section 1231 gain from instal						4	7,705,717
5	Section 1231 gain or (loss) from						5	1,978,351
6	Gain, if any, from line 32, from						6	44,383,137
7	Combine lines 2 through 6. E						7	184,529,478
	Partnerships (except electing instructions for Form 1065, Sch	ı large partnership	os) and S corpora	tions. Report the	gain or (loss) follo	wing the		
	Individuals, partners, S corp from line 7 on line 11 below at 1231 losses, or they were red on the Schedule D filed with	ar section						
8	Nonrecaptured net section 12	231 losses from pri	or years (see instr	uctions)			8	4,424,754
9	Subtract line 8 from line 7. If a lf line 9 is more than zero, er long-term capital gain on the	zero or less, enter	-0 If line 9 is zero	, enter the gain from 2 below and ente	r the gain from lin	e 9 as a	9	29,125,790
Pa	rt II Ordinary Gains ar	nd Losses (see	instructions)					
10	Ordinary gains and losses no	t included on lines	11 through 16 (in	clude property hel	d 1 year or less):			
								3,375,893
11	Loss, if any, from line 7						11 (7,871,373
12	Gain, if any, from line 7 or an						12	1,511,645
13	Gain, if any, from line 31 .						13	7,475,839
14	Net gain or (loss) from Form	4684, lines 31 and	38a				14	-198,381
15	Ordinary gain from installmen	t sales from Form	6252, line 25 or 3	6			15	138,556
16	Ordinary gain or (loss) from lil	ke-kind exchanges	from Form 8824			–	16	124,536
17	Combine lines 10 through 16						17	4,556,716
18	For all except individual retur	ns, enter the amou	unt from line 17 or	the appropriate I	line of your return	and skip		
а	lines a and b below. For indiv If the loss on line 11 includes the part of the loss from inco	a loss from Form 4 ome-producing pro	684, line 35, colun perty on Schedule	nn (b)(ii), enter that e A (Form 1040), I	ine 28, and the pa	art of the		
	loss from property used as ar 18a." See instructions						18a	0
b	Redetermine the gain or (loss line 14) on line 17 exclud	ing the loss, if any	, on line 18a. Ent	er here and on Fo	rm 1040,	18b	4,556,716

Form	orm 4797 (2007) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Page										
Pa	rt III Gain From Disposition of Property Under (see instructions)	Sect	ions 1245, 12	50, 1252, 1254	1, and 12	55					
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	operty:			(b) Date acc (mo., day,		(c) Date sold (mo., day, yr.)				
Α											
В											
<u>C</u>											
D				<u> </u>							
	These columns relate to the properties on lines 19A through 19D). ▶	Property A	Property B	Property	C	Property D				
20	Gross sales price (Note: See line 1 before completing.)	20									
21	Cost or other basis plus expense of sale	21									
22 23	Depreciation (or depletion) allowed or allowable	23									
20	Adjusted basis. Subtract line 22 from line 21										
24	Total gain. Subtract line 23 from line 20	24									
25	If section 1245 property:	25a									
a b	Depreciation allowed or allowable from line 22	25b	7,087,912								
26	If section 1250 property: If straight line depreciation was used, enter	200	.,,								
	-0- on line 26g, except for a corporation subject to section 291.	26a									
	Additional depreciation after 1975 (see instructions)	20a									
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b									
С	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c									
d	Additional depreciation after 1969 and before 1976										
е	Enter the smaller of line 26c or 26d	26e									
f	Section 291 amount (corporations only)	26f	200 206								
<u>g</u>	Add lines 26b, 26e, and 26f	26g	208,396								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).										
а	Soil, water, and land clearing expenses	27a									
b	Line 27a multiplied by applicable percentage (see instructions)	27b									
С	Enter the smaller of line 24 or 27b	27c	*								
28	If section 1254 property:										
а	Intangible drilling and development costs, expenditures for										
	development of mines and other natural deposits, and mining exploration costs (see instructions)	28a									
b	Enter the smaller of line 24 or 28a	28b	181,020								
 29	If section 1255 property:										
	Applicable percentage of payments excluded from income										
	under section 126 (see instructions)	29a									
	Enter the smaller of line 24 or 29a (see instructions)	29b	1,545			lina	00				
Sun	nmary of Part III Gains. Complete property columns	A thr	bugn D through	n line 29b befor	e going to	ine	30.				
30	Total gains for all properties. Add property columns A through	D, line	e 24			30	51,997,128				
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,					31	7,475,839				
32	Subtract line 31 from line 30. Enter the portion from casualty of other than casualty or theft on Form 4797, line 6					32	44,521,289				
Pa	rt IV Recapture Amounts Under Sections 179 a (see instructions)					to 5	60% or Less				
			(a) Secti 179	on	(b) Section 280F(b)(2)						

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				4505

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

OMB No. 1545-0074

Depar Interna	tment of the Treasury al Revenue Service ► At	tach t	o Form 1040 or Form		40NR. ► See instructions on	back.				hment lence N	ment nce No. 37			
Name	(s) shown on tax return					Your	social	securi	ty nu	mber		Ī		
						Emplo	yer II	¦ D numb	er (E	IN), if	any	_		
			Forms Filed = 583,607				-							
<u>A</u> [Did you actively participate in the	oper	ation of this farm d	lurin	g 2007 (see instructions)?					Yes	□ N	0		
Par	t I Gross Farm Rental Inc	ome-	-Based on Produ	ucti	on. Include amounts converted	to ca	ash	or the	equ	uivale	ent.			
1	Income from production of lives	tock,	produce, grains, a	nd c	other crops		1	5,0)12,3	60				
2a	Cooperative distributions (Form(s				,945 2b Taxable amount	2	2b							
3a	Agricultural program payments (se	*	1 -	943	,008 3b Taxable amount	3	3b	9	17,09	13				
4	Commodity Credit Corporation	(CCC)) loans (see instruc	tions	s):									
а	CCC loans reported under elections cCC loans forfeited	tion .				_	la		3,534	,360 093 34 111 ,351 ,182				
b			· · · · · · · · · · · · · · · · · · ·			4	1c							
5	Crop insurance proceeds and for Amount received in 2007			men 100		5	5b	8	3,91°	1				
C	If election to defer to 2008 is att		· · · · · · · · · · · · · · · · · · ·		OD TAXABIC AITIOUITE		5d		5/7.			_		
6	Other income, including federal a						6	2,1	116,3	51		_		
7	Gross farm rental income. Add		•		•							_		
	total here and on Schedule E (F						7	8,2	275,1	82				
Par	t II Expenses—Farm Rent	al Pr	operty. Do not inc	lude	e personal or living expenses.									
8	Car and truck expenses (see				21 Pension and profit-sharing							-		
Ŭ	Schedule F instructions). Also				plans	2	21		*					
	attach Form 4562	8	85,067		22 Rent or lease:									
9	Chemicals	9	191,052		a Vehicles, machinery,									
10	Conservation expenses (see				and equipment (see									
	instructions)	10	45,654		instructions)	2	2a							
11	Custom hire (machine work) .	11	137,007		b Other (land, animals, etc.).		2b							
12	Depreciation and section 179				23 Repairs and maintenance .	_	23		09,77					
	expense deduction not		(22.072		24 Seeds and plants	<u> </u>	24	2	13,61	4		_		
	claimed elsewhere	12	623,972		25 Storage and warehousing		25		14 24	2		_		
13	Employee benefit programs				26 Supplies		26					_		
	other than on line 21 (see Schedule F instructions)	13	134		27 Taxes		27	/:)1,23	17		_		
4.4	<i>'</i>	14	51,002		28 Utilities		.0					_		
14 15	Feed	15	554,566		29 Veterinary, breeding, and medicine	9	29							
16	Freight and trucking	16	33.1,333		30 Other expenses									
17	Gasoline, fuel, and oil	17	170,251		(specify):									
18	Insurance (other than health)	18	283,267		a	3	0a							
19	Interest:				b	3	0b							
а	Mortgage (paid to banks, etc.) .	19a	354,425		С	30	0с							
b	Other	19b	118,527		d	3	0d							
20	Labor hired (less employment				e		0e							
	credits) (see Schedule F		F/ 2F0		<u>f</u>		Of							
	instructions)	20	56,358		<u>g</u>	30	0g					_		
21	Total expenses Add lines 0 th	rough	20g (agg instruction	nnc)		2	31	4 9	906,8	37				
31	Total expenses. Add lines 8 th	_	• •		7. If the recult is income, enter			1,7	30,0	-				
32	Net farm rental income or (los it here and on Schedule E, line	40. If	the result is a loss	, yo	u must go to line 33		32	3,3	368,3	44				
33	If line 32 is a loss, check the bo (see instructions)		t describes your in		ment in this activity	(-	3a	_			at risk			
С	You may have to complete Form which box you checked (see ins	structi	ons). If you checke	ed be	ox 33b, you must complete									

595,544

on Schedule E, line 40 Nondeductible loss (+)/ Suspended loss carryover (-) = 33,049

-orm **4952**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

2007

Attachment
Sequence No. 51

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 1,895,166

Identifying number

	, , , , , , , , , , , , , , , , , , ,			
Pai	rt I Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 2007 (see instructions)		1	39,796,712
2	Disallowed investment interest expense from 2006 Form 4952, line 7		2	17,685,070
3	Total investment interest expense. Add lines 1 and 2		3	57,481,782
Par	rt II Net Investment Income			
4 a	Gross income from property held for investment (excluding any net			
-14		64,455,835		
b		8,068,465		
c	Subtract line 4b from line 4a		4c	106,387,370
d		3,435,144		
e	Enter the smaller of line 4d or your net capital gain from the disposition			
Č		33,059,560		
f			4f	40,375,584
'				, ,
g	Enter the amount from lines 4b and 4e that you elect to include in investmer instructions)	,	4g	5,752,713
h	,	–	4h	152,515,667
5	Investment income. Add lines 4c, 4f, and 4g		5	11,660,600
6	Investment expenses (see instructions)		6	141,711,334
	rt III Investment Interest Expense Deduction		<u> </u>	111,711,001
ı aı				
7	Disallowed investment interest expense to be carried forward to 2008. Subtract	et line 6 from	_	00 000 770
	line 3. If zero or less, enter -0		7	20,696,776
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See i	nstructions	8	36,785,007

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions Purpose of Form

Use Form 4952 to figure the amount of investment interest expense you can deduct for 2007 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

Exception. You do not have to file Form 4952 if all of the following apply.

- Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.
- You do not have any other deductible investment expenses.
- You do not have any carryover of disallowed investment interest expense from 2006.

Allocation of Interest Expense

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different

rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535, Business Expenses.

Specific Instructions Part I—Total Investment Interest Expense

Line 1

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

- Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details.

- Any interest expense that is capitalized, such as construction interest subject to section 263A.
- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Property held for investment. Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

Exception. A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

Part II—Net Investment Income

Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

▶ Attach to Form 1040, Form 1040NR, or Form 1041.

OMB No. 1545-0193 Attachment

Sequence No. 28

Department of the Treasury Internal Revenue Service Name of recipient of distribution

Total Forms Filed = 14,214

Identifying number

Pai	rt I Complete this part to see if you can use Form 4972				
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary	emplove	e 📖	Yes	No
	contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind				
	profit-sharing, or stock bonus)? If "No," do not use this form		<u> </u>		
2	Did you roll over any part of the distribution? If "Yes," do not use this form		. 2		
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before				
	January 2, 1936?		. 3		
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936,	and (c)	a		
	participant in the plan for at least 5 years before the year of the distribution?		. 4		
	If you answered "No" to both questions 3 and 4, do not use this form.				
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do no	t use thi	s		
	form for a 2007 distribution from your own plan		5a		
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use F	orm 497	_{'2}		
	for a previous distribution received for that participant after 1986? If "Yes," do not use the form				
	distribution		. 5b		
Par	Complete this part to choose the 20% capital gain election (see instructions)				
6	Capital gain part from Form 1099-R, box 3	6	6,141		
7	Multiply line 6 by 20% (.20)	7			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total				
Dou	on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.				
Par	rt III Complete this part to choose the 10-year tax option (see instructions)				
8	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter	8	151,42	_	
	the taxable amount from Form 1099-R, box 2a		5,018		
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9	146,402		
10	Total taxable amount. Subtract line 9 from line 8	10	0	_	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0				
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	146,40	2	
13	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 .		,		
	Subtract \$20,000 from line 12. If line 12 is				
14	\$20,000 or less, enter -0				
15	Multiply line 14 by 20% (.20)				
16	Minimum distribution allowance. Subtract line 15 from line 13	16	40,566	6	
17	Subtract line 16 from line 12	17			
18	Federal estate tax attributable to lump-sum distribution	18	328		
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19			
20	Divide line 11 by line 12 and enter the result as a decimal (rounded				
	to at least three places)				
21	Multiply line 16 by the decimal on line 20				
22	Subtract line 21 from line 11				
23	Multiply line 19 by 10% (.10)	23			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	1,336		
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line	0.5			
	29, and go to line 30	25			
26	Multiply line 22 by 10% (.10)				
27	Tax on amount on line 26. Use the Tax Rate Schedule in the				
	instructions	20			
28	Multiply line 27 by ten (10)	28	13,356	3	
29	Subtract line 28 from line 25. Multiple recipients, see instructions	29	10,000		
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies ▶	30	13,823	3	
	The state of the s	- 00	. 5,520		

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

	ment of the Treasury I Revenue Service		► See separate instruction	ns.		Sequence No.	29
Name	of individual subject to	additional	tax. If married filing jointly, see instructions.		Your	social security nu	
			Total Forms Filed = 1,479,094				
	n Your Address C ou Are Filing This	Only	Home address (number and street), or P.O. box if mail	is not delivered to your home	Apt.	no.	
	n by Itself and No		City, town or post office, state, and ZIP code		If th	is is an amended	
	Your Tax Return					rn, check here	
-			0% tax on early distributions, you may be able				60, or
			filing Form 5329. See the instructions for Form	n 1040, line 60, or for For	m 10 ⁴	10NR, line 55.	
Par	Complete t an IRA) or n You may al	his part if nodified e so have t	In Early Distributions Tyou took a taxable distribution, before you reacendowment contract (unless you are reporting this o complete this part to indicate that you qualify for RA distributions (see instructions).	tax directly on Form 1040 o	r Form	n 1040NR—see a	above).
1	Early distributions	included	in income. For Roth IRA distributions, see inst	ructions	1		
2			d on line 1 that are not subject to the addition				
			eption number from the instructions:		2	40.070.700	-
3			nal tax. Subtract line 2 from line 1		3	13,270,709	
4	1040NR, line 55		6 (.10) of line 3. Include this amount on Form		4	1,346,454	
			amount on line 3 was a distribution from a SIN ount on line 4 instead of 10% (see instructions)				
Par			n Certain Distributions From Education				
			if you included an amount in income, on Formaccount (ESA) or a qualified tuition program (line 2	1, from a Cover	rdell
5	Distributions inclu	ided in ir	ncome from Coverdell ESAs and QTPs		5		
6			ine 5 that are not subject to the additional tax		6		
7			nal tax. Subtract line 6 from line 5		7	117,554	_
8			o) of line 7. Include this amount on Form 1040, line 60		8	11,761	
rar	Complete	this part	In Excess Contributions to Traditional In if you contributed more to your traditional IR 2006 Form 5329.		able c	or you had an a	mount
9	. 1		utions from line 16 of your 2006 Form 5329 (s	ee instructions). If zero,	9		
10			ontributions for 2007 are less than your pution, see instructions. Otherwise, enter -0-	10			
11			utions included in income (see instructions)	11			
12			year excess contributions (see instructions)	12	40		
13					13 14		
14 15			tions. Subtract line 13 from line 9. If zero or l		15		
16			007 (see instructions)		16	107,153	
17			of the smaller of line 16 or the value of your traditional	IRAs on December 31, 2007			
			ade in 2008). Include this amount on Form 1040, line		17	6,157	
Pai		this part	n Excess Contributions to Roth IRAs if you contributed more to your Roth IRAs for mm 5329.	2007 than is allowable or	you h	ad an amount o	on line
18	Enter your excess co	ontribution	ns from line 24 of your 2006 Form 5329 (see instruction	ons). If zero, go to line 23	18		
19			ions for 2007 are less than your maximum				
			e instructions. Otherwise, enter -0	19			
20			ur Roth IRAs (see instructions)	20	04		
21	Add lines 19 and				21		
22			tions. Subtract line 21 from line 18. If zero or		23		
23 24			4 1 1 11 20 1 20		24	203,595	
25 25	Additional tax. Enter	r 6% (.06)	of the smaller of line 24 or the value of your Roth II lade in 2008). Include this amount on Form 1040, line (25	11.636	

_				-
Р	а	q	е	2

Pa	rt V	Complete this part if the contributions to your Coverd amount on line 33 of your 2006 Form 5329.			07 were r	nore than	is allo	wable or you h	nad an
26		the excess contributions from line 32 of your 2006 For				. If zero,	26		
27	If the c	ine 31	han the	1			20		
00		um allowable contribution, see instructions. Otherwise, e		27			1		
28 29		listributions from your Coverdell ESAs (see instructions nes 27 and 28	•				29		
30		nes 27 and 28					30		
31		s contributions for 2007 (see instructions)					31		
32		excess contributions. Add lines 30 and 31					32	*	
33	Addition Decem	onal tax. Enter 6% (.06) of the smaller of line 32 or the other 31, 2007 (including 2007 contributions made in 20 line 60, or Form 1040NR, line 55	e value of 08). Inclu	your C	Coverdell E amount	ESAs on on Form	33	*	
Pa	rt VI	Additional Tax on Excess Contributions to Arc	her MS	As					
		Complete this part if you or your employer contributed had an amount on line 41 of your 2006 Form 5329.	d more to	your A	Archer MS	SAs for 200	07 tha	n is allowable	or you
34		he excess contributions from line 40 of your 2006 For ine 39	•				34		
35	If the o	contributions to your Archer MSAs for 2007 are less thum allowable contribution, see instructions. Otherwise, e	nan the nter-0-	35					
36		listributions from your Archer MSAs from Form 8853, li	ne 10 .	36					
37		nes 35 and 36					37		+
38		ear excess contributions. Subtract line 37 from line 34.					38		+
39		s contributions for 2007 (see instructions)					40	7,456	
40 41		excess contributions. Add lines 38 and 39					40	7,430	+
41	Decem	iber 31, 2007 (including 2007 contributions made in 20 line 60, or Form 1040NR, line 55	08). Inclu	de this	amount o	on Form	41	220	
Pa		Additional Tax on Excess Contributions to He	alth Sav	ngs A	Accounts	(HSAs)			
		Complete this part if you, someone on your behalf, or allowable or you had an amount on line 49 of your 20			contribute	d more to	your F	ISAs for 2007	than is
42	Enter t	he excess contributions from line 48 of your 2006 Form	n 5329. If	zero,	go to line	47	42		-
43	allowa	contributions to your HSAs for 2007 are less than the mable contribution, see instructions. Otherwise, enter -0-		43			-		
44		stributions from your HSAs from Form 8889, line 16		44			AF		
45		nes 43 and 44					45 46		+
46 47		ear excess contributions. Subtract line 45 from line 42. s contributions for 2007 (see instructions)	it zero o	less,	enter -u-		47		
47 48		excess contributions. Add lines 46 and 47					48	71,267	
49	Additio	nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you partibutions made in 2008). Include this amount on Form 1040, lin					49	2.730	
Pai		Additional Tax on Excess Accumulation in Qualification Complete this part if you did not receive the minimum	alified R	etiren	nent Pla	ns (Includ		RAs)	
50	Minimu	um required distribution for 2007 (see instructions) .					50		
51		nt actually distributed to you in 2007					51		
52		ct line 51 from line 50. If zero or less, enter -0	::				52	25,586	
53		nal tax. Enter 50% (.50) of line 52. Include this amount on Form					53	12,837	<u> </u>
Sig	nature.	Complete only if you are filing this form by itself Under penalties of perjury, I declare that I have examined this form, incli					and to	the best of my line	wlodas
Ple Sig	ase n	and belief, it is true, correct, and complete. Declaration of preparer (other							
Hei	re	Your signature			\overline{D}	ate			
Paid		Preparer's signature	Date			if self-	Prepa	arer's SSN or PTIN	
	parer's	Firm's name (or yours				EIN			
use	Only	if self-employed), address, and ZIP code				Phone no.	()	

5695

Residential Energy Credits

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

See instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachmen³ Sequence No. 158

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 4,366,023

Your social security number

Before you begin Part I: Figure the amount of any foreign tax credit or retirement savings contributions credit you are claiming.

Pa	rt I Nonbusiness Energy Property Credit (See instructions be	efore	completing this p	art.)		
1	Were the qualified energy efficiency improvements or residential energy main home located in the United States? (see instructions)		perty costs for your	-	☐ Yes	□ No
	Caution: If you checked the "No" box, you cannot claim the nonbusines					
	Do not complete Part I.					
2	Qualified energy efficiency improvements (see instructions).					
•	a Insulation material or system specifically and primarily designed to re-		2,275,865			
	your home				1,815,880	
	Exterior doors			2b	1,615,660	
(c Metal roof with appropriate pigmented coatings that meet the Energy S		•	2c	509,344	
	and is specifically and primarily designed to reduce heat gain in your h	2d	4,099,603	20	000,011	
	d Exterior windows (including skylights)	2e	\$2,000			
	Fenter the amount, if any, from your 2006 Form 5695, line 2b. Otherwise,		Ψ2,000			
	enter -0-	2f	419,526			
,	g Subtract line 2f from line 2e		8,241,580			
	h Enter the smaller of line 2d or line 2g			2h	2,451,892	
3	Add lines 2a, 2b, 2c, and 2h				7,052,980	
4	Multiply line 3 by 10% (.10)			4	705,452	
5	Residential energy property costs (see instructions).					
	a Energy-efficient building property. Do not enter more than \$300	5a	288,241			
	Qualified natural gas, propane, or oil furnace or hot water boiler. Do					
	not enter more than \$150	5b	129,954			
(c Advanced main air circulating fan used in a natural gas, propane, or		40 740			
	oil furnace. Do not enter more than \$50	<u>5c</u>	10,719		400.044	
6	Add lines 5a through 5c			6	428,914	
7	Add lines 4 and 6				1,134,366 \$500	
8	Maximum credit amount. (If you jointly occupied the home, see instruc			8	132,984	
9	Enter the amount, if any, from your 2006 Form 5695, line 8. Otherwise			10	2,035,238	+-
10 11	Subtract line 9 from line 8			11	954,993	
11 12	Enter the smaller of line 7 or line 10	12				
13	Enter the total, if any, of your credits from Form 1040, lines 47 through	12				
	49, and lines 51 and 53, or Form 1040NR, lines 44, 46, and 48	13				
14	Subtract line 13 from line 12. If zero or less, stop. You cannot take		nonbusiness energ	,		
	property credit			14		
15	Nonbusiness energy property credit. Enter the smaller of line 11 or li	ine 14		15	938,036	

Before you begin Part II: Figure the amount of any of the following credits you are claiming.

- Foreign tax credit
- Child tax credit
- Retirement savings contributions credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Qualified solar electric property costs	379,031		
Multiply line 16 by 30% (.30)	113,710		
Maximum credit amount	\$2,000		
Enter the smaller of line 17 or line 18		19	38,339
Qualified solar water heating property costs	107,671		
Multiply line 20 by 30% (.30)	32,304		
Maximum credit amount	\$2,000		
Enter the smaller of line 21 or line 22		23	27,658
Qualified fuel cell property costs	2,911		
Multiply line 24 by 30% (.30)	873		
Kilowatt capacity of property on line 24 above ▶	1,952,930		
Enter the smaller of line 25 or line 26		27	873
Credit carryforward from 2006. Enter the amount, if any, from your 2006 Fo		28	12,752
Add lines 19, 23, 27, and 28		29	79,622
Enter the amount from Form 1040, line 46, or Form 1040NR, line 43			
1040 filers: Enter the total, if any, of your credits from Form			
1040, lines 47 through 49, and lines 51, 53, and 54; line 15 of			
this form; and line 12 of the Line 11 Worksheet in Pub. 972 (see \)	201,781		
instructions).			
1040NR filers: Enter the total, if any, of your credits from Form			
1040NR, lines 44, 46, 48, and 49; line 15 of this form; and line 12			
of the Line 11 Worksheet in Pub. 972 (see instructions).			
Subtract line 31 from line 30. If zero or less, enter -0- here and on line 33		32	58,440,494
Residential energy efficient property credit. Enter the smaller of line 29 c	or line 32	33	69,408
Credit carryforward to 2008. If line 33 is less than line 29, subtract line 33 from line 29	10,214		
rt III Current Year Residential Energy Credits			
A	ID !! 45	35	4.007.411
Add lines 15 and 33. Enter here and on Form 1040, line 50, or Form 1040N	IR, line 45	33	1,007,444

Form **5695** (2007)

Work Opportunity Credit

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

► Attach to your tax return.

OMB No. 1545-0219 Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sequence No. 77 Identifying number

	Total Forms Filed = 45,253		g	
Pai	rt I Current Year Credit			
1	Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified (if required) as members of a targeted group.			
а	Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours $\dots \dots	1a	2,403	
b	Qualified first-year wages of employees who worked for you at least 400 hours	1b	12,895	
С	Qualified second-year wages of employees certified as long-term family assistance recipients	1c	32	
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make for salaries and wages	2	15,330	
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts.	3	294,563	
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others, go to line 5	4	307,335	
5	Work opportunity credit included on line 4 from passive activities (see instructions)	5	24,820	
6	Subtract line 5 from line 4		282,514	
7	Work opportunity credit allowed for 2007 from a passive activity (see instructions)		19,731	
8	Carryforward from 2006 of the New York Liberty Zone business employee credit and carryback from 2008 of the work opportunity credit (see instructions)	. 8	109	
9	Add lines 6 through 8. Cooperatives, estates, and trusts, continue on to line 10. All others, use this amount to complete Part II Nondeductible Credit = 127	. 9	304,787	
10	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	10		
11	Cooperatives, estates, and trusts, subtract line 10 from line 9. Use this amount to complete Part II	11		
Pai	t II Allowable Credit	10		
12	Regular tax before credits (see instructions)	12 13		_
13	Alternative minimum tax (see instructions)	14		
14	Add lines 12 and 13	17		
154	Form 1040NR, lines 44, 45, and 47 through 49)			
b	Foreign tax credit			
	Credits from Forms 5735 and 8834			
d	Non-business alternative motor vehicle credit (Form 8910, line 18)			
е	Non-business alternative fuel vehicle refueling property credit (Form			
,	8911, line 19)	15f		
16	Add lines 15a through 15e	16	18,841,870	
17	Net regular tax. Subtract line 15f from line 12. If zero or less, enter -0	17	18,352,213	
18	Enter 25% (.25) of the excess, if any, of line 17 over \$25,000 (see instructions)	18	4,402,039	
19	Subtract line 18 from line 16. If zero or less, enter -0	19		
20a	General business credit (Form 3800, line 19)			
b	Empowerment zone and renewal community employment credit (Form 8844, line 26)			
С	Add lines 20a and 20b	20c		
21	Subtract line 20c from line 19. If zero or less, enter -0	21		
22	Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the smaller of line 11 or 21. Report this amount on Form 1120-C, Schedule J, line 5c; or Form 1041, Schedule G, line 2c. If line 21 is smaller than line 11, see instructions. All others. Enter the smaller of line 9 or 21. Report this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; or the applicable line of your return. If line 21 is smaller than line 9, see instructions		224,666	

Alternative Minimum Tax—Individuals

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

See separate instructions.

OMB No. 1545-0074

Attachmen

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040 or Form 1040NR

► Attach to Form 1040 or Form 1040NR.

Total Forms Filed = 9,528,998

Sequence No. 32 Your social security number

Pa	Alternative Minimum Taxable Income (See instructions for how to complete	te e	ach line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise,			
	enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	2,217,065,143	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line			
	38. If zero or less, enter -0	2	1,828,690	
3	Taxes from Schedule A (Form 1040), line 9	3	190,390,635	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	1,245,108	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	27,465,623	
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	(29,082,314)
7	Tax refund from Form 1040, line 10 or line 21	7	(8,697,501)
8	Investment interest expense (difference between regular tax and AMT)	8	-344,456	
9	Depletion (difference between regular tax and AMT)	9	413,884	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	33,527,637	
11	Interest from specified private activity bonds exempt from the regular tax	11	3,077,004	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	73,161	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	2,135,166	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	1,222,613	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	-1,126	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	-5,027,910	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	2,411,942	
18	Passive activities (difference between AMT and regular tax income or loss)	18	1,560,769	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	560,167	
20	Circulation costs (difference between regular tax and AMT)	20	-1,997	
21	Long-term contracts (difference between AMT and regular tax income)	21	-146,222	
22	Mining costs (difference between regular tax and AMT)	22	86,445	
23	Research and experimental costs (difference between regular tax and AMT)	23	114,801	
24	Income from certain installment sales before January 1, 1987	24	(3,734)
25	Intangible drilling costs preference	25	299,464	
26	Other adjustments, including income-based related adjustments	26	93,478	
27	Alternative tax net operating loss deduction	27	(8,928,950)
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see page 7 of the instructions.)	28	2,432,176,844	
Pai	t II Alternative Minimum Tax			
29	Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)			
	IF your filing status is AND line 28 is not over THEN enter on line 29			
	Single or head of household \$112,500 \$44,350			
	Married filing jointly or qualifying widow(er) . 150,000			
	Married filing separately	29	417,800,160	
	If line 28 is over the amount shown above for your filing status, see page 7 of the instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35			
	and skip the rest of Part II	30	2,098,527,292	
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.			
	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends			
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.	31	480,668,368	
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26).			
	Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	13,558,991	
33	Tentative minimum tax. Subtract line 32 from line 31	33	467,268,981	
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,			
	line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured			
	without using Schedule J (see page 9 of the instructions)	34	474,626,892	
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on			
	Form 1040, line 45	35	24,107,229	
			F 6051	(0000

Page 2

Form 6251 (2007)

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-line 3 of the worksheet on page 8 of the instructions	EZ, en	ter the amount	from	36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	37	740,858,532				
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 9 of the instructions). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	38	17,396,955				
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see page 10 of the instructions for the amount to enter	39	757,588,377		40		
40	Enter the smaller of line 36 or line 39				-10		
41	Subtract line 40 from line 36				41		
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multi- Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married result				42	303,442,443	
43	Enter: • \$63,700 if married filing jointly or qualifying widow(er), • \$31,850 if single or married filing separately, or • \$42,650 if head of household.	43					
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0	44					
45	Subtract line 44 from line 43. If zero or less, enter -0	45					
46	Enter the smaller of line 36 or line 37	46					
47	Enter the smaller of line 45 or line 46	47					
48	Multiply line 47 by 5% (.05)			. ▶	48	763,730	
49	Subtract line 47 from line 46	49					
50	Multiply line 49 by 15% (.15)			. ▶	50	103,053,244	
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwis	se, go	to line 51.				
51	Subtract line 46 from line 40	51					
52	Multiply line 51 by 25% (.25)			. ▶	52	3,228,107	
53	Add lines 42, 48, 50, and 52				53		
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multi-	tiply lir	ne 36 by 26% (
	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married result				54	501,907,123	
55	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form enter this amount on line 31. Instead, enter it on line 4 of the worksheet on page 1.	2555	or 2555-EZ, do	not	55		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Installment Sale Income

► Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.

OMB No. 1545-0228 Attachment

165

Department of the Treasury Internal Revenue Service Sequence No. 79 Name(s) shown on return Identifying number Total Forms Filed = 833,114 Description of property ▶ 2a Date acquired (month, day, year) ▶ / / b Date sold (month, day, year) ▶ // ☐ No Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale ☐ No Part I Gross Profit and Contract Price. Complete this part for the year of sale only. 65,133,553 5 5 Selling price including mortgages and other debts. Do not include interest whether stated or unstated Mortgages, debts, and other liabilities the buyer assumed or took 6 the property subject to (see instructions) 7 8 9 10 10 Adjusted basis. Subtract line 9 from line 8 11 11 12 Income recapture from Form 4797, Part III (see instructions) . . . 12 17.829.536 13 13 47,304,017 14 14 Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions) If the property described on line 1 above was your main home, enter the amount of your excluded 15 540,859 15 16 46,799,871 16 247,840 17 Subtract line 13 from line 6. If zero or less, enter -0- Contract price. Add line 7 and line 17 18 64,465,143 18 Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or Part II have certain debts you must treat as a payment on installment obligations. 19 Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions 19 20 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-65,342,876 21 Payments received during year (see instructions). Do not include interest, whether stated or unstated 21 22 65,590,716 22 23 Payments received in prior years (see instructions). **Do not** include 112.931.118 41,969,825 24 24 25 141,844 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions). 26 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) 41,827,980 Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Name, address, and taxpayer identifying number of related party 28 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. a
The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) **b** The first disposition was a sale or exchange of stock to the issuing corporation. c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. **d** The second disposition occurred after the death of the original seller or buyer. e 🔲 It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). 30 Selling price of property sold by related party (see instructions) 30 31 31 32 33 33 Total payments received by the end of your 2007 tax year (see instructions) 34 43.547 35 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 36 * Enter the part of line 35 that is ordinary income under the recapture rules (see instructions).

6252

23,703

37

Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)

Department of the Treasury

Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Gains and Losses From Section 1256 Contracts and Straddles

Attach to your tax return.

OMB No. 1545-0644

Attachmen³ Sequence No. 82

Name(s) shown on tax return Identifying number Total Forms Filed = 361,536 Mixed straddle election Mixed straddle account election Check all applicable boxes (see instructions). A Net section 1256 contracts loss election Straddle-by-straddle identification election Part I Section 1256 Contracts Marked to Market (a) Identification of account (b) (Loss) (c) Gain Add the amounts on line 1 in columns (b) and (c) 3 8,501,914 3 Net gain or (loss). Combine line 2, columns (b) and (c) 25.058 4 Form 1099-B adjustments. See instructions and attach schedule 8,526,972 5 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be 67,682 6 8,594,654 7 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate 3,437,864 8 line of Schedule D (see instructions) Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate 5,156,790 line of Schedule D (see instructions) Gains and Losses From Straddles. Attach a separate schedule listing each straddle and its components. Section A—Losses From Straddles (h) Recognized loss. (f) Loss. (e) Cost or (g) If column (e) (b) Date If column (f) is more Unrecognized other basis (c) Date is more than (d) Gross than (g), enter entered (a) Description of property closed out (d), enter difference. sulg gain on into or sales price difference. or sold expense of offsetting Otherwise, enter -0acquired Otherwise, sale positions enter -0-10 11a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of 22.811 11a b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of 21,522 Schedule D (see instructions) . 11b Section B—Gains From Straddles (b) Date (f) Gain. If column (c) Date (e) Cost or other (d) Gross (d) is more than (e), entered basis plus (a) Description of property closed out enter difference. into or sales price or sold expense of sale acquired Otherwise, enter -0-12 13a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of 726,438 13a b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions) . 446.069 Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) Part III (e) Unrecognized gain. (b) Date (c) Fair market value on last (d) Cost or other basis If column (c) is more than (d), enter difference. (a) Description of property business day of tax year acquired as adjusted Otherwise, enter -0-14

Cat. No. 13715G

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Noncash Charitable Contributions

(Rev. December 2006)

Department of the Treasury
Internal Revenue Service

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Total Forms Filed = 6,904,786

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions. Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions). Information on Donated Property—If you need more space, attach a statement. Part I (b) Description of donated property (a) Name and address of the 1 (For a donated vehicle, enter the year, make, model, condition, and mileage donee organization and attach Form 1098-C if required.) A В C D Ε Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f). (g) Fair market value (c) Date of the (e) How acquired (f) Donor's cost (h) Method used to determine (d) Date acquired contribution by donor (mo., yr.) (see instructions) by donor or adjusted basis the fair market value A 34,376,981 39,442,280 В C D Ε Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions). 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest > If Part II applies to more than one property, attach a separate statement. b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year (2) For any prior tax years c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above): Name of charitable organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code d For tangible property, enter the place where the property is located or kept ▶ Name of any person, other than the donee organization, having actual possession of the property Yes No 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? c Is there a restriction limiting the donated property for a particular use?

Form	n 8283 (Rev. 12-2006	AMOU	NTS OF SEL	ECTED LI	NES FIL	LED (IN TH	lous	ANDS OF DOLLARS	3)	F	Page 2
Nam	e(s) shown on your i	ncome tax return								Identifying number	
Sec	items)	for which you claim	ed a deduction	on of more t	:han \$5,0	000 per item	or gr	List in this section or oup (except contribution perty listed in Section	ons o	of certain publicly t	
Pa	rt I Infor	mation on Dona	ated Prope	rty—To b	e com	pleted by	the t	axpayer and/or th	е ар	praiser.	
othe	Art* (contrib Art* (contrib Collectibles* includes paintings, sor r similar objects. Ilectibles include coin		more) 20,000) prints, drawings, ms, jewelry, spo	G G G G G G G G G G G G G G G G G G G	other Rea ntellectua tiques, dec	I Property corative arts, tetc., but not a	extiles	, carpets, silver, rare manu		Equipment Securities Other s, historical memorabi	ilia, and
5		of donated property (if attach a separate state						a brief summary of the o	verall	(c) Appraised fa	air
A B C										19,498,924	
D											
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's adjusted			bargain sales, nount received		(h) Amount claimed as deduction		tructions (i) Average trading p of securities	orice
A B			5,238,72	21	1,6	21,701		6,638,815		760,573	
С											
D Pa	rt II Taxpa	 aver (Donor) Sta	l atement—l	ist each it	tem incl	luded in P	art I a	labove that the appr	aisa	l identifies as ha	avina
(per Sign	item). Enter identi	ifying letter from Par (donor) ▶	rt I and descri					and belief an appraised ▶ Date		e of not more than	n \$500
I dec marr appr Also, appr value the p resul me to	clare that I am not the lied to any person wh aisals during my tax y, I declare that I hold aisal, I am qualified to e. Furthermore, I undoenalty under section the penalty under so the penalty under so	o is related to any of the year for other persons. I myself out to the puber make appraisals of the erstand that a false or fin 6701(a) (aiding and a al of the value of the pr	rty to the transace e foregoing persolic as an apprai e type of propertraudulent overst betting the under operty that I kno	ser or perform ty being value atement of the erstatement o ww, or reasona	egularly use on appraisa d. I certify e property of tax liabil ably should om present	als on a regulathat the appravalue as descity). In additional throw, would ting evidence	ar basis aisal fee cribed in on, I un be use	ty, employed by, or related ee, or party to the transact s; and that because of my es were not based on a pe in the qualified appraisal or ider stand that a substantiation of the connection with a retuining by the Office of Pro	tion, I provided the recentant of the contract	performed the majorit fications as described ge of the appraised p orm 8283 may subject pross valuation misstatical claim for refund, may	d in the roperty of me to atement
Hei Busir	1 - 3	ing room or suite no.)			Title ▶	·		Date ▶		Identifying number	
Í	or town, state, and z										_
		e Acknowledgr									
		ation acknowledges ove on the following		lified organiz	zation und	der section 1	70(c) a	and that it received the o	donat	ed property as des	cribed
port	ion thereof) within		e of receipt, it	will file Form	n 8282, D	onee Inform	ation I	s of the property descri Return, with the IRS and		the donor a copy o	of that
	s the organization e of charitable organ	intend to use the p	roperty for an	unrelated u	ise? .	Employer i		cation number		▶	No
Addr	ress (number, street,	and room or suite no.))			City or tow	n, state	e, and ZIP code			
Auth	orized signature					Title			Da	ate	

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Attach to Form 1040 or 1040NR.

► See instructions on back.

OMB No. 1545-0074

2007

Attachment
Sequence No. 138

Name(s) shown on your tax return

Total Forms Filed = 35.010

Your social security number

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return. Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Part I **Current Year Mortgage Interest Credit** Interest paid on the certified indebtedness amount. If someone else (other than your spouse if 1 filing jointly) also held an interest in the home, enter only your share of the interest paid . . . Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % 3 If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced 35,950 3 your mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. 7,728 Enter any 2004 credit carryforward from line 18 of your 2006 Form 8396 4 5 4,772 5 Enter any 2005 credit carryforward from line 16 of your 2006 Form 8396 6,102 6 Enter any 2006 credit carryforward from line 19 of your 2006 Form 8396 . . . 6 54,552 7 8 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 Enter the total of the amounts from Form 1040, lines 47 through 49 and 1040 filers: lines 51 and 53; line 12 of the line 11 Worksheet in Pub. 972 (see instructions); and Form 5695, line 15 9 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 44, 46 and 48; line 12 of the line 11 Worksheet in Pub. 972 (see instructions); and Form 5695, line 15 10 Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II . . . 10 Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box a on 37.432 that line Part II Mortgage Interest Credit Carryforward to 2008. (Complete only if line 11 is less than line 7.) 12 12 Add lines 3 and 4 13 13 Enter the amount from line 7 14 Enter the larger of line 11 or line 12 14 15 15 16 16 2006 credit carryforward to 2008. Enter the smaller of line 6 or line 15 . 17 17 18 2005 credit carryforward to 2008. Enter the smaller of line 5 or line 17 18 2007 credit carryforward to 2008. Subtract line 11 from line 3. If zero or less, enter -0-19

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Passive Activity Loss Limitations

See separate instructions.Attach to Form 1040 or Form 1041.

2007
Attachment

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (S Name(s) shown on return

Total Forms = 3,965,093

Identifying number

Part I	2007	Passive	A	tivit	y

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Loss

	tal Real Estate Activities With Active Participation (For the definiti Special Allowance for Rental Real Estate Activities on page 3 of						
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	14,972,082				
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(45,140,858)			
	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(35,210,798)			
d	Combine lines 1a, 1b, and 1c				1d	-65,379,574	
Com	nmercial Revitalization Deductions From Rental Real Estate Activ	vities					
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2 a	(2,606)			
b	Prior year unallowed commercial revitalization deductions from						
	**************************************	2b	(50,208)			
С	Add lines 2a and 2b				2c	(52,814)
	Other Passive Activities						
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	За	40,405,092				
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(29,126,939)			
С	Prior years unallowed losses (enter the amount from Worksheet 3,	3c	(38,178,637)			
d	Combine lines 3a, 3b, and 3c				3d	-26,900,485	
4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used						-92,332,873	
	If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or	•		go to	4 Dort	III	

- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

page 10 of the instructions to find out how to report the losses on your tax return.

L	6	365,415,156				
	7	466,995,400				
I						
	8	112,696,173				
1	filing separately, see page 8			9	33,452,852	
	ming doparatory, dod page o				10 211 752	

	Note: Enter all numbers in Part III as positive amounts. See the example for Part II on part III on	age 8	of the instruction	S.
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	33,045	
12	Enter the loss from line 4	12		
13	Reduce line 12 by the amount on line 10	13	115,536	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	11,710	
Pa	rt IV Total Losses Allowed			
15	Add the income, if any, on lines 1a and 3a and enter the total	15	15,969,467	
16	Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See			

For Paperwork Reduction Act Notice, see page 12 of the instructions.

Cat. No. 63704F

Form **8582** (2007)

39,826,983

16

(Rev. December 2006) Department of the Treasury

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Low-Income Housing Credit**

Attach to your tax return.

ı	OMB	No.	1545-0984

Identifying number

Attachment Sequence No. 36a

Internal Revenue Service (99) Name(s) shown on return

Total Forms File

Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of

Total Forms Filed = 59,523			
Number of Forms 8609-A attached			
Current year credit from attached Form(s) 8609-A (see instructions)	3	1,915	
Low-income housing credit from partnerships, S corporations, estates, and trusts	4	108,479	
Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	5	110,394	
Amount allocated to beneficiaries of the estate or trust (see instructions)	6		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Form 3800 (e.g., line 1e of the 2006 Form 3800)

What's New

- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.
- The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

Recapture of Credit

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(i) for details.

Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609, Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Nondeductible IRAs

► See separate instructions.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment Sequence No. 48

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

Fill in Your Address Only

Total Forms Filed = 2,138,006 Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

If You Are Filing This Form by Itself and Not With Your Tax Return

City, town or post office, state, and ZIP code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2007.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2007 and you made nondeductible contributions to a traditional IRA in 2007 or an earlier year. For this purpose, a distribution does not include a rollover, qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007 (excluding any portion vou recharacterized) **and** vou made nondeductible contributions to a traditional IRA in 2007 or an earlier vear

	you recharacterized, and you made nondeduction continuations to a traditional his time	-007 01	arr carnor yours	
1	Enter your nondeductible contributions to traditional IRAs for 2007, including those made for 2007 from January 1, 2008, through April 15, 2008 (see page 5 of the instructions)	1	3,347,778	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions)	2	19,771,312	
3	Add lines 1 and 2	3	23,119,091	
	In 2007, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2008, through	4	25,745	
	April 15, 2008	5	23,093,345	
5	Subtract line 4 from line 3	5	23,093,345	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2007, plus any outstanding rollovers (see page 6 of the instructions)			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2007. Do not include rollovers, qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions)			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16			
9				
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA			
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	603,309	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2007 and earlier years	14	22,515,781	
15	Taxable amount. Subtract line 12 from line 7. Also include this amount on Form 1040, line 15b;			
	Form 1040A, line 11b; or Form 1040NR, line 16b	15	5,138,893	
	Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59½ at the time of the distribution (see page 6 of the instructions).			

Page	2
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F	art	Ш	
г	arı	ш	

2007 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2007 (excluding any portion you recharacterized).

Caution: If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2007, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2007. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16	converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2007. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2007 or 2008 (see page 6							16	1,043,375	
17								17	71,988	
18				ne 17 from line 16. Also b; or Form 1040NR, line			· · · · · · · · · · · · · · · · · · ·	18	971,388	
Par	 ii	nclude a rolle	s part onl over, qual	Roth IRAs y if you took a distributi fied charitable distribution ee page 6 of the instruct	on, one-ti					
19				distributions from Roth IR age 6 of the instructions)				19	1,689,255	
20	Qualifie \$10,000		nomebuye	r expenses (see page 7 c	of the ins	structions). Do not	enter more than	20	48,406	
21	Subtrac	ct line 20 fro	m line 19	If zero or less, enter -0-	- and ski	ip lines 22 through	25	21	1,648,270	
22	Enter y	our basis in	Roth IRA	contributions (see page	7 of the	instructions) .		22	1,678,910	
23				If zero or less, enter -0- a ditional tax (see page 7				23	614,655	
24	Enter y	our basis in	Roth IRA	conversions (see page 7	7 of the i	nstructions) .		24	400,517	
25				ne 24 from line 23. If zero n 1040A, line 11b; or Fo			ude this amount	25	424,216	
Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return Under penalties of perjury, I declare that I have examined this form, including accompanying attach knowledge and belief, it is true, correct, and complete. Your signature						ttachmer	nts, and to the best	t of my		
 Paid		Preparer's signature				Date	Check if self- employed	Prepa	rer's SSN or PTIN	
	oarer's Only	Firm's name (if self-employ address, and	ed),	>			EIN Phone no.	()	

Form **8606** (2007)

Tax for Children Under Age 18

With Investment Income of More Than \$1,700

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99

Attachment Sequence No. **33**

Offilia	s name shown on retu	Total Forms Filed = 458,397	Ciliu s s		Dei
Befo	١	f the child, the parent, or any of the parent's other children under age 18 r Worksheet or has income from farming or fishing, see Pub. 929 , Tax Rules fo explains how to figure the child's tax using the Schedule D Tax Worksheet or	r Children	n and Depender	nts. It
Α	Parent's name (first,	nitial, and last). Caution: See instructions before completing.	B Parer	nt's social security n	number
C	Parent's filing status Single Child's	(check one): Married filing jointly Married filing separately Head of househo	ld [Qualifying wide	ow(er)
T CA	CI CIMA S I	tot invostnent insome			
1	Enter the child's	investment income (see instructions)	. 1	5,902,341	
2		not itemize deductions on Schedule A (Form 1040 or Form 1040NR), entere, see instructions		812,270	
3	Subtract line 2 f	rom line 1. If zero or less, stop; do not complete the rest of this form but do hild's return	o	5,106,412	
4	Enter the child's	taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040NR ld files Form 2555 or 2555-EZ, see the instructions	1,	5,146,487	
5	Enter the smalle	r of line 3 or line 4. If zero, stop; do not complete the rest of this form but do hild's return	o	4,722,494	
Pai	t II Tentativ	e Tax Based on the Tax Rate of the Parent			
6	line 6; Form 1040	s taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ DNR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0 If the paren	nt	273,753,782	
7	Enter the total,	or 2555-EZ, see the instructions	d	4,241,616	
8		nd 7 (see instructions)		282,717,893	
9	Enter the tax on the If the Qualified	he amount on line 8 based on the parent's filing status above (see instructions) Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, c		59,852,656	
10	Enter the parent minimum tax; For include any tax for If the parent file Capital Gain Tax	r's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative rm 1040EZ, line 10; Form 1040NR, line 41; or Form 1040NR-EZ, line 15. Do not from 4972, 8814, or 8889 or any tax from recapture of an education credit is Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends an Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to eck here	t. d	58,010,648	
11		from line 9 and enter the result. If line 7 is blank, also enter this amount on line	e 11	1,842,008	
	Add lines 5 and	0.004.444	12b	344,028 × •	
13	Multiply line 11	oy line 12b	. 13	884.556	
Pai	t III Child's	Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go	to line 1	6.	
14	Subtract line 5 fi	rom line 4			
15	the Qualified Di	the amount on line 14 based on the child's filing status (see instructions). vidends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, on 1040) is used to figure the tax, check here		31,398	
16	Add lines 13 and	I 15	16	915,955	
17	Enter the tax or the Qualified Di	the amount on line 4 based on the child's filing status (see instructions). I vidends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, on 1040) is used to figure the tax, check here		628,614	
18	Enter the larger	of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040A		925.251	

Department of the Treasury

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

► See separate instructions.

► Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2007

Attachment
Sequence No. 74

Identifying number

Internal Revenue Service (99
Name(s) shown on return

► Attach to Form 1040, 1040NR, or 10

Total Forms Filed = 1,435,383 Part I **Net Minimum Tax on Exclusion Items** 441,002,536 1 Combine lines 1, 6, and 10 of your 2006 Form 6251. Estates and trusts, see instructions 52.330.294 2 Enter adjustments and preferences treated as exclusion items (see instructions) 3 2,342,727 Minimum tax credit net operating loss deduction (see instructions) Combine lines 1, 2, and 3. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 5. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. If more than \$200,100 and you were married filing separately for 2006, 496,863,526 Enter: \$62,550 if married filing jointly or qualifying widow(er) for 2006; \$42,500 if single or head of 5 83,215,688 household for 2006; or \$31,275 if married filing separately for 2006. Estates and trusts, enter \$22,500 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2006; \$112,500 if single or head of 6 202,826,336 household for 2006; or \$75,000 if married filing separately for 2006. Estates and trusts, enter \$75,000 7 320,079,937 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . 80,020,113 8 9 49,337,483 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 18, see instructions Subtract line 9 from line 4. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 11. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and 453,067,393 10 on line 15 and go to Part II. Form 1040NR filers, see instructions • If for 2006 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to • If for 2006 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), 99,457,443 11 complete Part III of Form 8801 and enter the amount from line 48 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result. 2,029,685 12 12 Minimum tax foreign tax credit on exclusion items (see instructions) 97,453,266 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 90,722,943 14 Enter the amount from your 2006 Form 6251, line 34, or 2006 Form 1041, Schedule I, line 55 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-8,272,524 15 Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2008 9.304.542 16 Enter the amount from your 2006 Form 6251, line 35, or 2006 Form 1041, Schedule I, line 56 17 1.032.019 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount 18 9,559,535 19 19 2006 minimum tax credit carryforward. Enter the amount from your 2006 Form 8801, line 26 20 4,131 Enter your 2006 unallowed qualified electric vehicle credit (see instructions) 20 11,281,446 21 Combine lines 18, 19, and 20. If zero or less, stop here and see instructions 21 22 99,586,384 Enter your 2007 regular income tax liability minus allowable credits (see instructions) . . . 22 104,489,201 23 23 Enter the amount from your 2007 Form 6251, line 33, or 2007 Form 1041, Schedule I, line 54. 2,938,900 24 Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount 1,031,802 on your 2007 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d 25 • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. Individuals: Did you have a minimum tax credit carryforward to 2005 (on your 2004 Form 8801, No. Leave lines 26 and 27 blank and go to line 28. 590,050 Yes. Complete Part IV of Form 8801 to figure the amount to enter 26 27 Is line 26 more than line 25? No. Leave line 27 blank and go to line 28. Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result here and on your 2007 Form 1040, line 71, or Form 1040NR, line 69 508.074 27 Credit carryforward to 2008. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years 28 9,741,570

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Form 8801 (2007)

Page 2 Part III Tax Computation Using Maximum Capital Gains Rates

<u> </u>	Tax compatition cong maximum capital damo nates			
	Caution. If you did not complete the 2006 Qualified Dividends and Capital Gain Tax Work the 2006 Schedule D Tax Worksheet, or Part V of the 2006 Schedule D (Form 1041), so instructions before completing this part.			
29	Enter the amount from Form 8801, line 10		29	
30	Enter the amount from line 6 of your 2006 Qualified Dividends and			
	Capital Gain Tax Worksheet, the amount from line 13 of your 2006			
	Schedule D Tax Worksheet, or the amount from line 22 of the 2006			
	Schedule D (Form 1041), whichever applies*			
	If you figured your 2006 tax using the 2006 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31.			
31	Enter the amount from line 19 of your 2006 Schedule D (Form 1040), or line 14b, column (2), of the 2006 Schedule D (Form 1041) 31			
32	Add lines 30 and 31, and enter the smaller of that result or the amount			
02	from line 10 of your 2006 Schedule D Tax Worksheet			
33	Enter the smaller of line 29 or line 32		33	
34	Subtract line 33 from line 29		34	
•				
35	If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multip 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if m filing separately for 2006) from the result		35	
36	Enter:	1		
	• \$61,300 if married filing jointly or qualifying widow(er) for 2006,			
	• \$30,650 if single or married filing separately for 2006,			
	• \$41,050 if head of household for 2006, or			
	• \$2,050 for an estate or trust			
37	Enter the amount from line 7 of your 2006 Qualified Dividends and Capital			
	Gain Tax Worksheet, the amount from line 14 of your 2006 Schedule D Tax			
	Worksheet, or the amount from line 23 of the 2006 Schedule D (Form 1041),			
	whichever applies. If you did not complete either worksheet or Part V of			
	the 2006 Schedule D (Form 1041), enter -0			
	, , , , , , , , , , , , , , , , , , , ,			
38	Subtract line 37 from line 36. If zero or less, enter -0			
39	Enter the smaller of line 29 or line 30			
40	Enter the smaller of line 38 or line 39			
41	Multiply line 40 by 5% (.05)	•	41	
42	Subtract line 40 from line 39			
43	Multiply line 42 by 15% (.15)	•	43	
	If line 31 is zero or blank, skip lines 44 and 45 and go to line 46. Otherwise, go to line	ne 44.		
44	Subtract line 39 from line 33		45	
45	Multiply line 44 by 25% (.25)		45	
46	Add lines 35, 41, 43, and 45		46	
47	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multip	-		
	29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if m			
	filing separately for 2006) from the result		47	
48	Enter the smaller of line 46 or line 47 here and on line 11. (If you filed Form 2555 or 25	55-EZ		
	for 2006, see page 4 of the instructions)		48	

^{*} The 2006 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2006 Instructions for Form 1040. The 2006 Schedule D Tax Worksheet is on page D-10 of the 2006 Instructions for Schedule D (Form 1040) (page 38 of the 2006 Instructions for Form 1041).

8812

Additional Child Tax Credit

1040 OMB No. 1545-0074 1040A 1040NR

AMOUNT\$ OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Department of the Treasury Internal Revenue Service

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Sequence No. 47

Do		Total Forms Filed = 16,018,377					
D							
Pai	t I All File	rs					
1	page 36 of the F	from line 1 of your Child Tax Credit Worksheet on page 40 of orm 1040A instructions, or page 21 of the Form 1040NR insmount from line 8 of the worksheet on page 4 of the publication	truction		1	31,119,304	
2	Enter the amoun	t from Form 1040, line 52, Form 1040A, line 32, or Form 10	40NR,	line 47	2	6,771,929	
3	Subtract line 2 fi	rom line 1. If zero, stop ; you cannot take this credit			3	24,347,375	
4a		earned income (see instructions on back)	4a	437,493,926			
b		bat pay (see instructions on 4b 3,539,226					
5							
		line 5 blank and enter -0- on line 6.					
		et \$11,750 from the amount on line 4a. Enter the result	5	251,167,912		27 675 704	
6		ount on line 5 by 15% (.15) and enter the result			6	37,675,704	
	_	6 is zero, stop; you cannot take this credit. Otherwise, sk	ip Par	t II and enter the			
		r of line 3 or line 6 on line 13.					
		6 is equal to or more than line 3, skip Part II and enter the Otherwise, go to line 7.	amou	nt from line 3 on			
Par	t II Certair	n Filers Who Have Three or More Qualifying Ch	ildrer	ו			
7	6. If married filin	security and Medicare taxes from Form(s) W-2, boxes 4 and ng jointly, include your spouse's amounts with yours. If you lroad, see instructions on back	7	2,545,110			
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 59, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 63.	8	381,088			
	1040A filers: 1040NR filers:	Enter -0 Enter the total of the amounts from Form 1040NR, line 54, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 58.					
9	Add lines 7 and		9	2,926,198			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.					
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 42 (see instructions on back).	10	3,529,606			
	1040NR filers:	Enter the amount from Form 1040NR, line 61.					
		,					
11	Subtract line 10	from line 9. If zero or less, enter -0			11	1,366,944	
12	Enter the larger	of line 6 or line 11			12	2,981,833	
	Next, enter the s	smaller of line 3 or line 12 on line 13.					
Par	t III Additio	nal Child Tax Credit					
					12	16 600 040	
13	This is your a	dditional child tax credit		1040A 1040A	For For	16,690,219 ter this amount on rm 1040, line 68, rm 1040A, line 41, or 1040NR, line 62	

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Parents' Election To Report Child's Interest and Dividends**

► See instructions.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to parents' Form 1040 or Form 1040NR.

Your social security number Name(s) shown on your return Total Forms Filed = 206,336

Caution. The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits

A	your child could take on his or ner own return. For details, see lax Child's name (first, initial, and last)	belle	ilis you callilot ta		ارد کا در الفاق کا الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق ک کا تو الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق کا در الفاق ک	umher				
	Combined Totals for Form 8814				b Office's Social Security Humber					
_					<u> </u>					
С	If more than one Form 8814 is attached, check here				🕨					
Pai	Part I Child's Interest and Dividends To Report on Your Return									
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions				143,055					
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	6,729							
	Enter your child's ordinary dividends, including any Alaska Perman child received any ordinary dividends as a nominee, see the instru		309,337							
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	99,575							
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions				202,615					
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.				655,007					
5	Base amount				1,700	00				
6	Subtract line 5 from line 4				179,612					
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10 go to line 12. Otherwise, go to line 7.									
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7								
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8								
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	34,920							
10	Multiply line 6 by line 8. Enter the result here. See the instructions	10	72,318							
11	for where to report this amount on your return				107,239					
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you									
					70.040					
_	checked the box on line C above, see the instructions. Go to line	. 12	73,618							
Pai	Tax on the First \$1,700 of Child's Interest and Divi	dends	5							
13	Amount not taxed			. 13	850	00				
14	Subtract line 13 from line 4. If the result is zero or less, enter -0	. 14	215,712							
15	Tax. Is the amount on line 14 less than \$850?				21,550					
	No. Enter \$85 here and see the Note below.	h - 51	} .	. 15	21,550					
Note				nt from line	e 15 in the tax you	enter				
	on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 41.									

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

2007
Attachment Sequence No. 109

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Total Forms Filed = 197,019

Identifying number

Pa	t I Information on the Like-Kind Exchange						
1	Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country. Description of like-kind property given up ▶						
2	Description of like-kind property received ▶						
3	Date like-kind property given up was originally acquired (month,	3 / /					
4	Date you actually transferred your property to other party (mont	4 / /					
5	Date like-kind property you received was identified by written no day, year). See instructions for 45-day written notice requirement	5 / /					
6	Date you actually received the like-kind property from other party (mo	6 / /					
7	Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III						
Pa	t II Related Party Exchange Information						
8	Name of related party	Relationship to you	Related party's identifying number				
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code	e)					
9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party directly or indirectly (such as through an intermediary) sell or dispose of any part of the like-kind property received from you in the exchange?						
10	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?						
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.						
11	If one of the exceptions below applies to the disposition, check the applicable box:						
а	☐ The disposition was after the death of either of the related parties.						
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.						
С	c You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose. If this box is checked, attach an explanation (see instructions).						

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form 8824 (2007)	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLA	RS) Page 2
Name(s) shown on tax return. Do no	ot enter name and social security number if shown on other side.	Your social security number

Pa	rt III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property	Rec	eived	
	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash of see Reporting of multi-asset exchanges in the instructions.	r othei	r (not like-kind) pro	perty,
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherw	ise, g	o to line 15.	
2	Fair market value (FMV) of other property given up 12 2,047,995			
3	Adjusted basis of other property given up			
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	1,474,773	
	Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced			
	(but not below zero) by any exchange expenses you incurred (see instructions)	15	4,524,638	
16	FMV of like-kind property you received	16	58,822,899	
17	Add lines 15 and 16	17	63,347,537	
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	37,536,419	
19	Realized gain or (loss). Subtract line 18 from line 17	19	25,811,117	
20	Enter the smaller of line 15 or line 19, but not less than zero	20	3,814,386	
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) .	21	112,683	
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	3,729,222	
23	Recognized gain. Add lines 21 and 22	23	3,841,905	
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	21,974,952	
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23.	25	36,853,687	
Pa	rt IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales			
26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)			
27	Description of divested property ►			
28	Description of replacement property ►			
			, ,	
29	Date divested property was sold (month, day, year)	29	//	
30	Sales price of divested property (see instructions)			
31	Basis of divested property			
32	Realized gain. Subtract line 31 from line 30	32		
33	Cost of replacement property purchased within 60 days after date of sale			
34	Subtract line 33 from line 30. If zero or less, enter -0	34		
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35		
86	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36		
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
	Rasis of replacement property Subtract line 37 from line 33	38		

Department of the Treasury

Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► See separate instructions.

2007
Attachment
Sequence No. 66

Name(s) of proprietor(s) Your social security number Total Forms Filed = Not available Part I Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory 1 2 2 3 For daycare facilities not used exclusively for business, go to line 4. All others go to line 7. Multiply days used for daycare during year by hours used per day Total hours available for use during the year (365 days \times 24 hours) (see instructions) 5 Divide line 4 by line 5. Enter the result as a decimal amount . . . 6 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3. 7 % Part II **Figure Your Allowable Deduction** Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions 8 See instructions for columns (a) and (b) before (a) Direct expenses (b) Indirect expenses completing lines 9-21. 9 Casualty losses (see instructions) 9 10 10 Deductible mortgage interest (see instructions) 11 11 Real estate taxes (see instructions) 12 12 Add lines 9, 10, and 11. 13 13 Multiply line 12, column (b) by line 7 14 Add line 12, column (a) and line 13. 14 15 15 Subtract line 14 from line 8. If zero or less, enter -0-16 16 Excess mortgage interest (see instructions) . . 17 17 18 18 19 19 20 20 Other expenses (see instructions) 21 21 22 22 Add lines 16 through 21 23 Carryover of operating expenses from 2006 Form 8829, line 42 . . . 24 25 25 Add line 22 in column (a), line 23, and line 24 26 26 Allowable operating expenses. Enter the **smaller** of line 15 or line 25 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 . . . 27 27 28 1,440,170 29 Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43 31 31 32 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 33 33 105,800 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B. 34 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶ 35 **Depreciation of Your Home** Part III Enter the **smaller** of your home's adjusted basis or its fair market value (see instructions) . 36 37 37 38 38 39 40 % 40 Depreciation percentage (see instructions) Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41 Part IV Carryover of Unallowed Expenses to 2008 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-43 1,275,113

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Qualified Adoption Expenses

Attach to Form 1040 or 1040NR.

Department of the Treasury Internal Revenue Service

See separate instructions.

2007
Attachment Sequence No. 38

OMB No. 1545-0074

Name(s) shown on return Your social security number Total Forms Filed = 111,480 Before you begin: See Definitions on page 1 of the instructions. Information About Your Eligible Child or Children—You must complete this part. See page 2 of the instructions for details, including what to do if you need more space. Check if child was-1 (e) Child's year Child's born before a child Child's name identifying number of birth **1990** and with special foreian disabled needs child First Last Child Child 2 Caution. If the child was a foreign child, see Special rules in the instructions for line 1, column (e), that begin on page 2, before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit Child 1 Child 2 \$11,390 00 \$11,390 00 Maximum adoption credit per child Did you file Form 8839 for a prior year for the same child? ■ No. Enter -0-. Yes. See page 4 of the instructions for the amount to enter. Subtract line 3 from line 2 Qualified adoption expenses (see page 4 5 699,350 85,208 of the instructions) Caution. Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2007. 6 Enter the **smaller** of line 4 or line 5 467,495 Add the amounts on line 6. If zero, skip lines 8 through 11 and enter -0- on line 12 . 7 Modified adjusted gross income (see page 4 of the instructions) . . . 8 Is line 8 more than \$170,820? No. Skip lines 9 and 10, and enter -0- on line 11. ☐ **Yes.** Subtract \$170,820 from line 8 10 Divide line 9 by \$40,000. Enter the result as a decimal (rounded to at least three places). 10 11 11 Multiply line 7 by line 10 . . . 12 441,516 Credit carryforward from prior years (line 23 of your Credit Carryforward Worksheet on 685,020 13 1,126,536 14 14 Add lines 12 and 13 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 . | 15 Enter the total of any amounts from 1040 filers: 16 Form 1040, lines 47 through 49, line 51, and line 53; line 12 of the Line 11 Worksheet in Pub. 972 (see page 4 of the instructions); Form 8396, line 16 11; and Form 5695, line 15. **1040NR filers:** Enter the total of any amounts from Form 1040NR, lines 44, 46, and 48; line 12 of the Line 11 Worksheet in Pub. 972 (see page 4 of the instructions); Form 8396, line 11; and Form 5695, line 15. 17 Subtract line 16 from line 15 . . Adoption credit. Enter the smaller of line 14 or line 17 here and include on Form 1040, line 54, or Form 1040NR, line 49. Check box c on that line. If line 17 is smaller than line 14,

you may have a credit carryforward (see page 4 of the instructions)

396,039

Part III Employer-Provided Adoption Benefits

			Child 1		Child 2				
19	Maximum exclusion per child	19	\$11,390	00	\$11,390	00			
20	Did you receive employer-provided adoption benefits for a prior year for the same child? No. Enter -0 Yes. See page 5 of the instructions for the amount to enter.	20							
21	Subtract line 20 from line 19	21							
22	Employer-provided adoption benefits you received in 2007. This amount should be shown in box 12 of your 2007 Form(s) W-2 with code T	22							
23	Add the amounts on line 22						23	41,522	
24	Enter the smaller of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2007, enter the amount from line 21	24							
25	Add the amounts on line 24. If zero, skip li enter -0- on line 30, and go to line 31		6 through 29,	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)								
27	Is line 26 more than \$170,820? No. Skip lines 27 and 28, and enter -0- on line 29. Yes. Subtract \$170,820 from line 26								
28	Divide line 27 by \$40,000. Enter the result a to at least three places). Do not enter more			28	× .				
29	Multiply line 25 by line 28			29					
30	Excluded benefits. Subtract line 29 from	line 2	25				30	29,305	
31	Taxable benefits. Is line 30 more than lin ■ No. Subtract line 30 from line 23. Also line 7 of Form 1040 or line 8 of Form 7 of Form 1040 or line 8 of Form	o, inclo	ude this amount, it 040NR. On the do		· · · · · · · · · · · · · · · · · · ·				
	7 of Form 1040 or line 8 of Form 1040NR, enter "AB." Yes. Subtract line 23 from line 30. Enter the result as a negative number. Reduce the total you would enter on line 7 of Form 1040 or line 8 of Form 1040NR by the amount on Form 8839, line 31. Enter the result on line 7 of Form 1040 or line 8 of Form 1040NR. Enter "SNE" on the dotted line next to the entry line.							12,217	

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2006, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2006.
- The total adoption expenses you paid in 2007 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2007 or earlier.
- You adopted a child with special needs and the adoption became final in 2007.

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Form 8844

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Empowerment Zone and Renewal

Community Employment Credit

► Attach to your tax return.

OMB No. 1545-1444

2007

Attachment
Sequence No. 99

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 36,166

Identifying number

Total 1 offits 1 fled = 30,100		
Part I Current Year Credit		
1 Enter the total qualified wages paid or incurred during calendar year 2007 only (se	ee instructions)	
a Qualified empowerment zone wages \$		a 3,209
b Qualified renewal community wages	41	b 4,054
2 Add lines 1a and 1b. You must subtract this amount from your deduction for salar		2
3 Employment zone and renewable community employment credit from partnerships,	-	
cooperatives, estates, and trusts		3
4 Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule I		
to line 5		
5 Empowerment zone and renewal community employment credit included on line		
activities (see instructions)	· · · · · · · · · · · · · · · · · · ·	5
Subtract line 5 from line 4		6
Passive activity credit allowed for 2007 (see instructions)		8,286
Carryforward of empowerment zone and renewal community employment credit to 20		123,275
Carryback of empowerment zone and renewal community employment credit from 2008 (se		
Add lines 6 through 9. Cooperatives, estates, and trusts, go to line 11. All others, use	· ·	
complete Part II	and the second s	0 287,330
Amount allocated to the patrons of the cooperative or the beneficiaries of the esta		
instructions)	<u>1</u>	1
Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to co	omplete Part II 1:	2
art II Allowable Credit		
Regular tax before credits:		
• Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41)	
• Corporations. Enter the amount from Form 1120, Schedule J, line 2; or the applicable	e line of	
your return	\ <u> 1</u> ;	3
• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines	1a and	
1b, or the amount from the applicable line of your return		
Alternative minimum tax:	í	
• Individuals. Enter the amount from Form 6251, line 35		
• Corporations. Enter the amount from Form 4626, line 14		4 351,430
• Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56		
5 Add lines 13 and 14	<u>-1</u>	5
Ga Credits from Form 1040, lines 47 through 50 and lines 52 through 54 (or	1	
Form 1040NR, lines 44, 45, and 47 through 49)		
b Foreign tax credit		
c Credits from Forms 5735 and 8834		
d Non-business alternative motor vehicle credit (Form 8910, line 18) 16d		
e Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)		
f Add lines 16a through 16e		
Net income tax. Subtract line 16f from line 15. If zero, skip lines 18 through 24 and enter		7 13,489,739
Hot rogalar tax outstact into for non-into for it zoro or lood, onto	3,138,262	
Tentative minimum tax (see instructions)	2,505,671	
Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see	100 000	
instructions)	3,128,380	
manapy mile 10 by 1070 (i.e.)	0,379,257	
Penter the greater of line 20 or line 21		
Subtract line 22 from line 17. If zero or less, enter -0		
General business credit (Form 3800, line 19)		
Subtract line 24 from line 23		5
6 Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the sma		
line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedu		
line 25 is smaller than line 12, see instructions. All others. Enter the smaller of line 10 or		
this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J,		440.000
applicable line of your return. If line 25 is smaller than line 12, see instructions	20	6 116,603

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

OMB No. 1545-1414

2007
Attachment
Sequence No. 98

Name(s) shown on return

Total Forms Filed = 69.655 Note. Claim this credit only for social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1. Part I Current Year Credit Tips received by employees for services on which you paid or incurred employer social security 238,274 22,143 2 Creditable tips. Subtract line 2 from line 1 3 216,130 Multiply line 3 by 7.65% (.0765). If you had any tipped employees whose wages (including tips) 16,490 4 Credit for employer social security and Medicare taxes paid on certain employee tips from 365,314 5 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K; all 6 381,804 Credit for employer social security and Medicare taxes paid on certain employee tips included 50,556 7 331,248 8 Credit for employer social security and Medicare taxes paid on certain employee tips allowed 36,481 9 Carryback of the credit for employer social security and Medicare taxes paid on certain employee tips from 2008 (see instructions) 10 Add lines 8 through 10. Use this amount to complete Part II 11 367,729 Part II Allowable Credit 12 13 14 **14** Add lines 12 and 13 15a Credits from Form 1040, lines 47 through 50 and 52 through 54 (or Form 1040NR, lines 44, 45, and 47 through 49) 15a b Foreign tax creditc Credits from Forms 5735 and 8834 15b 15c 15d d Non-business alternative motor vehicle credit (Form 8910, line 18) . e Non-business alternative fuel vehicle refueling property credit (Form 15f Net income tax. Subtract line 15f from line 14. If zero, skip lines 17 through 20 and enter -0-16 21,524,799 20,737,602 17 Net regular tax. Subtract line 15f from line 12. If zero or less, enter -0- 4,908,636 18 **18** Enter 25% (.25) of the excess, if any, of line 17 over \$25,000 (see instructions) 19 19 Subtract line 18 from line 16. If zero or less, enter -0- 20a **b** Empowerment zone and renewal community employment credit 20b 1,314 c Work opportunity credit (Form 5884, line 22) 892 20d d Alcohol fuels credit (Form 6478, line 24) e Renewable electricity, refined coal, and Indian coal production 20f

22 Credit allowed for the current year. Enter the smaller of line 11 or 21. Report this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; or the applicable line of your return. If line 21 is smaller than line 11, see instructions

291,552

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Archer MSAs and **Long-Term Care Insurance Contracts**

	Revenue Service	► Attach to Form 1040 or Form 1040NF	R. ► Se	ee se	parate instructions.		Sequence	e No. 3	39
Name(s) shown on return Total Forms Filed = 80,227 Social security number of MSA account holder. If both spouses have MSAs, see page 1 of the instructions									
		MSAs. If you have only a Medicare A		ISA,	skip Section A and	d com	plete Sec	tion E	3.
Pai	rt I Genera	Information. See page 2 of the inst	ructions.						
								Yes	No
1a	Did you or your e	employer make contributions to your Archer	MSA for 2007	? .			. 1a		
b	If "Yes," were yo	u uninsured when the MSA was established	d (see page 2 d	of the	instructions)?		. 1b		
С	If line 1a is "Yes,	" indicate coverage under high deductible h	nealth plan: 🗌	Sel	f-Only or \square F	amily			
2a	If married, did yo	our spouse or spouse's employer make conf	tributions to yo	ur sp	ouse's Archer MSA fo	or 2007	? 2a		
		ir spouse uninsured when the MSA was est					. 2b		
		" indicate coverage under high deductible h				amily			
Par		MSA Contributions and Deductions re filing jointly and both you and yo							
		e, complete a separate Part II for each						3011	Offic
		· · · · · · · · · · · · · · · · · · ·		3	23,499		,		
3		contributions to your Archer MSA(s) for 2			,				
4		tributions you made for 2007, including the				4	32,10	2	
-		nat were for 2007. Do not include rollovers (5	33,25		
5		the worksheet on page 3 of the instructionsee page 3 of the instructions) from the em			the bigh deductible		00,20	<u>, </u>	
6		elf-employed, enter your earned income fi							
		ible health plan was established.)				6	1,408,7	48	
7		eduction. Enter the smallest of line 4, 5,					1,100,1		
1		m 1040, line 36, or Form 1040NR, line 34.							
		1040NR, line 34, enter "MSA" and the a				7	21,748	8	
		is more than line 7, you may have to pay a				tions).			
Par		MSA Distributions			, ,	,			
_		ns you and your spouse received in 2007	from all Arch	er Ms	SAs (see name 4 of				
oa	the instructions)		HOITI All AICH	CI IVIC	ons (see page 4 of	8a	40,04 ⁻	7	
h	· · · · · · · · · · · · · · · · · · ·	uded on line 8a that you rolled over to another	· · · · · · · · · · · · · · · · · · ·	· · ·	olth savings account				
D		excess contributions (and the earnings on							
		withdrawn by the due date of your return (s				8b	522		
С		from line 8a				8c	39,54	2	
9		ualified medical expenses (see page 4 of				9	37,110	0	
10		MSA distributions. Subtract line 9 from							
		punt in the total on Form 1040, line 21, or							
		21, enter "MSA" and the amount				10	9,962	2	
11a	If any of the dist	tributions included on line 10 meet any of	f the Exceptio	ns to	the Additional				
		age 4 of the instructions), check here .							
b	Additional 15%	tax (see page 4 of the instructions). Enter	15% (.15) of the	he dis	stributions included				
		are subject to the additional 15% tax. Al							
	Form 1040, line	63, or Form 1040NR, line 58. On the dot	ted line next to	o For	m 1040, line 63, or		4 400		
		ine 58, enter "MSA" and the amount					1,492		<u> </u>
Sec		care Advantage MSA Distributions.							
		utions in 2007 from a Medicare Adva age 4 of the instructions).	intage MSA,	COIII	piete a separate s	ection	o for each	on sp	ouse
		<u> </u>							
12		ns you received in 2007 from all Medicare				40	1 663		
						12	1,663		
13	Unreimbursed q	ualified medical expenses (see page 5 of	the instruction	ns)		13	1,662		
14		are Advantage MSA distributions. Subtra							
		nclude this amount in the total on Form 1				4.4	*		
		ne next to line 21, enter "Med MSA" and				14	•		
15a		tributions included on line 14 meet any of							
		age 5 of the instructions), check here .							
D		tax (see page 5 of the instructions). Als							

15b

Form 1040NR, line 58, enter "Med MSA" and the amount

Page 2

Name of policyholder (as shown on Form 1040)

Socia	I security	number
of pol	icyholder	

	If more than one Section C is attached, check here					.▶ □
16a	Name of insured ▶	ial sec	curity number of	insured •	·	
17	In 2007, did anyone other than you receive payments on a per diem or o LTC insurance contract covering the insured or receive accelerated depolicy covering the insured?	eath b	enefits under a	life insura	nce	□ No
18	Was the insured a terminally ill individual?	erated	death benefits	hat were		□ No
19	Gross LTC payments received on a per diem or other periodic basis. Enter from box 1 of all Forms 1099-LTC you received with respect to the indiem" box in box 3 is checked	sured	on which the "	Per	792,556	
	Caution: Do not use lines 20 through 28 to figure the taxable amount of LTC insurance contract that is not a qualified LTC insurance contract are not excludable from your income (for example, if the benefits are not or sickness through accident or health insurance), report the amount on Form 1040, line 21.	t. Inst paid	ead, if the bene for personal inju	fits ries		
20	Enter the part of the amount on line 19 that is from qualified LTC insu	ırance	contracts .	20	717,306	
21	Accelerated death benefits received on a per diem or other periodic because the insured was terminally ill (see page				26,091	
22	Add lines 20 and 21			22	743,397	
	Note: If you checked "Yes" on line 17 above, see Multiple Payees on page 7 of the instructions before completing lines 23 through 27.					
23	Multiply \$260 by the number of days in the LTC period	23	2,357,897			
24	Costs incurred for qualified LTC services provided for the insured during the LTC period (see page 7 of the instructions)	24	1,174,380			
25	Enter the larger of line 23 or line 24	25	2,617,067			
26	Reimbursements for qualified LTC services provided for the insured during the LTC period	26	335,277			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see page 7 of the instructions.					
	Per diem limitation. Subtract line 26 from line 25			27	2,283,561	
27						
27 28	Taxable payments. Subtract line 27 from line 22. If zero or less, en amount in the total on Form 1040, line 21. On the dotted line next to					

2007 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Education Credits (Hope and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

2007
Attachment
Sequence No. 50

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed = 7,499,740

Your social security number

Caution: • You cannot take the Hope credit and the lifetime learning credit for the same student in the same year. You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student in the same vear. Before you begin: Figure the amount of any credit you are claiming on Form 1040, line 51. Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student. (a) Student's name (c) Qualified (b) Student's (d) Enter the (as shown on page 1 expenses (see smaller of the (e) Add (f) Enter one-half social security instructions). Do of your tax return) number (as amount in column (c) and of the amount in not enter more First name column (c) or shown on page 1 column (d) column (e) than \$2,200 for of your tax return) \$1,100 Last name each student. 3,891,210 4,923,794 Student # 1 183,024 143.869 Student # 2 3,621 Student #3 2,983 Student # 4 2,216 1,662 Tentative Hope credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning 4.048.740 Lifetime Learning Credit Part II (c) Qualified (a) Student's name (as shown on page 1 of your tax return) (b) Student's social security number (as shown on page expenses (see First name Last name 1 of your tax return) instructions) 25,457,324 Student #1 Student #2 621,639 Student #4= Student #3 17,906 1,903 Add the amounts on line 3, column (c), and enter the total . Student # 4 4 26.098.849 Enter the **smaller** of line 4 or \$10,000 5 20,739,133 Tentative lifetime learning credit. Multiply line 5 by 20% (.20) and go to Part III 4,147,856 6 Part III Allowable Education Credits 8.196.596 Enter: \$114,000 if married filing jointly; \$57,000 if single, head of household, 643,727,090 8 373,084,441 9 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 Subtract line 9 from line 8. If zero or less, stop; you cannot take any 283,699,196 10 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, 112,495,545 If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal 72,365,366 12 7,849,382 13 13 26,751,384 14 Enter the amount from Form 1040, line 46, or Form 1040A, line 28 . . . Enter the total, if any, of your credits from Form 1040, lines 47, 48, and 261,443 26,489,942 16 Subtract line 15 from line 14. If zero or less, stop. You cannot take any education credits . > Education credits. Enter the smaller of line 13 or line 16 here and on Form 1040, line 49, or 6,910,412 Form 1040A, line 31 * If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

Biodiesel and Renewable Diesel Fuels Credit

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Attach to your tax return.

OMB No. 1545-1924

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Total Forms Filed = 4.306

Identifying number

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See *Certification* below.

	Type of Fuel		(a) Number of Gallons Sold or Used	(b) Rate		Column (a) x Colu	mn (b)
1	Biodiesel (other than agri-biodiesel)	1		\$.5	0	261	
2	Agri-biodiesel	2		\$1.0	0	501	
3	Renewable diesel	3		\$1.0	0	*	
4	Biodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.5	0	0	
5	Agri-biodiesel included in a biodiesel mixture	5		\$1.0	0	0	
6					0	0	
7	7 Qualified agri-biodiesel production (gallons sold)				0	*	
8	Add lines 1 through 7. Include this amount in your income for	2007 (see instructions)		8	765	
9	Biodiesel and renewable diesel fuels credit from partnership estates, and trusts				9	8,487	
Add lines 8 and 9. Cooperatives, estates, and trusts, go to line 11; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on Form 3800, line 1m					10	9,252	
11 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust				11			
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. line 1m			· · · · · · · · · · · · · · · · · · ·	12		

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit,
- Renewable diesel credit,
- Biodiesel mixture credit,
- · Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

Definitions and Special Rules

Certification

To claim a credit on lines 1 through 6, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, the certificate must indicate at all appropriate locations that the fuel to which it relates is renewable diesel and state that the fuel meets the requirements discussed under *Renewable Diesel* on page 2. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agri-biodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Pub. 510, Excise Taxes, for the model certificate and statement.

Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Credit for Qualified Retirement Savings Contributions**

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See instructions on back.

OMB No. 1545-0074 Attachment Sequence No. 55

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 6,429,354

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$26,000 (\$39,000 if head of household; \$52,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1990, (b) is claimed as a dependent on someone else's 2007 tax return, or (c) was a student (see instructions).

						(a) You			(b) Your spo	use
1	Traditional and	d Roth IRA co	ontributions for 2007. D	o not include rollover						
	contributions				1	1,873,410			783,946	
2		itributions, ar	x) or other qualified emplor 501(c)(18)(D) plan c	ontributions for 2007		6,902,342			1,600,092	
3	Add lines 1 ar				3	8,775,751			2,384,038	
4	(including ext married filing j See instructio	ensions) of yointly, includens for an except of the second control	ved after 2004 and by your 2007 tax return e both spouses' amount openion	(see instructions). If ints in both columns.	4	378,089 8,551,814			248,794 2,257,758	
5			If zero or less, enter							
6			smaller of line 5 or \$2		0	5,783,554		7	1,404,802	
7			6. If zero, stop ; you ca					7	7,188,356	
8			rm 1040, line 38*; For			1 404 400 204 1				
					8	184,499,304				
9	Enter the app	licable decim	nal amount shown belo	ow:						
	If the	0:-	Δ	al filian atatus	-		ا ٦			
	If line	8 IS—		nd your filing status			-			
		But not	Married	Head of	_	le, Married filing				
	Over—	over—	filing jointly	household	1	eparately, or				
			Enter of	on line 9—	Qua	lifying widow(er)	_			
		\$15,500	.5	.5		.5				
	\$15,500	\$17,000	.5	.5		.2				
	\$17,000	\$23,250	.5	.5		.1		9	Χ.	
	\$23,250	\$25,500	.5	.2		.1				
	\$25,500	\$26,000	.5	.1		.1				
	\$26,000	\$31,000	.5	.1		.0				
	\$31,000	\$34,000	.2	.1		.0				
	\$34,000	\$39,000	.1	.1		.0				
	\$39,000	\$52,000	.1	.0		.0				
	\$52,000		.0	.0		.0				
		Note: /	flina O ia zara atam	vou connet take this s	oro dit		_			
10	Multiply line 7		f line 9 is zero, stop ; y 		realt.			10	1,241,682	
		•			i ·				1,2 11,002	
11			orm 1040, line 46; For	The state of the s	11	9,175,125				
						3,173,123				
12	1040 filers:		otal of your credits fro	om lines 47						
		through 49			40	E 47 0 40				
	1040A filers:	Enter the to	tal of your credits from li	nes 29 through 31.	12	547,949				
	1040NR filers	Enter the tand 46.	otal of your credits fro	om lines 44						
13	Subtract line	12 from line	11. If zero, stop ; you o	cannot take this credi	it .			13	8,627,176	
14			ment savings contril 0, line 53; Form 1040A					14	976,846	
							inco	me fre	m Puerte Pice	
	3ee Fub. 590 I	or the amount	to enter if you are filing	1 OHH 2000, 2000-EZ, Or	4505 0	you are excluding	11100	me mo	in Fuerto nico.	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR. ► See separate instructions.

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

OMB No. 1545-0074 Attachment Sequence No. 53

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR

Total Forms Filed = 1,243,268

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

Pai	HSA Contributions and Deduction. See page 3 of the instructions before con are filing jointly and both you and your spouse each have separate HSAs, compleach spouse.			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2007 (see page 4 of the instructions)	☐ Se	elf-only 🗌 Far	nily
2	HSA contributions you made for 2007 (or those made on your behalf), including those made from January 1, 2008, through April 15, 2008, that were for 2007. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 4 of the instructions)	2	1,685,844	
3	If you were under age 55 at the end of 2007, and on the first day of every month during 2007, you were, or were considered, an eligible individual with the same coverage, enter \$2,850 (\$5,650 for family coverage) (see page 4 of the instructions)	3	4,258,869	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2007 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2007, also include any amount contributed to your spouse's Archer MSAs	4	21,924	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	4,241,475	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2007, see the instructions on page 4 for the amount to enter	6	4,155,957	
7	If you were age 55 or older at the end of 2007, married, and you or your spouse had family coverage under an HDHP at any time during 2007, enter your additional contribution amount (see page 4 of the instructions)	7	81,913	
8	Add lines 6 and 7	8	4,237,869	
9	Employer contributions made to your HSAs for 2007 9 1,116,610			
10	Qualified HSA funding distributions		1 157 722	
11	Add lines 9 and 10	11	1,157,732 3,238,433	
12 13	Subtract line 11 from line 8. If zero or less, enter -0- HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	1,500,881	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see page 5 of the instructions).			
Paı	HSA Distributions. If you are filing jointly and both you and your spouse each had complete a separate Part II for each spouse.	ave se	eparate HSAs,	
14a	Total distributions you received in 2007 from all HSAs (see page 6 of the instructions)	14a	1,661,847	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see page 6 of the instructions)	14b	20,386	
C	Subtract line 14b from line 14a	14c	1,641,462	
15	Unreimbursed qualified medical expenses (see page 6 of the instructions)	15	1,561,087	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	106,952	
	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 10% Tax (see page 6 of the instructions), check here	17b	9,335	
	TOTAL TO TOTAL THE OUT OF THE THOU AND AND AND AND AND AND AND AND AND AND		0.000	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Domestic Production Activities Deduction**

omestic Floudction Activities Deduction

OMB No. 1545-1984

2007
Attachment
Sequence No. 143

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► See separate instructions.

Nan	ne(s) as shown on return	Identif	Identifying number		
	Total Forms Filed = 532,517				
1 2	Domestic production gross receipts (DPGR)	1	951,942,806		
3	simplified overall method, skip lines 2 and 3				
4	If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4				
5	Add lines 2 through 4	5	857,676,044		
6	Subtract line 5 from line 1	6	94,266,762		
7	Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)	7	66,629,283		
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 Amount allocated to beneficiaries of the estate or trust (see instructions)	8			
10	Qualified production activities income. Estates and trusts, subtract line 9 from line 8, all others, enter amount from line 8. If zero or less, enter -0- here, skip lines 11 through 19, and enter -0- on line 20	10	165,019,147		
11	Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction	11	381,751,026		
	All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)				
12	Enter the smaller of line 10 or line 11. If zero or less, enter -0- here, skip lines 13 through 19, and enter -0- on line 20	12	118,177,645		
13	Enter 6% of line 12	13	7,009,528		
14	Form W-2 wages (see instructions)	14	140,597,512		
15	Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)	15	93,768,294		
16	Add lines 14 and 15. Estates and trusts, go to line 17, all others, skip line 17 and go to line 18	16			
17	Amount allocated to beneficiaries of the estate or trust (see instructions)	17	234,365,806		
18	Estates and trusts, subtract line 17 from line 16, all others, enter amount from line 16 Form W-2 wage limitation. Enter 50% of line 18	19	117,183,009		
20	Enter the smaller of line 13 or line 19	20	6,723,795		
21	Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	21	46,498		
22	Expanded affiliated group allocation (see instructions)	22	94		
23	Domestic production activities deduction. Combine lines 20 through 22 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return	23	6,770,387		

Alternative Motor Vehicle Credit

OMB No. 1545-1998

Attachment Sequence No. 152

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to your tax return. AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Total Forms Filed = 176,161

Identifying number

Part I Tentative Credit									
Use a separate column for each vehicle. If you need more columns, additional Forms 8910 and include the totals on lines 8 and 12.	use		(a)			(b)		(c)	
1 Year, make, and model of vehicle	1								
2 Enter date vehicle was placed in service (MM/DD/YYYY)	2	/	/		/	/		/ /	
3 Maximum credit allowable (see instructions)	3								
4 Phaseout percentage (see instructions)	4			%			%		%
5 Tentative credit. Multiply line 3 by line 4	5								
Part II Credit for Business/Investment Use Part of V	ehic	le							
6 Business/investment use percentage (see instructions)	6			%			%		 %
7 Multiply line 5 by line 6	7			70					, ,
8 Add columns (a) through (c) on line 7							8	17,700	
9 Alternative motor vehicle credit from partnerships and S corpo							9	167	
10 Business/investment use part of credit. Add lines 8 and 9. Pa									
this amount on Schedule K; all others, report this amount on I							10	17,867	
Part III Credit for Personal Use Part of Vehicle									
11 Subtract line 7 from line 5	11								
12 Add columns (a) through (c) on line 11							12	218,836	
13 Regular tax before credits:	•		•	•		•			
 Individuals. Enter the amount from Form 1040, line 44 (or For 	m 10	40NR.)							
line 41)							13		
Other filers. Enter the regular tax before credits from your results.									
14 Credits that reduce regular tax before the alternative motor ve									
a Credits from Form 1040, lines 47 through 50 and 52 through									
1040NR, lines 44, 45, and 47 through 49)			14a						
b Foreign tax credit			14b						
c Qualified electric vehicle credit (Form 8834, line 11)			14c		0				
d Add lines 14a through 14c							14d	81,698	
15 Net regular tax. Subtract line 14d from line 13. If zero or less, s						less			
you are claiming a credit on line 10							15	4,231,853	
16 Tentative minimum tax (see instructions):									
• Individuals. Enter the amount from Form 6251, line 33							16	3,497,303	
Other filers. Enter the tentative minimum tax from your alternative minimum.									
17 Subtract line 16 from line 15. If zero or less, stop here; do not									
a credit on line 10							17	778,439	
18 Personal use part of credit. Enter the smaller of line 12 or 17 1040NR, line 50; or the appropriate line of your return. If line 17 is	here	and on F	orm 1	040, li	ine 55; F		18	182,735	
For Paperwork Reduction Act Notice, see instructions.			No. 37					Form 8910	(2007)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Tuition and Fees Deduction

See Instructions.

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 4.471.217

Your social security number

You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student in the same year.

√ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below. Before you begin: ✓ If you file Form 1040, use the instructions for line 36 to figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. (a) Student's name (as shown on page 1 of your tax return) (b) Student's social security (c) Qualified number (as shown on page expenses (see First name Last name 1 of your tax return) instructions) Student 1 SSN = 22.600.560 Student 2 SSN = 1,648,542 Student 3 SSN = 56,075 14 Student 4 SSN = 24,305,191 Add the amounts on line 1, column (c), and enter the total Enter the amount from Form 1040, line 22, or Form 1040A, line 15 Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18 Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly) 310,019,891 5 You cannot take the deduction for tuition and fees Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?

Yes. Enter the smaller of line 2, or \$2,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

No. Enter the smaller of line 2, or \$4,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Pub. 970 to figure the amount to enter.

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Purpose of Form

Use Form 8917 to figure and take the deduction for tuition and fees expenses paid in 2007.

This deduction is based on qualified education expenses paid to an eligible postsecondary educational institution. See What Expenses Qualify, on page 2, for more information.



learning credits.

You may be able to take the Hope credit or lifetime learning credit for your education expenses instead of the tuition and fees deduction. Figure your tax both ways and choose the one that gives you the lower tax. See Form 8863, Education Credits, and Pub. 970, Tax Benefits for Education, for more information about the Hope and lifetime

Who Can Take the Deduction

You may be able to take the deduction if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The deduction is based on the amount of qualified education expenses you paid for the student in 2007 for academic periods beginning in 2007 and the first 3 months of 2008.



Qualified education expenses must be reduced by any expenses paid directly or indirectly using tax-free educational assistance. See Tax-free educational

6

10.399.406

assistance and refunds of qualified education expenses on page 2.

Generally, in order to claim the deduction for qualified education expenses for a dependent, you must have paid the expenses in 2007 and must claim an exemption for the student as a dependent on your 2007 tax return (line 6c of Form 1040 or 1040A). For additional information, see chapter 6 of Pub. 970.

You cannot claim the tuition and fees deduction if any of the following apply.

- Your filing status is married filing separately.
- Another person can claim an exemption for you as a dependent on his or her tax return. You cannot take the deduction even if the other person does not actually claim that exemption.
- Your modified adjusted gross income (MAGI), as figured on line 5, is more than \$80,000 (\$160,000 if filing a joint return).
- You were a nonresident alien for any part of the year and did not elect to be treated as a resident alien for tax purposes. More information on nonresident aliens can be found in Pub. 519, U.S. Tax Guide for Aliens.

