40071

9999

2-D Bar Code

**2007 TC-40**

Fiscal Year

Form 8886

Utah State Income Tax Dollars Fund Education • Amended Return

# Utah Individual Income Tax Return

X if deceased

Your Soc. Sec. No. MARTIN T THOMPSON

400005207 SALLY F THOMPSON

782 WATERLOO WAY - -

Spouse's SSN

400005227 NAPOLEAN HILLS UT 848482311

| 1 Filing Status - enter code | • 2 Exemptions - enter number | 3 Election Campaign Fund - enter code |
|---|---|---|
| A = Single • D | a 1 Yourself } from federal return | C = Constituition — Yourself • N — Spouse • |
| B = Head of Household | b Spouse | D = Democrat |
| C = Married filing jointly | c Dependents | R = Republican |
| D = Married filing separately | d Disabled dependents - see instr. | N = No contribution — Does not increase tax or reduce refund |
| E = Qualifying widow(er) | e 1 **Total exemptions** (add a through d) | |

| | | | | | |
|---|---|---|---|---|---|
| 4 a | Federal adjusted gross income | • 4 a | 142516. | | |
| 4 b | Additions to income from form TC-40S, Part 1 | 4 b | 15230. | 4 | 157746. |
| 5 a | State tax refund included on federal form 1040 | • 5 a | 2247. | | |
| 5 b | Deductions from income from form TC-40S, Part 2 | 5 b | 12684. | 5 | 14931. |
| **6** | **Modified federal adjusted gross income (subtract line 5 from line 4)** | | | • 6 | 142815. |
| 7 | State income tax deducted as an itemized deduction on federal form 1040, Sch. A | | | • 7 | 8705. |
| 8 | Total adjusted income (add lines 6 and 7) | | | 8 | 151520. |
| 9 a | Standard or itemized deduction | • 9 a | 40514. | | |
| 9 b | Personal exemptions deduction (multiply $2,550 by line 2e, unless limited) | • 9 b | 2176. | | |
| 9 c | One-half of the federal tax | • 9 c | 11152. | | |
| 9 d | Retirement exemption/deduction - TC-40B. Check box(es) if age 65 or over | • 9 d | . | • TP | • SP |
| 9 e | Other deductions from form TC-40S, Part 3 | 9 e | 10450. | 9 | 64292. |
| **1 0** | **Utah taxable income** (subtract line 9 from line 8) If less than zero, enter zero | | | • 1 0 | 87228. |
| 1 1 | Enter "X" if you are a qualified exempt taxpayer (see instructions) | • 1 1 | | | |
| 1 2 | Traditional tax calculation (calculate tax on page 17) | • 1 2 | 5945. | | |
| 1 3 | Flat tax rate calculation (multiply line 6 by .0535) See instr for UESP credit | • 1 3 | 7641. | | |
| 1 4 | Utah income tax (enter the lesser of line 12 or line 13) | | | 1 4 | 5945. |

1 5 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C • Nonresident • Part-year resident

Box a - from Col. A, line 32 Box b - from Col. B, line 32 Box c - Utah income tax ratio (Line 14 x Box c)

• . / • . = . • 1 5 .

Last name THOMPSON SSN 400-00-5207

| | | | |
|---|---|---|---|
| 16 | Enter tax (full-year resident, enter tax from line 14 - non or part-year resident, enter tax from line 15) | 16 | 5945. |
| 17 | Nonrefundable credits from form TC-40S, Part 4 | 17 | 3225. |
| 18 | Subtract line 17 from line 16 (Note: if line 17 is greater than or equal to line 16, enter zero) | 18 | 2720. |

19 Contributions - add lines 19a through 19e and enter total contributions on line 19

| Code | Description | | Code | Amount | Sch Dist Code |
|---|---|---|---|---|---|
| 01 | Utah Nongame Wildlife Fund | • 19a | 01 | 50. | |
| 02 | Pamela Atkinson Homeless Trust Fund | • 19b | 02 | 100. | |
| 03 | Kurt Oscarson Children's Organ Transplant Fund | • 19c | 03 | 150. | |
| 05 | School District & Nonprofit School District Foundation | • 19d | 05 | 75. | 32 |
| 08 | Wolf Depredation Fund | • 19e | 08 | 25. | |
| 09 | Cat & Dog Community Spay and Neuter Program | | | | |

19 400.

| | | | |
|---|---|---|---|
| 20 | AMENDED RETURNS ONLY - previous refund | • 20 | . |
| 21 | Recapture of low-income housing credit | • 21 | 475. |
| 22 | Utah use tax | • 22 | 2100. |
| **23** | **Total tax, use tax and additions to tax** (add lines 18 through 22) | 23 | 5695. |
| 24 | UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms) | • 24 | 5000. |
| 25 | Credit for Utah income taxes prepaid | • 25 | . |
| 26 | AMENDED RETURNS ONLY - previous payments | • 26 | . |
| 27 | Refundable credits from form TC-40S, Part 5 | 27 | 2850. |
| **28** | **Total withholding and credits** (add lines 24 through 27) | 28 | 7850. |
| **29** | **Tax Due** - if line 23 is greater than line 28, subtract line 28 from line 23 **TAX DUE** | • 29 | . |
| 30 | Penalty and interest 30 . | | |
| 31 | **Pay this amount** (add lines 29 and 30) | 31 | . |
| **32** | **Refund** - if line 28 is greater than line 23, subtract line 23 from line 28 **REFUND** | • 32 | 2155. |
| 33 | Enter the amount of refund you want applied to your 2008 taxes • 33 1000. | | |

34 **DIRECT DEPOSIT YOUR REFUND.** Complete information below.

• Routing number 124005009 • Account number 50080489021 Acct type checking • X savings •

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN HERE Your signature Date Spouse's signature Date

| | | | | |
|---|---|---|---|---|
| Third Party Designee | Name of designee (if any) you authorize to discuss this return<br>PREPARER | Designee's telephone number<br>- - | Designee PIN | • 957346895 |
| Paid Preparer's | Preparer's signature Date | Preparer's telephone number<br>801-544-7455 | Preparer's SSN/PTIN | • 957346895 |
| Section | Firm's name and address WILLIAM HENDERSON JR CPA<br>WESTLAKE CENTER 400 TULULA SPRINGS UT 84992 | | Preparer's EIN | • 647945366 |

40073 **Income Tax Supplemental Schedule** **TC-40S** Rev. 12/07

Last name THOMPSON | SSN 400-00-5207

## Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

| Code | | Code | | | |
|---|---|---|---|---|---|
| 51 | Lump sum distribution | 56 | Child's income excluded from parent's return | • 52 | 1835. |
| 52 | State taxes allocated from estate/trust | 57 | Municipal bond interest | | |
| 53 | Medical Savings Account (MSA) * | 60 | Untaxed income of a resident trust | • 53 | 2350. |
| 54 | Utah Educational Savings Plan (UESP) * | 61 | Untaxed income of a nonresident trust | | |
| 55 | Reimbursed adoption expenses * | 69 | Equitable adjustments | • 54 | 5000. |
| | * to the extent previously deducted from Utah income | | | • 61 | 6045. |

**Total additions to income** (add all additions to income and enter total here and on TC-40, line 4b) 15230.

## Part 2 - Deductions from Income (write the code and amount of each other deduction, see pages 6 and 7)

| Code | | Code | | | |
|---|---|---|---|---|---|
| 71 | Interest from U.S. Government Obligations | 78 | Railroad retirement income | • 71 | 2463. |
| 77 | Native American income: | 79 | Equitable adjustments | | |
| | Enrollment number & Tribe - | 82 | Nonresident active duty military pay | • 77 | 882. |
| | | 85 | State tax refund distributed to beneficiary | | |
| | Primary • 864201357 4 | | | • 78 | 3155. |
| | Secondary • | | | • 79 | 2100. |
| | | | | • 82 | 3109. |
| | | | | • 85 | 975. |

**Total deductions from income** (add all deductions from income and enter total here and on TC-40, line 5b) 12684.

## Part 3 - Other Deductions from Income (write the code and amount of each other deduction, see pages 8 and 9)

| Code | | Code | | | |
|---|---|---|---|---|---|
| 72 | Medical Savings Account (MSA) | 75 | Long-term care insurance premiums | • 72 | 1200. |
| 73 | Utah Educational Savings Plan (UESP) | 76 | Adoption expenses | | |
| 74 | Health care insurance premiums | 81 | Gains on capital transactions | • 73 | 1400. |
| | | | | • 74 | 2000. |
| | | | | • 75 | 1600. |
| | | | | • 76 | 1000. |
| | | | | • 81 | 3250. |

**Total other deductions** (add all other deductions and enter total here and on TC-40, line 9e) 10450.

Attach completed schedule to your 2007 Utah Income Tax return

Last name THOMPSON | SSN 400-00-5207

## Part 4 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 13)

| Code | | Code | | | |
|---|---|---|---|---|---|
| 01 | At-home parent | 10 | Recycling market development zone | • 02 | 200. |
| 02 | Qualified sheltered workshop - enter name below | 11 | Tutoring disabled dependents | | |
| | SHELTER HAPPY | 12 | Research activities | • 03 | 550. |
| 03 | Carryover of prior credit for energy systems | 13 | Research machinery/equipment | | |
| 05 | Clean fuel vehicle | 17 | Tax paid to another state (attach TC-40A) | • 05 | 725. |
| 06 | Historic preservation | 19 | Live organ donation expenses | | |
| 07 | Enterprise zone | 21 | Renewable residential energy systems | • 12 | 100. |
| 08 | Low-income housing | | | | |
| | | | | • 13 | 150. |
| | | | | • 21 | 1500. |

**Total nonrefundable credits** (add all nonrefundable credits and enter total here and on TC-40, line 17) 3225.

## Part 5 - Refundable Credits (write the code and amount of each refundable credit, see page 15)

| Code | | Code | | | |
|---|---|---|---|---|---|
| 39 | Renewable commercial energy systems | 46 | Mineral production withholding | • 39 | 2000. |
| 40 | Targeted business tax credit | 47 | Agricultural off-highway gas/undyed diesel | | |
| 41 | Special needs adoption credit | 48 | Farm operation hand tools | • 40 | 500. |
| 43 | Nonresident shareholder's withholding | | | | |
| | | | | • 43 | 250. |
| | FEIN - 874115892 | | | | |
| | | | | • 47 | 100. |

**Total refundable credits** (add all refundable credits and enter total here and on TC-40, line 27) 2850.

Attach completed schedule to your 2007 Utah Income Tax return

| | | | |
|---|---|---|---|
| a Control number<br>00678901 | | Void ☐ | For Official Use Only<br>OMB No. 1545-0008 |

| | | |
|---|---|---|
| b Employer identification number<br>89-5678901 | 1 Wages, tips, other compensation<br>104,200.00 | 2 Federal income tax withheld<br>20,908.80 |
| c Employer's name, address, and ZIP code<br>PLENTIFUL EATERY<br><br>47 BEEF PLACE<br>NAPOLEON UT 84134 | 3 Social security wages<br>90,000.00 | 4 Social security tax withheld<br>5,580.00 |
| | 5 Medicare wages and tips<br>104,200.00 | 6 Medicare tax withheld<br>1,510.90 |
| | 7 Social security tips | 8 Allocated tips |
| d Employee's social security number<br>400-00-5207 | 9 Advance EIC payment | 10 Dependent care benefits |
| e Employee's first name and initial Last name<br>MARTIN T. THOMPSON<br>782 WATERLOO WAY<br>NAPOLEON HILLS, UT 84848 | 11 Nonqualified plans | 12a Code |
| | 13 Statutory employee ☐ Retirement plan ☐ Third-party Sick pay ☐ | 12b Code |
| | 14 Other | 12c Code |
| f Employee's address and ZIP code | | 12d Code |

| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. | 17 State income tax | 18 Locality name | 19 Local wages, tips, etc. | 20 Local income tax |
|---|---|---|---|---|---|---|
| UT | Y56789 | 104,200.00 | 5,000.00 | | | |

Form **W-2** Wage and Tax Statement **2007**

Copy 1 For State, City, or Local Tax Department

| | | | |
|---|---|---|---|
| a Control number<br>00678901 | | Void ☐ | For Official Use Only<br>OMB No. 1545-0008 |

| | | |
|---|---|---|
| b Employer identification number<br>01-3177480 | 1 Wages, tips, other compensation<br>3,109.00 | 2 Federal income tax withheld |
| c Employer's name, address, and ZIP code<br>US ARMY<br><br>1490 PENTAGON DR.<br>WASHINGTON DC 20041 | 3 Social security wages | 4 Social security tax withheld |
| | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | 7 Social security tips | 8 Allocated tips |
| d Employee's social security number<br>400-00-5207 | 9 Advance EIC payment | 10 Dependent care benefits |
| e Employee's first name and initial Last name<br>MARTIN T. THOMPSON<br>782 WATERLOO WAY<br>NAPOLEON HILLS, UT 84848 | 11 Nonqualified plans | 12a Code |
| | 13 Statutory employee ☐ Retirement plan ☐ Third-party Sick pay ☐ | 12b Code |
| | 14 Other | 12c Code |
| f Employee's address and ZIP code | | 12d Code |

| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. | 17 State income tax | 18 Locality name | 19 Local wages, tips, etc. | 20 Local income tax |
|---|---|---|---|---|---|---|
| NC | 517908 | 3,109.00 | | | | |

Form **W-2** Wage and Tax Statement **2007**

**Copy 1 For State, City, or Local Tax Department**

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2007** (99) 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** (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| MARTIN T | THOMPSON | 400 00 5207 |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| | | 400 00 5227 |
| Home address (number and street). If you have a P.O. box, see page 16. | Apt. no. | ▲ You **must** enter your SSN(s) above. ▲ |
| 782 WATERLOO WAY | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. | | Checking a box below will not change your tax or refund. |
| NAPOLEAN HILLS UT 84848-2311 | | |

**Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

## Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☑ Married filing separately. Enter spouse's SSN above and full name here. ▶ **SALLY F THOMPSON**
4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6a ☑ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see page 19) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than four dependents, see page 19.

No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 107309 |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends (see page 23) — 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 24) | 10 | 2247 |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount (see page 25) | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount (see page 26) | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 30615 |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount (see page 27) | 20b | 1463 |
| 21 | Other income. List type and amount (see page 29) INDIAN RESERVATION | 21 | 882 |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | 142516 |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see page XX) | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction (see page 29) | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction (see page 31) | 32 | |
| 33 | Student loan interest deduction (see page 33) | 33 | |
| 34 | Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 31a and 32 through 35 | 36 | |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | 37 | 142516 |

Draft as of 06/08/2007

## Tax and Credits

| | | | | |
|---|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | | 38 | 142516 |
| 39a | Check if: ☐ **You** were born before January 2, 1943, ☐ Blind. ☐ **Spouse** was born before January 2, 1943, ☐ Blind. } Total boxes checked ▶ 39a | | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶39b ☐ | | | |
| 40 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | | 40 | 40514 |
| 41 | Subtract line 40 from line 38 | | 41 | 102002 |
| 42 | If line 38 is $117,300 or less, multiply $3,400 by the total number of exemptions claimed on line 6d. If line 38 is over $117,300, see the worksheet on page XX | | 42 | 2901 |
| 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | | 43 | 99101 |
| 44 | **Tax** (see page 36). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ Form(s) 8889 | | 44 | 22303 |
| 45 | **Alternative minimum tax** (see page 39). Attach Form 6251 | | 45 | |
| 46 | Add lines 44 and 45 ▶ | | 46 | 22303 |
| 47 | Credit for child and dependent care expenses. Attach Form 2441 | 47 | | |
| 48 | Credit for the elderly or the disabled. Attach Schedule R | 48 | | |
| 49 | Education credits. Attach Form 8863 | 49 | | |
| 50 | Residential energy credits. Attach Form 5695 | 50 | | |
| 51 | Foreign tax credit. Attach Form 1116 if required | 51 | | |
| 52 | Child tax credit (see page XX). Attach Form 8901 if required | 52 | | |
| 53 | Retirement savings contributions credit. Attach Form 8880 | 53 | | |
| 54 | Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859 **c** ☐ Form 8839 | 54 | | |
| 55 | Other credits: **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Form ____ | 55 | | |
| 56 | Add lines 47 through 55. These are your **total credits** | | 56 | |
| 57 | Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶ | | 57 | 22303 |

**Standard Deduction for—**

- People who checked any box on line 39a or 39b **or** who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, $5,350

Married filing jointly or Qualifying widow(er), $10,700

Head of household, $7,850

## Other Taxes

| | | | |
|---|---|---|---|
| 58 | Self-employment tax. Attach Schedule SE | 58 | |
| 59 | Unreported social security and Medicare tax from: **a** ☐ Form 4137 **b** ☐ Form 8919 | 59 | |
| 60 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 60 | |
| 61 | Advance earned income credit payments from Form(s) W-2, box 9 | 61 | |
| 62 | Household employment taxes. Attach Schedule H | 62 | |
| 63 | Add lines 57 through 62. This is your **total tax** ▶ | 63 | 22303 |

## Payments

| | | | | |
|---|---|---|---|---|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 20909 | |
| 65 | 2007 estimated tax payments and amount applied from 2006 return | 65 | | |
| 66a | **Earned income credit (EIC)** | 66a | | |
| b | Nontaxable combat pay election ▶ 66b | | | |
| 67 | Excess social security and tier 1 RRTA tax withheld (see page 60) | 67 | | |
| 68 | Additional child tax credit. Attach Form 8812 | 68 | | |
| 69 | Amount paid with request for extension to file (see page 60) | 69 | | |
| 70 | Payments from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885 | 70 | | |
| 71 | Refundable credit for prior year minimum tax from Form 8801, line 27 | 71 | | |
| 72 | Add lines 64, 65, 66a, and 67 through 71. These are your **total payments** ▶ | | 72 | 20909 |

If you have a qualifying child, attach Schedule EIC.

## Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

| | | | |
|---|---|---|---|
| 73 | If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you **overpaid** | 73 | |
| 74a | Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | 74a | |
| ▶ b | Routing number ▶ **c** Type: ☐ Checking ☐ Savings | | |
| ▶ d | Account number | | |
| 75 | Amount of line 73 you want **applied to your 2008 estimated tax** ▶ 75 | | |

## Amount You Owe

| | | | |
|---|---|---|---|
| 76 | **Amount you owe.** Subtract line 72 from line 63. For details on how to pay, see page 62 ▶ | 76 | 1394 |
| 77 | Estimated tax penalty (see page 62) 77 | | |

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ **PREPARER** Phone no. ▶ ( ) Personal identification number (PIN) ▶

## Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 17. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| | | | ( ) |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | |

## Paid Preparer's Use Only

| | | | |
|---|---|---|---|
| Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN **957-34-6895** |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ | **WILLIAM HENDERSON JR CPA** | EIN 95 | 7346895 |
| | **WESTLAKE CENTER 400, TULULA SPRING UT 84** | Phone no. | ( 801 ) 544-7455 |

Draft as of 06/08/2007



Printed on recycled paper

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

# 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

2007

Attachment Sequence No. 07

Name(s) shown on Form 1040: MARTIN T THOMPSON

Your social security number: 400 00 5207

Draft as of 06/07/2007

| | | | | | | |
|---|---|---|---|---|---|---|
| **Medical and Dental Expenses** | | **Caution.** Do not include expenses reimbursed or paid by others. | | | | |
| | 1 | Medical and dental expenses (see page A-1) | 1 | | | |
| | 2 | Enter amount from Form 1040, line 38 [2] | | | | |
| | 3 | Multiply line 2 by 7.5% (.075) | 3 | | | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | |
| **Taxes You Paid** (See page A-2.) | 5 | State and local **(check only one box):** a ☑ Income taxes, **or** b ☐ General sales taxes | 5 | 5000 | | |
| | 6 | Real estate taxes (see page A-5) | 6 | 3100 | | |
| | 7 | Personal property taxes | 7 | 500 | | |
| | 8 | Other taxes. List type and amount ▶ | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 8600 |
| **Interest You Paid** (See page A-5.) | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 29415 | | |
| | 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 and show that person's name, identifying no., and address ▶ | 11 | | | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See page A-6 for special rules | 12 | | | |
| | 13 | Qualified mortgage insurance premiums (See page A-7) | 13 | | | |
| | 14 | Investment interest. Attach Form 4952 if required. (See page A-7.) | 14 | | | |
| | 15 | Add lines 10 through 14 | | | 15 | 29415 |
| **Gifts to Charity** | 16 | Gifts by cash or check. If you made any gift of $250 or more, see page A-8 | 16 | 3785 | | |
| If you made a gift and got a benefit for it, see page A-7. | 17 | Other than by cash or check. If any gift of $250 or more, see page A-8. You **must** attach Form 8283 if over $500 | 17 | | | |
| | 18 | Carryover from prior year | 18 | | | |
| | 19 | Add lines 16 through 18 | | | 19 | 3785 |
| **Casualty and Theft Losses** | 20 | Casualty or theft loss(es). Attach Form 4684. (See page A-9.) | | | 20 | |
| **Job Expenses and Certain Miscellaneous Deductions** (See page A-9.) | 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ | 21 | | | |
| | 22 | Tax preparation fees | 22 | | | |
| | 23 | Other expenses—investment, safe deposit box, etc. List type and amount ▶ | 23 | | | |
| | 24 | Add lines 21 through 23 | 24 | | | |
| | 25 | Enter amount from Form 1040, line 38 [25] | | | | |
| | 26 | Multiply line 25 by 2% (.02) | 26 | | | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | | 27 | |
| **Other Miscellaneous Deductions** | 28 | Other—from list on page A-9. List type and amount ▶ | | | 28 | |
| **Total Itemized Deductions** | 29 | Is Form 1040, line 38, over $156,400 (over $78,200 if married filing separately)? ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☑ **Yes.** Your deduction may be limited. See page A-10 for the amount to enter. ▶ | | | 29 | 40514 |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐ | | | | |