

Label (See instructions) Use the IRS label. Otherwise, please print or type. L For the year Jan. 1-Dec. 31, 2007, or other tax year beginning ,2007, ending ,20 OMB No. 1545-0074 A Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code B Alan Smith C Your social security number 889-42-1054 D Spouse's social security no. E 100 Yourtown Iowa City IA 52240- You must enter your SSN(s) above. Checking a box below will not 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 instructions) You Spouse

Filing Status 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. 4 Head of household (with qualifying person). (See instructions.) 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 instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see instr.) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 12,000. 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 instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 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 inst.) 15b 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 12,000.

Adjusted Gross Income 23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 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 12,000.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr. All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Rows include 38 (12,000), 39a (Total boxes checked), 40 (5,350), 41 (6,650), 42 (10,200), 43 (0), 44-46, 47-55 (Credits), 56 (Total credits), 57.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include 58-63.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include 64 (1,200), 65, 66a (4,716), 67, 68 (38), 69, 70, 71, 72 (5,954).

Refund

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

Table with 3 columns: Line number, Description, and Amount. Rows include 73 (5,954), 74a (5,954), 75.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include 76, 77.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instr. Keep a copy for your records.

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. Your signature, Date, Your occupation (Laborer), Spouse's signature, Date, Spouse's occupation, Daytime phone number

Paid

Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

PRINTED 12/30/2008

Alan _____ Smith _____

 100 Yourtown _____
 Iowa City IA 52240- _____

	Taxpayer	Spouse
SSN	889-42-1054	_____
Birth	01/01/1975	_____
Death	_____	_____
Day Phone	_____	_____
Evening	_____	_____
Cell or Fax	_____	_____
PIN	_____	_____

Email _____
 Taxpayer Occupation Laborer Spouse Occupation _____
 Filing Status SINGLE

Jason	Smith	12/12/2004	123-45-6777	SON	12	1
Jill	Smith	01/01/2006	123-45-6789	DAUGHTER	12	1

Preparer ID: _____ Preparation Fee: _____ Date: _____

Preparer: _____

Preparer's Use:	1 _____	4 _____	Time in return _____ min.
	2 _____	5 _____	
	3 _____	6 _____	

Recap of 2007 Income Tax Return

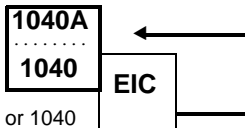
Earned Income	12,000.	Federal Tax	_____
Federal AGI	12,000.	Withholding	1,200.
Taxable Income	_____	Refund/(Due)	5,954.
EIC	4,716.	Tax Bracket	10.0 %

State	IA	_____	_____	_____	_____
Tax	_____	_____	_____	_____	_____
Withholding	_____	_____	_____	_____	_____
Refund/Due	330.	_____	_____	_____	_____
State	_____	_____	_____	_____	_____
Tax	_____	_____	_____	_____	_____
Withholding	_____	_____	_____	_____	_____
Refund/Due	_____	_____	_____	_____	_____

	Instant RAL	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund					
Fees					
Net refund					
Instant check					
Fast check					
2 week check					
State check					
Check one					

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Alan Smith

Your social security number

889-42-1054

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.

CAUTION

- 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 instructions 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

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
		Jason	Smith	Jill
2 Child's SSN The child must have an SSN as defined in the 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.	123-45-6777		123-45-6789	
3 Child's year of birth	Year <u>2004</u> If born after 1988, skip lines 4a and 4b; go to line 5.		Year <u>2006</u> If born after 1988, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1989-				
a Was the child under age 24 at the end of 2007 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		DAUGHTER	
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".	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

TIP

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.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

Name: Alan Smith

SSN: 889-42-1054

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					12,000.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					12,000.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
Nontaxable combat pay						
5	Earned income				12000.	12,000.
6	Credit from EIC table on line 5 income				4716.	
7	Adjusted gross income				12000.	
8	Credit from EIC table on line 7 income, if line 7 greater than <ul style="list-style-type: none"> \$6,999 (\$8,999 if married filing jointly) and no qualifying children \$15,399 (\$17,399 if married filing jointly) and 1 or more qualifying children 					
9	Earned inc. credit. If line 7 is less than \$7,000 (\$9,000, \$15,400, \$17,400), line 6. Otherwise the smaller of line 6 or line 8				4716.	4,716.

Additional Child Tax Credit

1040
1040A
1040NR

8812

2007

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
Alan Smith

Your social security number
889-42-1054

Part I All Filers

<p>1 Enter the amount from line 1 of your Child Tax Credit Worksheet from the Form 1040 instructions, from the Form 1040A instructions, or from the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet of the publication</p>	1	2,000.
<p>2 Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47.....</p>	2	
<p>3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit</p>	3	2,000.
<p>4 a Enter your total earned income (see instructions)</p>	4a	12,000.
<p>b Nontaxable combat pay (see instructions)</p>	4b	
<p>5 Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result</p>	5	250.
<p>6 Multiply the amount on line 5 by 15% (.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.</p>	6	38.

Part II Certain Filers Who Have Three or More Qualifying Children

<p>7 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 worked for a railroad, see the instructions</p>	7	
<p>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. 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.</p>	8	
<p>9 Add lines 7 and 8</p>	9	
<p>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 the instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.</p>	10	
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>	11	
<p>12 Enter the larger of line 6 or line 11</p> <p>Next, enter the smaller of line 3 or line 12 on line 13.</p>	12	

Part III Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13	38.
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1040
1040A
1040NR

Enter this amount on
Form 1040, line 68,
Form 1040A, line 41, or
Form 1040NR, line 62.

W-2 DETAIL REPORT - 2007

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
		X	12000	1200	744	174					
			-----	-----	---	---					
			12000	1200	744	174					

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2007

Name: Alan Smith

SSN: 889-42-1054

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="2"/> qualifying children		2,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	12,000.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		2,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43		
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy.		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit + residential energy credits		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
11	Child tax credit		0

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2007 to 2008

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2007 only, Form 1045 Amt. carried forward from 2006. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2007 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2007 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2005	2006	2007										
2005	2006	2007													
8	General business credits for 2007 only, Form 3800														
9	Form 8844, for 2007 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2007 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning 2007 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Last name A. Smith Alan	Your first name/middle initial Alan	Your Social Security Number 889-42-1054	<input type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07.
Spouse's last name B.	Spouse's first name/middle initial	Spouse's Social Security No.	Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current mailing address (number and street, apartment, lot or suite number) or PO Box 100 Yourtown			Your Occupation Laborer
City, State, ZIP Iowa City IA 52240-			Spouse's Occupation
			Residence on 12/31/07 County No. Sch. Dist. No.

STEP 2 Filing Status: Mark one box only.

<input checked="" type="checkbox"/> 1 Single: Were you claimed as a dependent on another person's IA return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	School District Name
<input type="checkbox"/> 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4)	
<input type="checkbox"/> 3 Married filing separately on this combined return. Spouse use column B.	
<input type="checkbox"/> 4 Married filing separate returns. Spouse's name: _____ SSN: _____ ▲ Income: \$ _____	
<input type="checkbox"/> 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
<input type="checkbox"/> 6 Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

STEP 3 Exemptions

YOU (and spouse IF filing jointly)	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) ▲ <u>1</u> X \$ 40 = \$ <u>40</u> b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind ▲ <u>X</u> \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent ▲ <u>2</u> X \$ 40 = \$ <u>80</u> d. Enter first names of dependents here: <u>Jason Jill</u> e. TOTAL \$ <u>120</u>	
SPOUSE (IF filing status 3)	a. Personal Credit: Enter 1 ▲ <u>X</u> \$ 40 = \$ _____ b. Enter 1 if 65 or older and/or 1 if blind ▲ <u>X</u> \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent ▲ <u>X</u> \$ 40 = \$ _____ d. Enter first names of dependents here: _____ e. TOTAL \$ _____	

		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc	1. .00	.00		
	2. Taxable interest income. If more than \$1,500, complete Sch. B	2. .00	.00		
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. .00	.00		
	4. Alimony received	4. .00	.00		
	5. Business income/(loss) from Federal Sch. C or C-EZ	5. .00	.00		
	6. Capital gain/(loss) from Federal Sch. D	6. .00	.00		
	7. Other gains/(losses) from Federal form 4797	7. .00	.00		
	8. Taxable IRA distributions	8. .00	.00		
	9. Taxable pensions and annuities	9. .00	.00		
	10. Rents, royalties, partnerships, estates, etc	10. .00	.00		
	11. Farm income/(loss) from Federal Schedule F	11. .00	.00		
	12. Unemployment compensation	12. .00	.00		
	13. Taxable Social Security benefits	13. .00	.00		
	14. Other income, gambling income, bonus depreciation adjustment	14. .00	.00		
	15. GROSS INCOME. ADD lines 1-14		15.	.00 ▲	.00
STEP 5	16. Payments to an IRA, KEOGH or SEP	16. .00	.00		
	17. One-half of self-employment tax	17. .00	.00		
	18. Health insurance deduction	18. .00	.00		
	19. Penalty on early withdrawal of savings	19. .00	.00		
	20. Alimony paid	20. .00	.00		
	21. Pension/retirement income exclusion	21. .00 ▲	.00		
	22. Moving expense deduction from Federal form 3903	22. .00	.00		
	23. Iowa capital gains deduction	23. .00 ▲	.00		
	24. Other adjustments	24. .00	.00		
	25. Total adjustments. ADD lines 16-24.		25.	.00 ▲	.00
	26. NET INCOME. SUBTRACT line 25 from line 15		26.	.00 ▲	.00
STEP 6	27. Federal income tax refund/overpymt received in 2007	27. .00 ▲	.00		
	28. Self-employment/household employment taxes	28. .00 ▲	.00		
	29. Addition for Federal taxes. ADD lines 27 and 28	29. .00	.00		
	30. Total. ADD lines 26 and 29	30. .00	.00		
	31. Federal tax withheld	31. .00 ▲	.00		
	32. Federal estimated tax payments made in 2007	32. .00 ▲	.00		
	33. Additional Fed. tax paid in 2007 for 2006 and prior years	33. .00 ▲	.00		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34. .00	.00		
	35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, page 2.		35.	.00	.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7				
36. BALANCE. From page 1, line 35	36.		.00	.00
37. Total itemized deductions from Federal Sch. A	37.	.00	.00	
Taxpayers with bonus depreciation must use Iowa Schedule A				
38. Iowa income tax if included in line 5 of Fed. Sch. A	38.	.00	.00	
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized ded. from Iowa Sch. A	39.	.00	.00	
40. Other deductions	40.	.00	.00	
41. Deduction. Check one box. <input type="checkbox"/> Itemized. Add lines 39 and 40. <input type="checkbox"/> Standard	41.		.00	.00
42. TAXABLE INCOME. SUBTRACT line 41 from line 36	42.		.00	.00
STEP 8				
43. Tax from tables or alternate tax.	43.	.00	.00	
44. IA lump-sum tax. 25% of Fed. tax from form 4972.	44.	.00	.00	
45. Iowa minimum tax. Attach IA 6251	45.	.00	.00	
46. Total tax. ADD lines 43, 44 and 45	46.		.00	.00
47. Total exempt. credit amount(s) from Step 3, page 1	47.	.00	.00	
48. Tuition and textbook credit	48.	.00	.00	
49. Total credits. ADD lines 47 and 48.	49.		.00	.00
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.	50.		.00	.00
51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return.	51.		.00	.00
52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.	52.		.00	.00
53. Other refundable Iowa credits. Attach IA 148 Tax Credits Schedule	53.		.00	.00
54. BALANCE. SUBTRACT line 53 from line 52.	54.		.00	.00
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54).	55.		.00	.00
56. Total Tax. ADD lines 54 and 55.	56.		.00	.00
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here.	57.			.00
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 58a: <input type="checkbox"/> State Fair 58b: <input type="checkbox"/> Firefighters/Keep Iowa Beautiful 58c: <input type="checkbox"/> Veterans 58d: <input type="checkbox"/>	58.			.00
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58	59.			.00
STEP 9				
60. Iowa income tax withheld	60.	.00	.00	
61. Estimate and voucher pymts. made for tax yr. 2007	61.	.00	.00	
62. Out-of-state tax credit. Attach IA 130	62.	.00	.00	
63. Motor fuel tax credit. Attach IA 4136.	63.	.00	.00	
64. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood devel. credit	64.	.00	.00	
65. Iowa earned income credit: 7.0% (.07) of Federal credit	65.	.00	330.00	
66. Other refundable credits. Attach IA 148 Tax Credits Schedule	66.	.00	.00	
67. TOTAL. ADD lines 60-66	67.	.00	330.00	
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here	68.			330.00
69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid	69.			330.00
STEP 10				
70. Amount of line 69 to be REFUNDED	70.			330.00
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
71. Amount of line 69 to be applied to your 2008 est. tax	71.	.00	.00	
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE	72.			.00
73. Penalty for underpymt. of estimated tax. From IA 2210 or IA 2210F. <input type="checkbox"/> Check if annualized income method is used	73.			.00
74. Penalty and interest 74a. Penalty. .00 <input type="checkbox"/> 74b. Interest .00 <input type="checkbox"/> Enter total	74.			.00
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here	75.			.00

Complete lines 37-40 ONLY if you itemize.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
\$1.50 to Republican Party <input type="checkbox"/>	\$1.50 to Republican Party <input type="checkbox"/>
\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

STEP 12 NEXT YEAR,

Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
 1. No

STEP 13 COW-CALF REFUND Attach IA 132.

Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).

Spouse: \$ _____ .00
 You: \$ _____ .00

STEP 14 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

<p>PLEASE SIGN HERE</p> <p>SIGN HERE</p> <ul style="list-style-type: none"> Verify your Social Security No.(s) Recheck your math Attach all W-2s 	Your Signature _____	Date _____	Preparer's Signature _____	Date _____
	Spouse's Signature _____	Date _____	Address _____	
	Daytime Telephone Number _____		Daytime Telephone Number _____	Identification Number _____
	This return is due April 30, 2008.		Mailing Addresses: See lines 70 and 75 above.	

Label (See instructions) Use the IRS label. Otherwise, please print or type. L For the year Jan. 1-Dec. 31, 2007, or other tax year beginning ,2007, ending ,20 OMB No. 1545-0074 A Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code B Alan Smith C Your social security number 889-42-1054 D Spouse's social security no. E 100 Yourtown Iowa City IA 52240- You must enter your SSN(s) above. Checking a box below will not 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 instructions) You Spouse

Filing Status 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. 4 Head of household (with qualifying person). (See instructions.) 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see instr.) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 12,000. 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 instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 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 inst.) 15b 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 12,000.

Adjusted Gross Income 23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 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 12,000.

Tax and Credits

Standard Deduction for -
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
• All others: Single or Married filing separately, \$5,350
Married filing jointly or Qualifying widow(er), \$10,700
Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Includes rows 38-57 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes rows 58-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes rows 64-72 for Payments.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Includes rows 73-75 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes rows 76-77 for Amount You Owe.

Third Party Designee

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

Sign Here

Joint return? See instr. Keep a copy for your records.

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.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

PRINTED 12/30/2008

Alan _____ Smith _____

 100 Yourtown _____
 Iowa City IA 52240- _____

	Taxpayer	Spouse
SSN	889-42-1054	_____
Birth	01/01/1975	_____
Death	_____	_____
Day Phone	_____	_____
Evening	_____	_____
Cell or Fax	_____	_____
PIN	_____	_____

Email _____
 Taxpayer Occupation Laborer Spouse Occupation _____
 Filing Status SINGLE

Jason _____ Smith _____ 12/12/2004 123-45-6777 SON _____ 12 1

Preparer ID: _____ Preparation Fee: _____ Date: _____

Preparer: _____

Preparer's Use:	1 _____	4 _____	Time in
	2 _____	5 _____	return
	3 _____	6 _____	13 min.

Recap of 2007 Income Tax Return

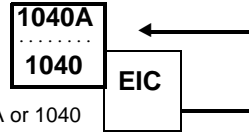
Earned Income	12,000.	Federal Tax	_____
Federal AGI	12,000.	Withholding	1,200.
Taxable Income	_____	Refund/(Due)	4,091.
EIC	2,853.	Tax Bracket	10.0 %

State	IA	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due	200.	_____	_____	_____
State	_____	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due	_____	_____	_____	_____

	Instant RAL	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund					
Fees					
Net refund					
Instant check					
Fast check					
2 week check					
State check					
Check one					

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
Alan Smith

Your social security number
889-42-1054

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 instructions 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

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
		Jason	Smith	
2 Child's SSN The child must have an SSN as defined in the 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.	123-45-6777			
3 Child's year of birth	Year <u>2004</u> 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.	
4 If the child was born before 1989- a Was the child under age 24 at the end of 2007 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON			
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".	<u>12</u> 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.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

Name: Alan Smith

SSN: 889-42-1054

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					12,000.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					12,000.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				12000.	12,000.
6	Credit from EIC table on line 5 income				2853.	
7	Adjusted gross income				12000.	
8	Credit from EIC table on line 7 income, if line 7 greater than • \$6,999 (\$8,999 if married filing jointly) and no qualifying children • \$15,399 (\$17,399 if married filing jointly) and 1 or more qualifying children					
9	Earned inc. credit. If line 7 is less than \$7,000 (\$9,000, \$15,400, \$17,400), line 6. Otherwise the smaller of line 6 or line 8				2853.	2,853.

Additional Child Tax Credit

1040
1040A
1040NR

8812

2007

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
Alan Smith

Your social security number
889-42-1054

Part I All Filers

<p>1 Enter the amount from line 1 of your Child Tax Credit Worksheet from the Form 1040 instructions, from the Form 1040A instructions, or from the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet of the publication</p>	1	1,000.
<p>2 Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47.....</p>	2	
<p>3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit</p>	3	1,000.
<p>4 a Enter your total earned income (see instructions)</p>	4a	12,000.
<p>b Nontaxable combat pay (see instructions)</p>	4b	
<p>5 Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result</p>	5	250.
<p>6 Multiply the amount on line 5 by 15% (.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.</p>	6	38.

Part II Certain Filers Who Have Three or More Qualifying Children

<p>7 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 worked for a railroad, see the instructions</p>	7	
<p>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. 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.</p>	8	
<p>9 Add lines 7 and 8</p>	9	
<p>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 the instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.</p>	10	
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>	11	
<p>12 Enter the larger of line 6 or line 11</p> <p>Next, enter the smaller of line 3 or line 12 on line 13.</p>	12	

Part III Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13	38.
---	-----------	-----

1040
1040A
1040NR

Enter this amount on
Form 1040, line 68,
Form 1040A, line 41, or
Form 1040NR, line 62.

W-2 DETAIL REPORT - 2007

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
		X	12000	1200	744	174					
			-----	-----	---	---					
			12000	1200	744	174					

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2007

Name: Alan Smith

SSN: 889-42-1054

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	12,000.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43		
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy.		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit + residential energy credits		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
11	Child tax credit		0

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2007 to 2008

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2007 only, Form 1045 Amt. carried forward from 2006. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2007 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2007 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2005	2006	2007										
2005	2006	2007													
8	General business credits for 2007 only, Form 3800														
9	Form 8844, for 2007 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2007 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning 2007 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Last name A. Smith Alan	Your first name/middle initial Alan	Your Social Security Number 889-42-1054	<input type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07.
Spouse's last name B.	Spouse's first name/middle initial	Spouse's Social Security No.	Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current mailing address (number and street, apartment, lot or suite number) or PO Box 100 Yourtown			Your Occupation Laborer
City, State, ZIP Iowa City IA 52240-			Spouse's Occupation
			Residence on 12/31/07 County No. Sch. Dist. No.

STEP 2 Filing Status: Mark one box only.

<input checked="" type="checkbox"/> 1 Single: Were you claimed as a dependent on another person's IA return?	YES	<input checked="" type="checkbox"/> NO ▲	School District Name
<input type="checkbox"/> 2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4)			
<input type="checkbox"/> 3 Married filing separately on this combined return. Spouse use column B.			
<input type="checkbox"/> 4 Married filing separate returns. Spouse's name:	SSN:	▲ Income: \$	
<input type="checkbox"/> 5 Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.			
<input type="checkbox"/> 6 Qualifying widow(er) with dependent child. Name:	SSN:		

STEP 3 Exemptions	YOU (and spouse IF filing jointly)	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) ▲ <u>1</u> X \$ 40 = \$ <u>40</u> . b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind ▲ <u>X</u> \$ 20 = \$ c. Dependents: Enter 1 for each dependent ▲ <u>1</u> X \$ 40 = \$ <u>40</u> . d. Enter first names of dependents here: <u>Jason</u> e. TOTAL \$ <u>80</u> .	
	SPOUSE (IF filing status 3)	a. Personal Credit: Enter 1 ▲ <u>X</u> \$ 40 = \$ b. Enter 1 if 65 or older and/or 1 if blind ▲ <u>X</u> \$ 20 = \$ c. Dependents: Enter 1 for each dependent ▲ <u>X</u> \$ 40 = \$ d. Enter first names of dependents here: e. TOTAL \$	

		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc	1. .00	.00		
	2. Taxable interest income. If more than \$1,500, complete Sch. B	2. .00	.00		
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. .00	.00		
	4. Alimony received	4. .00	.00		
	5. Business income/(loss) from Federal Sch. C or C-EZ	5. .00	.00		
	6. Capital gain/(loss) from Federal Sch. D	6. .00	.00		
	7. Other gains/(losses) from Federal form 4797	7. .00	.00		
	8. Taxable IRA distributions	8. .00	.00		
	9. Taxable pensions and annuities	9. .00	.00		
	10. Rents, royalties, partnerships, estates, etc	10. .00	.00		
	11. Farm income/(loss) from Federal Schedule F	11. .00	.00		
	12. Unemployment compensation	12. .00	.00		
	13. Taxable Social Security benefits	13. .00	.00		
	14. Other income, gambling income, bonus depreciation adjustment	14. .00	.00		
	15. GROSS INCOME. ADD lines 1-14	15.	.00 ▲	.00	.00
STEP 5	16. Payments to an IRA, KEOGH or SEP	16. .00	.00		
	17. One-half of self-employment tax	17. .00	.00		
	18. Health insurance deduction	18. .00	.00		
	19. Penalty on early withdrawal of savings	19. .00	.00		
	20. Alimony paid	20. .00	.00		
	21. Pension/retirement income exclusion	21. .00 ▲	.00		
	22. Moving expense deduction from Federal form 3903	22. .00	.00		
	23. Iowa capital gains deduction	23. .00 ▲	.00		
	24. Other adjustments	24. .00	.00		
	25. Total adjustments. ADD lines 16-24.	25.	.00 ▲	.00	.00
	26. NET INCOME. SUBTRACT line 25 from line 15 LOW INCOME EXEMPTION	26.	.00 ▲	.00	.00
STEP 6	27. Federal income tax refund/overpymt received in 2007	27. .00 ▲	.00		
	28. Self-employment/household employment taxes	28. .00 ▲	.00		
	29. Addition for Federal taxes. ADD lines 27 and 28	29. .00	.00		
	30. Total. ADD lines 26 and 29	30. .00	.00		
	31. Federal tax withheld	31. .00 ▲	.00		
	32. Federal estimated tax payments made in 2007	32. .00 ▲	.00		
	33. Additional Fed. tax paid in 2007 for 2006 and prior years	33. .00 ▲	.00		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34. .00	.00		
	35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, page 2.	35.	.00	.00	.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7				
36. BALANCE. From page 1, line 35	36.		.00	.00
37. Total itemized deductions from Federal Sch. A	37.	.00	.00	
Taxpayers with bonus depreciation must use Iowa Schedule A				
38. Iowa income tax if included in line 5 of Fed. Sch. A	38.	.00	.00	
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized ded. from Iowa Sch. A	39.	.00	.00	
40. Other deductions	40.	.00	.00	
41. Deduction. Check one box. <input type="checkbox"/> Itemized. Add lines 39 and 40. <input type="checkbox"/> Standard	41.		.00	.00
42. TAXABLE INCOME. SUBTRACT line 41 from line 36	42.		.00	.00
STEP 8				
43. Tax from tables or alternate tax.	43.	.00	.00	
44. IA lump-sum tax. 25% of Fed. tax from form 4972.	44.	.00	.00	
45. Iowa minimum tax. Attach IA 6251	45.	.00	.00	
46. Total tax. ADD lines 43, 44 and 45	46.		.00	.00
47. Total exempt. credit amount(s) from Step 3, page 1	47.	.00	.00	
48. Tuition and textbook credit	48.	.00	.00	
49. Total credits. ADD lines 47 and 48.	49.		.00	.00
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.	50.		.00	.00
51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return.	51.		.00	.00
52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.	52.		.00	.00
53. Other refundable Iowa credits. Attach IA 148 Tax Credits Schedule	53.		.00	.00
54. BALANCE. SUBTRACT line 53 from line 52.	54.		.00	.00
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54).	55.		.00	.00
56. Total Tax. ADD lines 54 and 55.	56.		.00	.00
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here.	57.			.00
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 58a: <input type="checkbox"/> State Fair 58b: <input type="checkbox"/> Firefighters/Keep Iowa Beautiful 58c: <input type="checkbox"/> Veterans 58d: <input type="checkbox"/>	58.			.00
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58	59.			.00
STEP 9				
60. Iowa income tax withheld	60.	.00	.00	
61. Estimate and voucher pymts. made for tax yr. 2007	61.	.00	.00	
62. Out-of-state tax credit. Attach IA 130	62.	.00	.00	
63. Motor fuel tax credit. Attach IA 4136.	63.	.00	.00	
64. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood devel. credit	64.	.00	.00	
65. Iowa earned income credit: 7.0% (.07) of Federal credit	65.	.00	200.00	
66. Other refundable credits. Attach IA 148 Tax Credits Schedule	66.	.00	.00	
67. TOTAL. ADD lines 60-66	67.	.00	200.00	
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here	68.			200.00
69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid	69.			200.00
STEP 10				
70. Amount of line 69 to be REFUNDED	70.			200.00
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
71. Amount of line 69 to be applied to your 2008 est. tax	71.	.00	.00	
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE	72.			.00
73. Penalty for underpymt. of estimated tax. From IA 2210 or IA 2210F. <input type="checkbox"/> Check if annualized income method is used	73.			.00
74. Penalty and interest 74a. Penalty. .00 <input type="checkbox"/> 74b. Interest .00 <input type="checkbox"/> Enter total	74.			.00
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here PAY THIS AMOUNT	75.			.00

Complete lines 37-40 ONLY if you itemize.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
\$1.50 to Republican Party <input type="checkbox"/>	\$1.50 to Republican Party <input type="checkbox"/>
\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

STEP 12 NEXT YEAR,

Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
 1. No

STEP 13 COW-CALF REFUND Attach IA 132.

Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).

Spouse: \$ _____ .00
 You: \$ _____ .00

STEP 14 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

<p>PLEASE SIGN HERE</p> <p>SIGN HERE</p> <ul style="list-style-type: none"> Verify your Social Security No.(s) Recheck your math Attach all W-2s 	Your Signature _____	Date _____	Preparer's Signature _____	Date _____
	Spouse's Signature _____	Date _____	Address _____	
	Daytime Telephone Number _____		Daytime Telephone Number _____	Identification Number _____
	This return is due April 30, 2008.		Mailing Addresses: See lines 70 and 75 above.	

Label (See instructions) Use the IRS label. Otherwise, please print or type. L A B E L H E R E For the year Jan. 1-Dec. 31, 2007, or other tax year beginning ,2007, ending ,20 OMB No. 1545-0074 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code George Smith Your social security number 888-42-1054 Spouse's social security no. You must enter your SSN(s) above. Checking a box below will not 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 instructions) You Spouse

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see instr.) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20,000. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends (see instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 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 15b Taxable amount (see inst.) 15b 16a Pensions and annuities 16a 16b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 20,000.

Adjusted Gross Income 23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 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 20,000.

Tax and Credits

Standard Deduction for - People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr. All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Rows include 38 (20,000), 39a (Total boxes checked), 40 (7,850), 41 (12,150), 42 (10,200), 43 (1,950), 44 (196), 45, 46 (196), 47-55 (Credits), 56 (196), 57.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include 58, 59, 60, 61, 62, 63.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include 64 (2,200), 65, 66a (3,740), 67, 68 (1,238), 69, 70, 71, 72 (7,178).

Refund

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

Table with 3 columns: Line number, Description, and Amount. Rows include 73 (7,178), 74a (7,178), 75.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include 76, 77.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See instr. Keep a copy for your records.

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. Your signature, Date, Your occupation (Laborer), Daytime phone number, Spouse's signature, Date, Spouse's occupation

Paid

Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

PRINTED 12/30/2008

George _____ Smith _____

 100 Yourtown _____
 Iowa City IA 52240- _____

	Taxpayer	Spouse
SSN	888-42-1054	_____
Birth	01/01/1956	_____
Death	_____	_____
Day Phone	_____	_____
Evening	_____	_____
Cell or Fax	_____	_____
PIN	_____	_____

Email _____
 Taxpayer Occupation Laborer Spouse Occupation _____
 Filing Status HEAD OF HOUSEHOLD

Jill	Smith	12/29/2006	123-45-6787	GRANDCHILD	12	1
Jack	Smith	12/29/2006	124-54-5454	GRANDCHILD	12	1

Preparer ID: _____ Preparation Fee: _____ Date: _____
 Preparer: _____

Preparer's Use:	1 _____	4 _____	Time in
	2 _____	5 _____	return
	3 _____	6 _____	12 min.

Recap of 2007 Income Tax Return

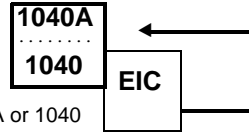
Earned Income	20,000.	Federal Tax	_____
Federal AGI	20,000.	Withholding	2,200.
Taxable Income	1,950.	Refund/(Due)	7,178.
EIC	3,740.	Tax Bracket	10.0 %

State	IA	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due	262.	_____	_____	_____
State	_____	_____	_____	_____
Tax	_____	_____	_____	_____
Withholding	_____	_____	_____	_____
Refund/Due	_____	_____	_____	_____

	Instant RAL	Maximum RAL	Partial RAL	2 week check	2 week deposit
Qualifying refund					
Fees					
Net refund					
Instant check					
Fast check					
2 week check					
State check					
Check one					

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
George Smith

Your social security number
888-42-1054

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.

!
CAUTION

- 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 instructions 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

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
		Jill	Smith	Jack
2 Child's SSN The child must have an SSN as defined in the 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.	123-45-6787		124-54-5454	
3 Child's year of birth	Year <u>2006</u> If born after 1988, skip lines 4a and 4b; go to line 5.		Year <u>2006</u> If born after 1988, skip lines 4a and 4b; go to line 5.	
4 If the child was born before 1989-				
a Was the child under age 24 at the end of 2007 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	GRANDCHILD		GRANDCHILD	
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".	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.	

TIP

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.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

Name: George Smith

SSN: 888-42-1054

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					20,000.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					20,000.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				20000.	20,000.
6	Credit from EIC table on line 5 income				3740.	
7	Adjusted gross income				20000.	
8	Credit from EIC table on line 7 income, if line 7 greater than • \$6,999 (\$8,999 if married filing jointly) and no qualifying children • \$15,399 (\$17,399 if married filing jointly) and 1 or more qualifying children				3740.	
9	Earned inc. credit. If line 7 is less than \$7,000 (\$9,000, \$15,400, \$17,400), line 6. Otherwise the smaller of line 6 or line 8				3740.	3,740.

Additional Child Tax Credit

1040
1040A
1040NR

8812

2007

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
George Smith

Your social security number
888-42-1054

Part I All Filers

<p>1 Enter the amount from line 1 of your Child Tax Credit Worksheet from the Form 1040 instructions, from the Form 1040A instructions, or from the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet of the publication</p>	1	2,000.
<p>2 Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47.....</p>	2	196.
<p>3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit</p>	3	1,804.
<p>4 a Enter your total earned income (see instructions)</p>	4a	20,000.
<p>b Nontaxable combat pay (see instructions)</p>	4b	
<p>5 Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result</p>	5	8,250.
<p>6 Multiply the amount on line 5 by 15% (.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.</p>	6	1,238.

Part II Certain Filers Who Have Three or More Qualifying Children

<p>7 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 worked for a railroad, see the instructions</p>	7	
<p>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. 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.</p>	8	
<p>9 Add lines 7 and 8</p>	9	
<p>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 the instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.</p>	10	
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>	11	
<p>12 Enter the larger of line 6 or line 11</p> <p>Next, enter the smaller of line 3 or line 12 on line 13.</p>	12	

Part III Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13	1,238.
---	-----------	--------

1040
1040A
1040NR

Enter this amount on Form 1040, line 68, Form 1040A, line 41, or Form 1040NR, line 62.

W-2 DETAIL REPORT - 2007

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
		X	20000	2200	1240	290					
			20000	2200	1240	290					

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2007

Name: George Smith

SSN: 888-42-1054

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="2"/> qualifying children		2,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	20,000.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		2,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	196.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy.		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit + residential energy credits		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		196.
11	Child tax credit		196.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2007 to 2008

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2007 only, Form 1045 Amt. carried forward from 2006. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2007 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2007 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <td>2003</td> <td>2004</td> <td>2005</td> <td>2006</td> <td>2007</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <td>2005</td> <td>2006</td> <td>2007</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2005	2006	2007										
2005	2006	2007													
8	General business credits for 2007 only, Form 3800														
9	Form 8844, for 2007 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2007 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <td>2003</td> <td>2004</td> <td>2005</td> <td>2006</td> <td>2007</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning 2007 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Last name A. Smith	Your first name/middle initial George	Your Social Security Number 888-42-1054	<input type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07.
Spouse's last name B.	Spouse's first name/middle initial	Spouse's Social Security No.	Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current mailing address (number and street, apartment, lot or suite number) or PO Box 100 Yourtown			Your Occupation Laborer
City, State, ZIP Iowa City IA 52240-			Spouse's Occupation
			Residence on 12/31/07 County No. Sch. Dist. No.

STEP 2 Filing Status: Mark one box only.

1	Single: Were you claimed as a dependent on another person's IA return?	YES	NO <input checked="" type="checkbox"/>	
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4)			School District Name
3	Married filing separately on this combined return. Spouse use column B.			
4	Married filing separate returns. Spouse's name:	SSN:	Income: \$	
5	<input checked="" type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.			
6	Qualifying widow(er) with dependent child. Name: SSN:			

STEP 3 Exemptions	YOU (and spouse IF filing jointly)	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) <input type="checkbox"/> ▲ <u>2X \$ 40 = \$ 80.</u> b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind <input type="checkbox"/> ▲ <u>X \$ 20 = \$</u> c. Dependents: Enter 1 for each dependent <input type="checkbox"/> ▲ <u>2X \$ 40 = \$ 80.</u> d. Enter first names of dependents here: <u>Jill Jack</u> e. TOTAL \$ 160.	
	SPOUSE (IF filing status 3)	a. Personal Credit: Enter 1 <input type="checkbox"/> ▲ <u>X \$ 40 = \$</u> b. Enter 1 if 65 or older and/or 1 if blind <input type="checkbox"/> ▲ <u>X \$ 20 = \$</u> c. Dependents: Enter 1 for each dependent <input type="checkbox"/> ▲ <u>X \$ 40 = \$</u> d. Enter first names of dependents here:	

		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc	1. .00	.00		
	2. Taxable interest income. If more than \$1,500, complete Sch. B	2. .00	.00		
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. .00	.00		
	4. Alimony received	4. .00	.00		
	5. Business income/(loss) from Federal Sch. C or C-EZ	5. .00	.00		
	6. Capital gain/(loss) from Federal Sch. D	6. .00	.00		
	7. Other gains/(losses) from Federal form 4797	7. .00	.00		
	8. Taxable IRA distributions	8. .00	.00		
	9. Taxable pensions and annuities	9. .00	.00		
	10. Rents, royalties, partnerships, estates, etc	10. .00	.00		
	11. Farm income/(loss) from Federal Schedule F	11. .00	.00		
	12. Unemployment compensation	12. .00	.00		
	13. Taxable Social Security benefits	13. .00	.00		
	14. Other income, gambling income, bonus depreciation adjustment	14. .00	.00		
	15. GROSS INCOME. ADD lines 1-14	15.	.00 ▲		.00
STEP 5	16. Payments to an IRA, KEOGH or SEP	16. .00	.00		
	17. One-half of self-employment tax	17. .00	.00		
	18. Health insurance deduction	18. .00	.00		
	19. Penalty on early withdrawal of savings	19. .00	.00		
	20. Alimony paid	20. .00	.00		
	21. Pension/retirement income exclusion	21. .00 ▲	.00		
	22. Moving expense deduction from Federal form 3903	22. .00	.00		
	23. Iowa capital gains deduction	23. .00 ▲	.00		
	24. Other adjustments	24. .00	.00		
	25. Total adjustments. ADD lines 16-24.	25.	.00 ▲		.00
	26. NET INCOME. SUBTRACT line 25 from line 15	26. LOW INCOME EXEMPTION	.00 ▲		.00
STEP 6	27. Federal income tax refund/overpymt received in 2007	27. .00 ▲	.00		
	28. Self-employment/household employment taxes	28. .00 ▲	.00		
	29. Addition for Federal taxes. ADD lines 27 and 28	29.	.00		.00
	30. Total. ADD lines 26 and 29	30.	.00		.00
	31. Federal tax withheld	31. .00 ▲	.00		
	32. Federal estimated tax payments made in 2007	32. .00 ▲	.00		
	33. Additional Fed. tax paid in 2007 for 2006 and prior years	33. .00 ▲	.00		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34.	.00		.00
	35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, page 2.	35.	.00		.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7 36. BALANCE. From page 1, line 35	36.		.00	.00
37. Total itemized deductions from Federal Sch. A	37.	.00	.00	
Taxpayers with bonus depreciation must use Iowa Schedule A				
38. Iowa income tax if included in line 5 of Fed. Sch. A	38.	.00	.00	
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized ded. from Iowa Sch. A	39.	.00	.00	
40. Other deductions	40.	.00	.00	
41. Deduction. Check one box. <input type="checkbox"/> Itemized. Add lines 39 and 40. <input type="checkbox"/> Standard	41.		.00	.00
42. TAXABLE INCOME. SUBTRACT line 41 from line 36	42.		.00	.00

Complete lines 37-40
ONLY if you itemize.

STEP 8 43. Tax from tables or alternate tax	43.	.00	.00	
44. IA lump-sum tax. 25% of Fed. tax from form 4972.	44.	.00	.00	
45. Iowa minimum tax. Attach IA 6251	45.	.00	.00	
46. Total tax. ADD lines 43, 44 and 45	46.		.00	.00
47. Total exempt. credit amount(s) from Step 3, page 1	47.	.00	.00	
48. Tuition and textbook credit	48.	.00	.00	
49. Total credits. ADD lines 47 and 48.	49.		.00	.00
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.	50.		.00	.00
51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return.	51.		.00	.00
52. BALANCE. SUBTRACT line 51 from line 50. If less than or equal to zero, enter zero.	52.		.00	.00
53. Other refundable Iowa credits. Attach IA 148 Tax Credits Schedule	53.		.00	.00
54. BALANCE. SUBTRACT line 53 from line 52.	54.		.00	.00
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54).	55.		.00	.00
56. Total Tax. ADD lines 54 and 55.	56.		.00	.00
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here.	57.			.00
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 58a: <input type="checkbox"/> State Fair 58b: <input type="checkbox"/> Firefighters/Keep Iowa Beautiful 58c: <input type="checkbox"/> Veterans 58d: <input type="checkbox"/>	58.			.00
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58	59.			.00

STEP 9 60. Iowa income tax withheld	60.	.00	.00	
61. Estimate and voucher pymts. made for tax yr. 2007	61.	.00	.00	
62. Out-of-state tax credit. Attach IA 130	62.	.00	.00	
63. Motor fuel tax credit. Attach IA 4136.	63.	.00	.00	
64. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood devel. credit	64.	.00	.00	
65. Iowa earned income credit: 7.0% (.07) of Federal credit	65.	.00	262.00	
66. Other refundable credits. Attach IA 148 Tax Credits Schedule	66.	.00	.00	
67. TOTAL. ADD lines 60-66	67.	.00	262.00	
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here	68.			262.00
69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid	69.			262.00

STEP 10 70. Amount of line 69 to be REFUNDED	70.			262.00
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
71. Amount of line 69 to be applied to your 2008 est. tax	71.	.00	.00	
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE	72.			.00
73. Penalty for underpymt. of estimated tax. From IA 2210 or IA 2210F. <input type="checkbox"/> Check if annualized income method is used	73.			.00
74. Penalty and interest 74a. Penalty. .00 <input type="checkbox"/> 74b. Interest .00 <input type="checkbox"/> Enter total	74.			.00
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here	75.			.00

ePay by credit card or direct debit. Go to www.state.ia.us/tax.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.	
SPOUSE	YOURSELF
\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
\$1.50 to Republican Party <input type="checkbox"/>	\$1.50 to Republican Party <input type="checkbox"/>
\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

STEP 12 NEXT YEAR,
Would you like to receive a booklet? This option is not available to electronic filers.
<input type="checkbox"/> 0. Yes
<input type="checkbox"/> 1. No

STEP 13 COW-CALF REFUND Attach IA 132.
Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).
Spouse: \$.00
You: \$.00

STEP 14 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

<p>PLEASE SIGN HERE</p> <p>SIGN HERE</p> <ul style="list-style-type: none"> Verify your Social Security No.(s) Recheck your math Attach all W-2s 	Your Signature	Date	Preparer's Signature	Date
	Spouse's Signature	Date	Address	
	Daytime Telephone Number		Daytime Telephone Number	Identification Number
	This return is due April 30, 2008.		Mailing Addresses: See lines 70 and 75 above.	

Label (See instructions) Use the IRS label. Otherwise, please print or type. For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20 OMB No. 1545-0074 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code George Smith Your social security number 888-42-1054 Spouse's social security no. You must enter your SSN(s) above. Checking a box below will not 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 instructions) You Spouse

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) V if qualifying child for child tax credit (see instr.) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instr.) Dependents on 6c not entered above Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20,000. 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends (see instructions) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 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 15b Taxable amount (see inst.) 15b 16a Pensions and annuities 16a 16b Taxable amount (see inst.) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount (see inst.) 20b 21 Other income. List type and amount (see instr.) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 20,000.

Adjusted Gross Income 23 Educator expenses (see instructions) 23 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 instr.) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 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 20,000.

Tax and Credits

Standard Deduction for -
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.
• All others: Single or Married filing separately, \$5,350
Married filing jointly or Qualifying widow(er), \$7,850
Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 20,000; 39a Check boxes for birth date and blindness; 40 Itemized deductions 7,850; 41 Subtract line 40 from line 38 12,150; 42 Exemption calculation 6,800; 43 Taxable income 5,350; 44 Tax 538; 45 Alternative minimum tax; 46 Add lines 44 and 45 538; 47-55 Credits; 56 Total credits 538; 57 Subtract line 56 from line 46.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 58 Self-employment tax; 59 Unreported social security and Medicare tax; 60 Additional tax on IRAs; 61 Advance earned income credit; 62 Household employment taxes; 63 Add lines 57 through 62.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 64 Federal income tax withheld 2,200; 65 2007 estimated tax pymts 2,112; 66 a Earned income credit (EIC) 2,112; 67 Excess social security and tier 1 RRTA tax withheld; 68 Additional child tax credit 462; 69 Amount paid with request for extension; 70 Payments from; 71 Refundable credit; 72 Total payments 4,774.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Rows include: 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 4,774; 74a Amount of line 73 you want refunded to you 4,774; 75 Amount of line 73 you want applied to your 2008 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 76 Amount you owe; 77 Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here

Joint return? See instr. Keep a copy for your records.

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. Your signature, Date, Your occupation (Laborer), Spouse's signature, Date, Spouse's occupation, Daytime phone number.

Paid

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN.

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

PRINTED 12/30/2008

George Smith
100 Yourtown
Iowa City IA 52240-

Taxpayer Spouse
SSN 888-42-1054
Birth 01/01/1956
Death
Day Phone
Evening
Cell or Fax
PIN

Email
Taxpayer Occupation Laborer Spouse Occupation
Filing Status HEAD OF HOUSEHOLD

Jill Smith 12/29/2006 123-45-6787 GRANDCHILD 12 1

Preparer ID: Preparation Fee: Date:

Preparer:

Preparer's Use: 1 2 3 4 5 6 Time in return 10 min.

Recap of 2007 Income Tax Return

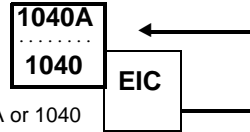
Earned Income 20,000. Federal Tax
Federal AGI 20,000. Withholding 2,200.
Taxable Income 5,350. Refund/(Due) 4,774.
EIC 2,112. Tax Bracket 10.0 %

State IA
Tax
Withholding
Refund/Due 148.
State
Tax
Withholding
Refund/Due

Table with 6 columns: Instant RAL, Maximum RAL, Partial RAL, 2 week check, 2 week deposit. Rows include: Qualifying refund, Fees, Net refund, Instant check, Fast check, 2 week check, State check, Check one.

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2007

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return
George Smith

Your social security number
888-42-1054

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 instructions 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

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	Jill	Smith		
2 Child's SSN The child must have an SSN as defined in the 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.	123-45-6787			
3 Child's year of birth	Year <u>2006</u> 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.	
4 If the child was born before 1989-				
a Was the child under age 24 at the end of 2007 and a student?	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.	<input type="checkbox"/> Yes. Go to line 5.	<input type="checkbox"/> No. Continue.
b Was the child permanently and totally disabled during any part of 2007?	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. Continue.	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	GRANDCHILD			
6 Number of months child lived with you in the United States during 2007				
<ul style="list-style-type: none"> • 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". 	<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

TIP

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.

For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2007

Name: George Smith

SSN: 888-42-1054

Figure Your Credit

1	Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 Enter the amount included in line 1 that was received					20,000.
a	by penal institution inmates for their work					
b	as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above					
2	Taxable scholarship or fellowship grant not reported on Form(s) W2					
3	Line 1 minus line 1a, line 1b, and line 2					20,000.
4a	If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/>					
		Nontaxable combat pay included?				
		Taxpayer	Spouse	Both	No	
	Nontaxable combat pay					
5	Earned income				20000.	20,000.
6	Credit from EIC table on line 5 income				2112.	
7	Adjusted gross income				20000.	
8	Credit from EIC table on line 7 income, if line 7 greater than • \$6,999 (\$8,999 if married filing jointly) and no qualifying children • \$15,399 (\$17,399 if married filing jointly) and 1 or more qualifying children				2112.	
9	Earned inc. credit. If line 7 is less than \$7,000 (\$9,000, \$15,400, \$17,400), line 6. Otherwise the smaller of line 6 or line 8				2112.	2,112.

Additional Child Tax Credit

1040
1040A
1040NR

8812

2007

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
George Smith

Your social security number
888-42-1054

Part I All Filers

<p>1 Enter the amount from line 1 of your Child Tax Credit Worksheet from the Form 1040 instructions, from the Form 1040A instructions, or from the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet of the publication</p>	1	1,000.
<p>2 Enter the amount from Form 1040, line 52, Form 1040A, line 32, or Form 1040NR, line 47.....</p>	2	538.
<p>3 Subtract line 2 from line 1. If zero, stop; you cannot take this credit</p>	3	462.
<p>4 a Enter your total earned income (see instructions)</p>	4a	20,000.
<p>b Nontaxable combat pay (see instructions)</p>	4b	
<p>5 Is the amount on line 4a more than \$11,750? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$11,750 from the amount on line 4a. Enter the result</p>	5	8,250.
<p>6 Multiply the amount on line 5 by 15% (.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.</p>	6	1,238.

Part II Certain Filers Who Have Three or More Qualifying Children

<p>7 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 worked for a railroad, see the instructions</p>	7	
<p>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. 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.</p>	8	
<p>9 Add lines 7 and 8</p>	9	
<p>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 the instructions). 1040NR filers: Enter the amount from Form 1040NR, line 61.</p>	10	
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>	11	
<p>12 Enter the larger of line 6 or line 11</p> <p>Next, enter the smaller of line 3 or line 12 on line 13.</p>	12	

Part III Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13	462.
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1040
1040A
1040NR

Enter this amount on Form 1040, line 68, Form 1040A, line 41, or Form 1040NR, line 62.

W-2 DETAIL REPORT - 2007

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
		X	20000	2200	1240	290					
			20000	2200	1240	290					

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2007

Name: George Smith

SSN: 888-42-1054

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	20,000.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	75,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	538.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy.		

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit + residential energy credits		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		538.
11	Child tax credit		538.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2007 to 2008

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2007 only, Form 1045 Amt. carried forward from 2006. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2007 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2007 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2005	2006	2007										
2005	2006	2007													
8	General business credits for 2007 only, Form 3800														
9	Form 8844, for 2007 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2007 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <th>2003</th> <th>2004</th> <th>2005</th> <th>2006</th> <th>2007</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2003	2004	2005	2006	2007								
2003	2004	2005	2006	2007											

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning 2007 and ending _____

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Last name A. Smith	Your first name/middle initial George	Your Social Security Number 888-42-1054	<input type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07.
Spouse's last name B.	Spouse's first name/middle initial	Spouse's Social Security No.	Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO
Current mailing address (number and street, apartment, lot or suite number) or PO Box 100 Yourtown			Your Occupation Laborer
City, State, ZIP Iowa City IA 52240-			Spouse's Occupation
			Residence on 12/31/07 County No. Sch. Dist. No.

STEP 2 Filing Status: Mark one box only.

1	Single: Were you claimed as a dependent on another person's IA return?	YES	NO ▲	
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4)			School District Name
3	Married filing separately on this combined return. Spouse use column B.			
4	Married filing separate returns. Spouse's name: _____ SSN: _____		Income: \$ _____	
5	<input checked="" type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.			
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____			

STEP 3 Exemptions	YOU <small>(and spouse IF filing jointly)</small>	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) ▲ <u>2X</u> \$ 40 = \$ <u>80</u> b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind ▲ <u>X</u> \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent ▲ <u>1X</u> \$ 40 = \$ <u>40</u> d. Enter first names of dependents here: <u>Jill</u> e. TOTAL \$ <u>120</u>	
	SPOUSE <small>(IF filing status 3)</small>	a. Personal Credit: Enter 1 ▲ <u>X</u> \$ 40 = \$ _____ b. Enter 1 if 65 or older and/or 1 if blind ▲ <u>X</u> \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent ▲ <u>X</u> \$ 40 = \$ _____ d. Enter first names of dependents here: e. TOTAL \$ _____	

		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 4	1. Wages, salaries, tips, etc	.00	.00		
	2. Taxable interest income. If more than \$1,500, complete Sch. B	.00	.00		
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	.00	.00		
	4. Alimony received	.00	.00		
	5. Business income/(loss) from Federal Sch. C or C-EZ	.00	.00		
	6. Capital gain/(loss) from Federal Sch. D	.00	.00		
	7. Other gains/(losses) from Federal form 4797	.00	.00		
	8. Taxable IRA distributions	.00	.00		
	9. Taxable pensions and annuities	.00	.00		
	10. Rents, royalties, partnerships, estates, etc	.00	.00		
	11. Farm income/(loss) from Federal Schedule F	.00	.00		
	12. Unemployment compensation	.00	.00		
	13. Taxable Social Security benefits	.00	.00		
	14. Other income, gambling income, bonus depreciation adjustment	.00	.00		
	15. GROSS INCOME. ADD lines 1-14	.00	.00	.00 ▲	.00

STEP 5	16. Payments to an IRA, KEOGH or SEP	.00	.00		
	17. One-half of self-employment tax	.00	.00		
	18. Health insurance deduction	.00	.00		
	19. Penalty on early withdrawal of savings	.00	.00		
	20. Alimony paid	.00	.00		
	21. Pension/retirement income exclusion	.00 ▲	.00		
	22. Moving expense deduction from Federal form 3903	.00	.00		
	23. Iowa capital gains deduction	.00 ▲	.00		
	24. Other adjustments	.00	.00		
	25. Total adjustments. ADD lines 16-24	.00	.00	.00 ▲	.00
	26. NET INCOME. SUBTRACT line 25 from line 15	.00	.00	.00 ▲	.00

STEP 6	27. Federal income tax refund/overpymt received in 2007	.00 ▲	.00		
	28. Self-employment/household employment taxes	.00 ▲	.00		
	29. Addition for Federal taxes. ADD lines 27 and 28	.00	.00		
	30. Total. ADD lines 26 and 29	.00	.00		
	31. Federal tax withheld	.00 ▲	.00		
	32. Federal estimated tax payments made in 2007	.00 ▲	.00		
	33. Additional Fed. tax paid in 2007 for 2006 and prior years	.00 ▲	.00		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	.00	.00		
	35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, page 2	.00	.00		

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7				
36. BALANCE. From page 1, line 35	36.		.00	.00
37. Total itemized deductions from Federal Sch. A	37.	.00	.00	
Taxpayers with bonus depreciation must use Iowa Schedule A				
38. Iowa income tax if included in line 5 of Fed. Sch. A	38.	.00	.00	
39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized ded. from Iowa Sch. A	39.	.00	.00	
40. Other deductions	40.	.00	.00	
41. Deduction. Check one box. <input type="checkbox"/> Itemized. Add lines 39 and 40. <input type="checkbox"/> Standard	41.		.00	.00
42. TAXABLE INCOME. SUBTRACT line 41 from line 36	42.		.00	.00
STEP 8				
43. Tax from tables or alternate tax	43.	.00	.00	
44. IA lump-sum tax. 25% of Fed. tax from form 4972	44.	.00	.00	
45. Iowa minimum tax. Attach IA 6251	45.	.00	.00	
46. Total tax. ADD lines 43, 44 and 45	46.		.00	.00
47. Total exempt. credit amount(s) from Step 3, page 1	47.	.00	.00	
48. Tuition and textbook credit	48.	.00	.00	
49. Total credits. ADD lines 47 and 48	49.		.00	.00
50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero	50.		.00	.00
51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return	51.		.00	.00
52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero	52.		.00	.00
53. Other refundable Iowa credits. Attach IA 148 Tax Credits Schedule	53.		.00	.00
54. BALANCE. SUBTRACT line 53 from line 52	54.		.00	.00
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54)	55.		.00	.00
56. Total Tax. ADD lines 54 and 55	56.		.00	.00
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here	57.			.00
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 58a: <input type="checkbox"/> State Fair 58b: <input type="checkbox"/> Firefighters/Keep Iowa Beautiful 58c: <input type="checkbox"/> Veterans 58d: <input type="checkbox"/>	58.			.00
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58	59.			.00
STEP 9				
60. Iowa income tax withheld	60.	.00	.00	
61. Estimate and voucher pymts. made for tax yr. 2007	61.	.00	.00	
62. Out-of-state tax credit. Attach IA 130	62.	.00	.00	
63. Motor fuel tax credit. Attach IA 4136	63.	.00	.00	
64. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood devel. credit	64.	.00	.00	
65. Iowa earned income credit: 7.0% (.07) of Federal credit	65.	.00	148.00	
66. Other refundable credits. Attach IA 148 Tax Credits Schedule	66.	.00	.00	
67. TOTAL. ADD lines 60-66	67.	.00	148.00	
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here	68.		148.00	
69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid	69.		148.00	
STEP 10				
70. Amount of line 69 to be REFUNDED	70.		148.00	
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
71. Amount of line 69 to be applied to your 2008 est. tax	71.	.00	.00	
72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE	72.		.00	
73. Penalty for underpymt. of estimated tax. From IA 2210 or IA 2210F. <input type="checkbox"/> Check if annualized income method is used	73.		.00	
74. Penalty and interest 74a. Penalty. .00 <input type="checkbox"/> 74b. Interest .00 <input type="checkbox"/> Enter total	74.		.00	
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here	75.		.00	

Complete lines 37-40 ONLY if you itemize.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE	YOURSELF
\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
\$1.50 to Republican Party <input type="checkbox"/>	\$1.50 to Republican Party <input type="checkbox"/>
\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

STEP 12 NEXT YEAR,
 Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
 1. No

STEP 13 COW-CALF REFUND Attach IA 132.
 Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).

Spouse: \$ _____ .00
 You: \$ _____ .00

STEP 14 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

<p>PLEASE SIGN HERE</p> <p>SIGN HERE</p> <ul style="list-style-type: none"> Verify your Social Security No.(s) Recheck your math Attach all W-2s 	Your Signature _____	Date _____	Preparer's Signature _____	Date _____
	Spouse's Signature _____	Date _____	Address _____	
	Daytime Telephone Number _____		Daytime Telephone Number _____	Identification Number _____
	This return is due April 30, 2008.		Mailing Addresses: See lines 70 and 75 above.	