

**Label**  
(See instructions on page 12.)  
**Use the IRS label.**  
Otherwise, please print or type.  
**Presidential**

<b>L A B E L  H E R E</b>	For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____, 20____		OMB No. 1545-0074
	Your first name and initial <b>IAMINDEPENDENT</b>	Last name	<b>Your social security number</b> <b>123-45-6789</b>
	If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
	Home address (number and street). If you have a P.O. box, see page 12.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.			You must enter your SSN(s) above.

**Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)  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 page 13.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 14)

**Exemptions**

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

b  **Spouse**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see page 15)

d Total number of exemptions claimed **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 19)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions	15b Taxable amount (see page 21)
16a Pensions and annuities	16b Taxable amount (see page 22)
20a Social security benefits	20b Taxable amount (see page 24)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

21 Other income. List type and amount (see page 24)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income**

**Adjusted Gross Income**

23 Educator expenses (see page 26)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 26)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 27)

33 Student loan interest deduction (see page 30)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

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

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) **38** 61,294

39a Check  You were born before January 2, 1943,  Blind.  Spouse was born before January 2, 1943,  Blind. Total boxes checked **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 5,350

41 Subtract line 40 from line 38 **41** 55,944

42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 **42** 3,400

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 52,544

44 Tax (see page 33). Check if any tax is from: a  Form(s) 8814 b  Form 4972 **44** 9,555

c  Form(s) 8889 **45**

45 Alternative minimum tax (see page 36). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 9,555

47 Credit for child and dependent care expenses. Attach Form 2441 **47**

48 Credit for the elderly or the disabled. Attach Schedule R **48**

49 Education credits. Attach Form 8863 **49**

50 Residential energy credits. Attach Form 5695 **50**

51 Foreign tax credit. Attach Form 1116 if required **51**

52 Child tax credit (see page 39). Attach Form 8901 if required **52**

53 Retirement savings contributions credit. Attach Form 8880 **53**

54 Credits from: a  Form 8396 b  Form 8859 c  Form 8839 **54**

55 Other credits: a  Form 3800 b  Form 8801 **55**

c  Form **55**

56 Add lines 47 through 55. These are your total credits **56**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- **57** 9,555

**Other Taxes**

58 Self-employment tax. Attach Schedule SE **58** 10,591

59 Unreported social security and Medicare tax from: a  Form 4137 b  Form 8919 **59**

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **60**

61 Advance earned income credit payments from Form(s) W-2, box 9 **61**

62 Household employment taxes. Attach Schedule H **62**

63 Add lines 57 through 62. This is your total tax **63** 20,146

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2007 estimated tax payments and amount applied from 2006 return **65**

66a Earned income credit (EIC) **66a**

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 59) **67**

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see page 59) **69**

70 Payments from: a  Form 2439 b  Form 4136 c  Form 8885 **70**

71 Refundable credit for prior year minimum tax from Form 8801, line 27 **71**

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments **72**

**Refund**

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid **73**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  **74a**

b Routing number XXXXXXXXXX **74b** Type:  Checking  Savings

d Account number XXXXXXXXXXXXXXXXXXXX **74d**

75 Amount of line 73 you want applied to your 2008 estimated tax **75**

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 **76** 21,063

77 Estimated tax penalty (see page 61) **77** 917

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)?  Yes. Complete the following.  No

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

**Sign Here**

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_ Daytime phone number \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid**

Preparer's signature \_\_\_\_\_ Date 5/06/08 Check if self-employed  Preparer's SSN or PTIN P00145867

**Preparer's Use Only**

Firm's name (or yours if self-employed), address, and ZIP code **INFELD BARR C.P.A.'S, P.A.** **EIN** 65-0269640

5011 S STATE ROAD 7 STE 107 **Phone no.** 954-616-1389

DAVIE FL 33314

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2007**

Attachment Sequence No. **09**

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

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Social security number (SSN)

I AM INDEPENDENT

123-45-6789

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**B** Enter code from pages C-8, 9, & 10

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.)

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

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2007? If "No," see page C-3 for limit on losses  Yes  No

**H** If you started or acquired this business during 2007, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	<b>1</b>	127,368
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	127,368
<b>4</b> Cost of goods sold (from line 42 on page 2)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	127,368
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	127,368

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense	<b>18</b>	2,890
<b>9</b> Car and truck expenses (see page C-4)	<b>9</b>	3,123	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see page C-5):	<b>20a</b>	
<b>11</b> Contract labor (see page C-4)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20b</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	7,000	<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	24,242
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see page C-6)	<b>24b</b>	8,863
<b>17</b> Legal and professional services	<b>17</b>	400	<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	5,892
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	<b>28</b>			<b>28</b>	52,410
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7	<b>29</b>			<b>29</b>	74,958
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b>	<b>30</b>			<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you <b>must</b> go to line 32.	<b>31</b>			<b>31</b>	74,958
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	<b>32a</b>	<input type="checkbox"/>	All investment is at risk.	<b>32b</b>	<input type="checkbox"/>
					Some investment is not at risk.

For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2007



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

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

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

I AM INDEPENDENT

Social security number of person  
with **self-employment** income ▶

123-45-6789

**Who Must File Schedule SE**

You must file Schedule SE if:

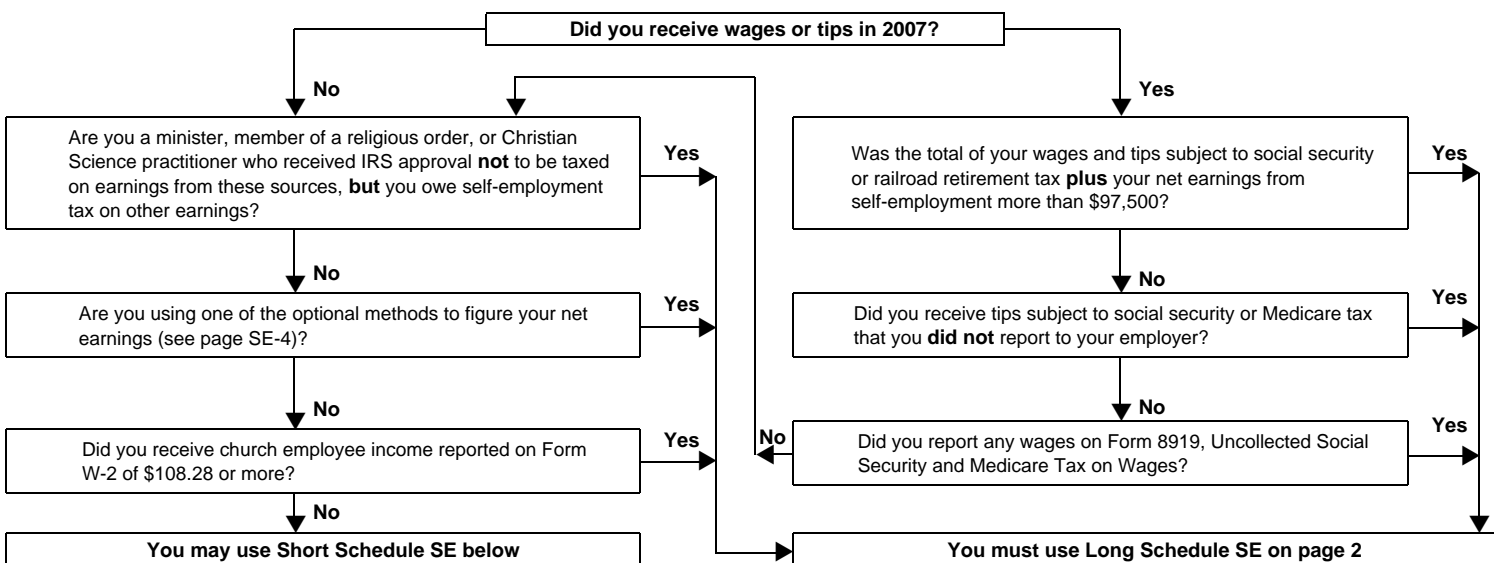
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious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

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

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

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	74,958
3	Combine lines 1 and 2	3	74,958
4	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax	4	69,224
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 58.</b> • More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on <b>Form 1040, line 58</b>	5	10,591
6	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b>	6	5,296

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2007