

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

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
Your first name and initial Last name
I AM INDEPENDENT
If a joint return, spouse's first name and initial Last name
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.

OMB No. 1545-0074
Your social security number 123-45-6789
Spouse's social security number
You must enter your SSN(s) above.
Checking a box below will not change your tax or refund.

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
6b Spouse
6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual. child for child tax cr. (see page 15)
6d Total number of exemptions claimed 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 48,109
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b 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)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20b Taxable amount (see page 24)
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 48,109

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 48,109

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 48,109

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

if: Spouse was born before January 2, 1943, Blind.

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 42,759

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 39,359

44 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 44 6,268

c Form(s) 8889

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

46 Add lines 44 and 45 46 6,268

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

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 6,268

Other Taxes

58 Self-employment tax. Attach Schedule SE 58

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

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

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

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63 6,268

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 c Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXX

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 6,553

77 Estimated tax penalty (see page 61) 77 285

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. 5011 S STATE ROAD 7 STE 107 DAVIE FL 33314

EIN 65-0269640 Phone no. 954-616-1389

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
SECTION 401(K) CONTRIBUTIONS	\$ <u>5,345</u>
TOTAL	\$ <u><u>5,345</u></u>