

OKLAHOMA: TEST SCENARIO # 6

Based on NACTP Peter A Pan 400-00-1012

Oklahoma Primary SSN 400-00-5012

Peter A Pan
987 Backyard Road
Oklahoma City Ok 73194

Oklahoma withholding \$4,340.00

Taxpayer has Oklahoma interest income

Taxpayer qualifies for the following credits on Form 511CR (other credits form)

- Credit for Energy Assistance Fund Contribution \$50.00
- Volunteer Firefighters credit \$200.00
- Dry Fire Hydrant credit \$500.00

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2007 Tax Return(s)

Prepared for PETER A PAN (Dec. 10/15/07)
Client Code: FEDPATL

Account Number 123456
Release Number 2007.00001

Prepared by CCH Tax and Accounting
9111 E. Douglas, Suite 200
Wichita, KS
67207

(316)612-5000

Processing Date: 09/25/2007
Time: 18:06:41

**Special
Instructions**

Messages

Return Information

ELECTRONIC FILING

Form: 1 Sheet: 1 Box: 30

- This return has been disqualified from electronic filing for the following reason(s): (40001)

Form: EF-1 Sheet: 1 Box: 38

- Electronic Filing. The check digits entered on Interview Form EF-1 did not pass the validity test. Please verify that the check digits and the primary taxpayer's Social Security Number have been entered correctly. (40294)

Form: Alt Filing

- Form 8283. The name or address of the donee organization is missing or invalid on Form 8283, Part I. Please check the input on Interview Form A-6, Box 36 or Boxes 70 - 73. (42752)

CAUTION

Form: 1 Sheet: 1 Box: 153

- Form 1040. The child tax credit has used MICHAEL ISLANDER as a qualifying child even though the date of birth was not entered for this dependent. This return may be in error. (20494)

INFORMATIONAL

Form: A-2 Sheet: 1 Box: 110

- Schedule A. The state and local income tax deduction calculation is greater than the general sales tax deduction calculation of \$774. To force the general sales tax deduction, enter code "2" on Interview Form A-2, Box 110. (32549)

Form: Form 1040

- Form 6251. Alternative minimum taxable income is \$ 47264. (33201)

Form: Sch A

- Schedule A. Nondeductible medical expense is \$4904. (30274)

Form: AZ 140

- Arizona. If the taxpayer is filing head of household, was married and is taking a personal exemption of more than \$3,150, Form 202 must be completed. Enter the taxpayer's allocated personal exemption of up to \$6,300 on Interview Form AZ2, Box 57 to complete Form 202. (30072)

Return Information

- Arizona. The calculation and printing of Arizona Form 221 has been suppressed because 2007 Arizona gross income has been calculated to be less than \$75,000. If 2006 Arizona gross income was greater than \$75,000, enter the 2006 Arizona gross income on Interview Form AZ7, Box 64, and rerun the return. (30550)

Form: Alt Filing Entity: 1

- Form 1310. The signature of the person claiming the refund and the signature date are required entries for electronic filing. Included in the electronic file is the name of the person claiming the refund and the date the return was last calculated. (30708)

Form	Description	Amount\Text
Form 1116	admin - 09/25/07 03:22PM	26201

2007 Return Summary

PETER A PAN

400-00-1012

	Federal	Arizona
Adjusted Gross Income	65390.	63090.
Itemized or Standard Deduction	-26201.	-31105.
Exemptions	-6800.	-4200.
Taxable Income	32389.	27785.
Tax	4296.	782.
Foreign Tax Credit	-35.	0.
Residential Energy Credit	-500.	
Child Tax Credit	-1000.	
Tax on Qualified Plans	300.	0.
Household Employment Taxes	469.	
Income Tax Withheld	-6600.	-4340.
Amount Due <Refund>	-3070.	-3558.

Additional Information:

Federal Tax Bracket

Average tax rate - 13.26%

Marginal tax rate - 15.0%

Arizona Tax Bracket - 3.04%

State Refund Taxable Next Year 3558.

1, Sheet #1, Entity 1 Box Cnt 28

30: "AZ", 32: "888-555-2222", 40: "PETER A", 41: "PAN", 42: "400-00-1012"
60: "ANALYST", 61: "02/01/1965", 63: 10/15/07, 80: "987 BACKYARD RD"
82: "SHYTOWN", 83: "AZ", 84: "86503", 90: "3", 105: "ELF07", 110: "JAMIE"
112: "PAN", 114: "400-00-3015", 115: "PARENT", 116: "O", 117: "MICHAEL"
119: "ISLANDER", 121: "400-55-3014", 122: "SON", 123: "CT"
140: "01/01/1945", 141: 12, 142: 1, 155: 2

2, Sheet #1, Entity 1 Box Cnt 1

56: "N"

4, Sheet #1, Entity 1 Box Cnt 1

83: "X"

7, Sheet #1, Entity 1 Box Cnt 5

32: "1", 33: "2", 34: "SOUTHEAST NORTHWEST BANK", 35: "123456780"
36: "400001023"

18, Sheet #1, Entity 1 Box Cnt 1

37: "BANKING"

A-1, Sheet #1, Entity 1 Box Cnt 1

34: 10500

A-2, Sheet #1, Entity 1 Box Cnt 1

46: 2100

A-3, Sheet #1, Entity 1 Box Cnt 1

30: 13500

A-6, Sheet #1, Entity 1 Box Cnt 7

70: "143 BLUE STREET, SHYTOWN, AZ 86503", 90: "CLOTHES", 91: "01/06"
92: "11/05/07", 93: 1100, 120: 665, 123: "WILLING BUYER/SELLER"

B-1, Sheet #1, Entity 1 Box Cnt 1

31: 390

IRS-W2, Sheet #1, Entity 1 Box Cnt 20

30: "T", 40: "64-2131415", 41: "MFG", 42: "89 SESAME PLACE", 43: "SHYTOWN"
44: "AZ", 45: "86503", 52: 62000, 53: 6600, 54: 63000, 55: 3906
56: 63000, 57: 914, 63: "D", 64: 1000, 72: "X", 80: "AZ", 81: "641213"
82: 62000, 83: 4340.00

IRS-1099R, Sheet #1, Entity 1 Box Cnt 15

30: "T", 40: "MY BANK AND TRUST CO", 41: "456 PECAN STREET"
42: "CHARLOTTE, MD 20706", 45: "52-1756572", 46: "400-00-1012"
47: "PETER A PAN", 48: "987 BACKYARD RD", 49: "SHYTOWN, AZ 86503"
54: 3000, 55: 3000, 62: "1", 63: "X", 69: "MD", 140: "1"

P-2, Sheet #1, Entity 1 Box Cnt 7

30: "US", 31: "1", 40: "FR", 42: 390, 90: "FR", 93: "X", 112: 416

T-13, Sheet #1, Entity 1 Box Cnt 6

31: "72-0001012", 32: "X", 33: "X", 40: 2000, 41: 2000, 42: 163

P-27, Sheet #1, Entity 1 Box Cnt 5

40: 10000, 41: 2000, 47: 300, 48: 150, 49: 1200

S-1, Sheet #1, Entity 1 Box Cnt 9

31: "7", 35: "X", 45: "JAMIE", 46: "PAN", 47: "987 BACKYARD RD"
49: "SHYTOWN", 50: "AZ", 51: "86503", 53: "400-00-3012"

EF-1, Sheet #1, Entity 1 Box Cnt 4

30: "1", 33: "N", 38: "PW", 42: "3"

EF-2, Sheet #1, Entity 1 Box Cnt 1

72: "JAMIE PAN"

Declaration Control Number (DCN)

00 - 481724

***** THIS IS NOT A FILEABLE COPY *****
 IRS Use Only - Do not write or staple in this space.

Form **8453**
 Department of the Treasury
 Internal Revenue Service

**U.S. Individual Income Tax Declaration
 for an IRS e-file Return**

OMB No. 1545-0074

For the year January 1 - December 31, 2007

2007

Use the IRS label. Otherwise, please print or type.	LABEL HERE	Your first name and initial PETER A PAN (Dec. 10/15/07)	Last name PAN	Your social security number 400 00 1012	
	If a joint return, spouse's first name and initial _____		Last name _____	Spouse's social security number _____	
	Home address (number and street). If you have a P.O. box, see instructions. 987 BACKYARD RD			Apt. no. _____	▲ Important! ▲ You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code SHYTOWN, AZ 86503				

**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE
 OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS**

Check the applicable box(es) to identify the attachments.

- Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgment)
- Form 3115, Application for Change in Accounting Method
- Form 3468, Copy of the first page of NPS Form 10-168a, Historic Preservation Certification Application (Part 2 - Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- Form 4136, Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 5713, International Boycott Report
- Form 8283, Noncash Charitable Contributions, Section A, (if any statement or qualified appraisal is required) or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents
- Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities
- Form 8864 filers, Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- Form 8885, Health Coverage Tax Credit, and all required attachments
- Schedule D-1, Continuation Sheet for Schedule D (Form 1040) (or a statement with the same information), if you elect not to include your transactions on the electronic short-term capital gain (loss) or long-term capital gain (loss) records
- Worksheets 1 through 4 from Pub. 517, Social Security and Other Information For Members of the Clergy and Religious Workers

DO NOT SIGN THIS FORM.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8453** (2007)

***** THIS IS NOT A FILEABLE COPY *****

Label (See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

LABEL HERE

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____, 20____

Your first name and initial: **PETER A** Last name: **PAN** (Dec. 10/15/07)
 Your social security number: **400 00 1012**

If a joint return, spouse's first name and initial _____ Last name _____
 Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see page 16. **987 BACKYARD RD** Apt. no. _____
 You **must** enter **▲** your SSN(s) above. **▲**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. **SHYTOWN, AZ 86503**
 Checking a box below will not change your tax or refund.

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). If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see page 17)

Check only one box.

Exemptions

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

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 19)
JAMIE	PAN	400 00 3015	PARENT	

Boxes checked on 6a and 6b: **1**
 No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see page 20) _____

Dependents on 6c not entered above: **1**
 Add numbers on lines above: **2**

d Total number of exemptions claimed: **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	62000.
8a	Taxable interest. Attach Schedule B if required	8a	390.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	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 <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	3000.
16a	Pensions and annuities	16a	
b	Taxable amount	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 page 27)	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	65390.

Adjusted Gross Income

23	Educator expenses (see page xx)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	65390.

Tax and Credits

Standard Deduction for -
People who checked any box on line 39a or 39b or who can be claimed as a dependent.

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 lines 38-57 for Tax and Credits.

Other Taxes

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

Refund

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

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

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes/No

Sign Here

Joint return? See page 17. 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.

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.

Child Tax Credit Worksheet (keep for your records)

Name(s): First PETER A	Last PAN	Your SSN 400-00-1012
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Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36. 2 65390.
3. **1040 filers:** Enter the total of any-
 - Exclusion of income from Puerto Rico, and
 - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.} 3 0.

1040A and 1040NR filers: Enter -0-.
4. Add lines 2 and 3. Enter the total. 4 65390.
5. Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000} 5 75000.
6. Is the amount on line 4 more than the amount on line 5?
 - No.** Leave line 6 blank. Enter -0- on line 7.
 - Yes.** Subtract line 5 from line 4. 6 _____
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 0.
8. Is the amount on line 1 more than the amount on line 7?
 - No.** STOP
 - You cannot take the child tax credit on Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48.
 - Yes.** Subtract line 7 from line 1. Enter the result. 8 1000.

Part 2

9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43. 9 4296.
10. **1040 filers:** Enter the total of the amounts from lines 47 through 52. *
1040A filers: Enter the total of the amounts from lines 29 through 32.
1040NR filers: Enter the total of the amounts from lines 44 through 47. *
 * Include only the amount from Form 5695, line 12. } 10 535.
11. Are you claiming any of the following credits?
 - Residential energy efficient property credit, Form 5695, Part II.
 - Adoption credit, Form 8839 • Mortgage interest credit, Form 8396
 - District of Columbia first-time homebuyer credit, Form 8859} 11 535.
 - No.** Enter the amount from line 10.
 - Yes.** Complete the Line 11 Worksheet to figure the amount to enter here.
12. Subtract line 11 from line 9. Enter the result. 12 3761.
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No.** Enter the amount from line 8.
 - Yes.** Enter the amount from line 12.} **This is your child tax credit.** 13 1000.

**SCHEDULES A&B
(Form 1040)**

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

Schedule A - Itemized Deductions
(Schedule B is on page 2)

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

OMB No. 1545-0074

2007
Attachment
Sequence No. **07**

Your social security number

PETER A PAN

400 00 1012

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1) See Statement 4	1	10500.
2	Enter amount from Form 1040, line 38 2 65390.	2	
3	Multiply line 2 by 7.5% (.075)	3	4904.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	5596.
Taxes You Paid	5 State and local (check only one box):		
(See page A-2.)	a <input checked="" type="checkbox"/> Income taxes, or	5	4340.
	b <input type="checkbox"/> General sales taxes	6	2100.
	6 Real estate taxes (see page A-5)	7	
	7 Personal property taxes	8	
	8 Other taxes. List type and amount		
	9 Add lines 5 through 8	9	6440.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	13500.
(See page A-5.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address	11	
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098.	12	
	13 Qualified mortgage insurance premiums (See page A-7)	13	
	14 Investment interest. Attach Form 4952 if required. (See page A-7.)	14	
	15 Add lines 10 through 14	15	13500.
Gifts to Charity	16 Gifts by cash or check.	16	
If you made a gift and got a benefit for it, see page A-7.	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	665.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	665.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)	21	
(See page A-9.)	22 Tax preparation fees	22	
	23 Other expenses - investment, safe deposit box, etc. List type and amount	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38 25	25	
	26 Multiply line 25 by 2% (.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other - from list on page A-9. List type and amount	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29	26201.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>	30	

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

PETER A PAN

400 00 1012

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

Amount

390.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

390.

390.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer

Amount

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

X

b If "Yes," enter the name of the foreign country

8 During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

727501 06-11-07

Foreign Tax Credit
 (Individual, Estate, or Trust)
 Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **PETER A PAN** Identifying number as shown on page 1 of your tax return **400-00-1012**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) **US**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession France				
1a Gross income from sources within country shown above and of the type checked above:				
	390.			1a 390.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	26201.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	26201.			
d Gross foreign source income	390.			
e Gross income from all sources	65390.			
f Divide line 3d by line 3e005964			
g Multiply line 3c by line 3f	72.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 13 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	72.			6 72.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7 318.

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued								(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
	In foreign currency				In U.S. dollars						
	Taxes withheld at source on:				Taxes withheld at source on:						
	(h) <input type="checkbox"/> Paid					(n) Other foreign taxes paid or accrued					
	(i) <input checked="" type="checkbox"/> Accrued										
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest			
A									416.	416.	
B											
C											
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2									8 416.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	416.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	416.	
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		416.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14	318.	
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	318.	
17 Individuals: Enter the amount from Form 1040, line 41. If you are a nonresident alien, enter the amount from Form 1040NR, line 38. Estates and trusts: Enter your taxable income without the deduction for your exemption	17	39189.	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		.008115
19 Individuals: Enter the amount from Form 1040, line 44, minus any amounts from lines 47-50, and any mortgage interest credit (from Form 8396, line 13) and District of Columbia first time homebuyer credit (from Form 8859, line 13). If you are a nonresident alien, enter the amount from Form 1040NR, line 41, minus any amounts from lines 44-45, and any mortgage interest credit (from Form 8396, line 13) and District of Columbia first time homebuyer credit (from Form 8859, line 13). Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	19		4296.
Caution: If you are completing line 19 for separate category e (lump-sum distributions), see pg. 18 of the instructions.			
20 Multiply line 19 by line 18 (maximum amount of credit)	20		35.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV	21		35.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive category income	22		
23 Credit for taxes on general category income	23		
24 Credit for taxes on certain income re-sourced by treaty	24		
25 Credit for taxes on lump-sum distributions	25		
26 Add lines 22 through 25	26		
27 Enter the smaller of line 19 or line 26	27		35.
28 Reduction of credit for international boycott operations	28		
29 Subtract line 28 from line 27. This is your foreign tax credit . Enter here and on Form 1040, line 51; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29		35.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

Name of individual subject to additional tax. If married filing jointly, see instructions. PETER A PAN (Dec. 10/15/07)		Your social security number 400 00 1012
Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no.
	City, town or post office, state, and ZIP code	If this is an amended return, check here <input type="checkbox"/>

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 60, or Form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for Form 1040NR, line 55.

Part I Additional Tax on Early Distributions

Complete this part if you took a taxable distribution, before you reached age 59 1/2, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 - see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions.

1 Early distributions included in income. For Roth IRA distributions, see instructions See Statement 5	1	3000.
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3 Amount subject to additional tax. Subtract line 2 from line 1	3	3000.
4 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1040NR, line 55 <i>Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).</i>	4	300.

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5 Distributions included in income from Coverdell ESAs and QTPs	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	
8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2007 than is allowable or you had an amount on line 17 of your 2006 Form 5329.

9 Enter your excess contributions from line 16 of your 2006 Form 5329 (see instructions). If zero, go to line 15	9	
10 If your traditional IRA contributions for 2007 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11 2007 traditional IRA distributions included in income (see instructions)	11	
12 2007 distributions of prior year excess contributions (see instructions)	12	
13 Add lines 10, 11, and 12	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15 Excess contributions for 2007 (see instructions)	15	
16 Total excess contributions. Add lines 14 and 15	16	
17 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2007 (including 2007 contributions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2007 than is allowable or you had an amount on line 25 of your 2006 Form 5329.

18 Enter your excess contributions from line 24 of your 2006 Form 5329 (see instructions). If zero, go to line 23	18	
19 If your Roth IRA contributions for 2007 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20 2007 distributions from your Roth IRAs (see instructions)	20	
21 Add lines 19 and 20	21	
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23 Excess contributions for 2007 (see instructions)	23	
24 Total excess contributions. Add lines 22 and 23	24	
25 Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2007 (including 2007 contributions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs

Complete this part if the contributions to your Coverdell ESAs for 2007 were more than is allowable or you had an amount on line 33 of your 2006 Form 5329.

26	Enter the excess contributions from line 32 of your 2006 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2007 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2007 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2007 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2007 (including 2007 contributions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs

Complete this part if you or your employer contributed more to your Archer MSAs for 2007 than is allowable or you had an amount on line 41 of your 2006 Form 5329.

34	Enter the excess contributions from line 40 of your 2006 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2007 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2007 distributions from your Archer MSAs from Form 8853, line 10	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2007 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2007 (including 2007 contributions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2007 than is allowable or you had an amount on line 49 of your 2006 Form 5329.

42	Enter the excess contributions from line 48 of your 2006 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2007 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2007 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2007 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2007 (including 2007 contributions made in 2008). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	49	

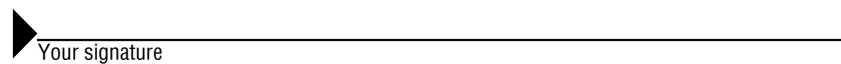
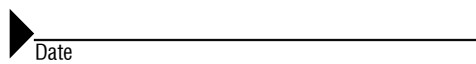

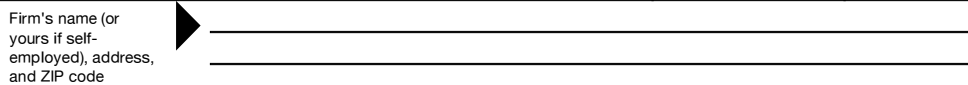
Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2007 (see instructions)	50	
51	Amount actually distributed to you in 2007	51	
52	Subtract line 51 from line 50. If zero or less, enter -0-	52	
53	Additional tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	53	

Signature. Complete **only** if you are filing this form by itself and not with your tax return.

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

Please Sign Here				
	Preparer's signature 		Date <input type="text"/>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code 		Check if self-employed <input type="checkbox"/>	
	Preparer's SSN or PTIN <input type="text"/>		Phone no. <input type="text"/>	

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**

▶ **See separate instructions.**

OMB No. 1545-1971

2007
Attachment
Sequence No. **44**

Name of employer

Social security number

400-00-1012

Employer identification number

72-0001012

PETER A PAN

A Did you pay **any one** household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2007 for any household employee?

- Yes.** Skip line C and go to line 5.
- No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2006 or 2007 to **all** household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2007 do not have to complete this form for 2007.)

Part I Social Security, Medicare, and Income Taxes

1 Total cash wages subject to social security taxes (see page H-4)	1	2000.	
2 Social security taxes. Multiply line 1 by 12.4% (.124)	2		248.
3 Total cash wages subject to Medicare taxes (see page H-4)	3	2000.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4		58.
5 Federal income tax withheld, if any	5		163.
6 Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6		469.
7 Advance earned income credit (EIC) payments, if any	7		
8 Net taxes (subtract line 7 from line 6)	8		469.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
- Yes.** Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2007

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to XXXX State, check "No.")	10	
11 Did you pay all state unemployment contributions for 2007 by April 15, 2008? Fiscal year filers, see page H-4.	11	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	
14 State reporting number as shown on state unemployment tax return	
15 Contributions paid to your state unemployment fund (see page H-4)	15
16 Total cash wages subject to FUTA tax (see page H-4)	16
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17

Section B

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals	19
20 Add columns (h) and (i) of line 19	20
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)	21
22 Multiply line 21 by 6.2% (.062)	22
23 Multiply line 21 by 5.4% (.054)	23
24 Enter the smaller of line 20 or line 23	24
(XXXXXX State employers must use the worksheet in the separate instructions and check here) <input type="checkbox"/>	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	26
27 Add line 17 (or line 25) and line 26	27
28 Are you required to file Form 1040? <input type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See page H-5 for details.	

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

Address (number and street) or P.O. box if mail is not delivered to street address _____ Apt., room, or suite no. _____
City, town or post office, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature _____ Date _____

**Information on Qualifying Children
 Who Are Not Dependents
 (For Child Tax Credit)**

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

Name(s) shown on return

Your social security number

PETER A PAN

400 00 1012



- Do not use this form for any child who is claimed as your dependent on Form 1040A or Form 1040, line 6c, or Form 1040NR, line 7c.
- It will take us longer to process your return and issue your refund if you do not complete all columns for each qualifying child.
- Be sure the child's name and social security number (SSN) agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your child tax credit. 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

	(a) First name Last name	(b) Child's social security number	(c) Child's relationship to you (son, daughter, etc.)
Child 1	MICHAEL ISLANDER	400 55 3014	SON
Child 2			
Child 3			
Child 4			

Statement of Person Claiming Refund Due a Deceased Taxpayer

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ See instructions.

Attachment
Sequence No. **87**

Tax year decedent was due a refund:

Calendar year **2007**, or other tax year beginning _____, 20____, and ending _____, 20____

Please print or type	Name of decedent PETER A PAN	Date of death 10/15/07	Decedent's social security no. 400-00-1012	
	Name of person claiming refund JAMIE PAN		Your social security number 400-00-3012	
	Home address (number and street). If you have a P.O. box, see instructions. 987 BACKYARD RD			Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. SHYTOWN, AZ 86503			

Part I Check the box that applies to you. Check only one box. **Be sure to complete Part III below.**

- A** Surviving spouse requesting reissuance of a refund check (see instructions).
- B** Court-appointed or certified personal representative. Attach a court certificate showing your appointment, unless previously filed (see instructions).
- C** Person, other than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II Complete this part only if you checked the box on line C above.

	Yes	No
1 Did the decedent leave a will?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2a Has a court appointed a personal representative for the estate of the decedent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If you answered " No " to 2a, will one be appointed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered " Yes " to 2a or 2b, the personal representative must file for the refund.		
3 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered " No " to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III Signature and verification. All filers must complete this part.

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶

Date ▶

Noncash Charitable Contributions

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

Name(s) shown on your income tax return

Identifying number

PETER A PAN

400-00-1012

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	143 BLUE STREET, SHYTOWN, AZ 86503	CLOTHES
B		
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

A	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	11/05/07	01/06	Purchase	1100.	665.	WILLING BUYER/SELLER
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____ .

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____ .

(2) For any prior tax years ▶ _____ .

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

	Yes	No

Residential Energy Credits

▶ See instructions.
▶ Attach to Form 1040 or Form 1040NR.

2007

Attachment
Sequence No. **158**

Name(s) shown on return

PETER A PAN

Your social security number

400 00 1012

Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)

1 Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶		1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.			
2 Qualified energy efficiency improvements (see instructions).			
a Insulation material or system specifically and primarily designed to reduce heat loss or gain in your home		2a	
b Exterior doors		2b	
c Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements and is 10000. specifically and primarily designed to reduce heat gain in your home		2c	
d Exterior windows (including skylights)	2d	2000.	
e Maximum amount of cost on which the credit can be figured	2e	2,000	
f Enter the amount, if any, from your 2006 Form 5695, line 2b. Otherwise, enter -0-	2f		
g Subtract line 2f from line 2e	2g		
h Enter the smaller of line 2d or line 2g		2h	
3 Add lines 2a, 2b, 2c, and 2h		3	
4 Multiply line 3 by 10% (.10)		4	
5 Residential energy property costs (see instructions).			12000.
a Energy-efficient building property. Do not enter more than \$300		5a	
b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150		5b	1200.
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50		5c	
6 Add lines 5a through 5c		6	
7 Add lines 4 and 6		7	300.
8 Maximum credit amount. (If you jointly occupied the home, see instructions)		8	500
9 Enter the amount, if any, from your 2006 Form 5695, line 8. Otherwise, enter -0-		9	150.
10 Subtract line 9 from line 8		10	
11 Enter the smaller of line 7 or line 10		11	50.
12 Enter the amount from Form 1040, line 44, or Form 1040NR, line 41	12		
13 Enter the total, if any, of your credits from Form 1040, lines 47 through 49, or Form 1040NR, line 44	13		500.
14 Enter the amount from Form 6251, line 31 (see instructions)	14		1700.
15 Add lines 13 and 14	15		
16 Subtract line 15 from line 12. If zero or less, stop . You cannot take the nonbusiness energy property credit		16	500.
17 Nonbusiness energy property credit. Enter the smaller of line 11 or line 16		17	

LHA For Paperwork Reduction Act Notice, see instructions.

4296.

Form **5695** (2007)

35.

4261.

500.

Before you begin Part II: Figure the amount of any mortgage interest credit or District of Columbia first-time homebuyer credit you are claiming.

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

Table with 3 columns: Description, Line Number, and Amount. Rows include: 18 Qualified solar electric property costs, 19 Multiply line 18 by 30% (.30), 20 Maximum credit amount (2,000), 21 Enter the smaller of line 19 or line 20, 22 Qualified solar water heating property costs, 23 Multiply line 22 by 30% (.30), 24 Maximum credit amount (2,000), 25 Enter the smaller of line 23 or line 24, 26 Qualified fuel cell property costs, 27 Multiply line 26 by 30% (.30), 28 Kilowatt capacity of property on line 26 above X \$1,000, 29 Enter the smaller of line 27 or line 28, 30 Credit carryforward from 2006, 31 Add lines 21, 25, 29, and 30, 32 Enter the amount from Form 1040, line 44, or Form 1040NR, line 41, 33 1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 49, plus the amounts, if any, from line 17 of this form, line 13 of Form 8396, and line 13 of Form 8859. 1040NR filers: Enter the amount, if any, from Form 1040NR, line 44, plus the amount, if any, from line 17 of this form, line 13 of Form 8396, and line 13 of Form 8859., 34 Enter the amount from Form 6251, line 31 (see instructions), 35 Add lines 33 and 34, 36 Subtract line 35 from line 32. If zero or less, enter -0- here and on line 37, 37 Residential energy efficient property credit. Enter the smaller of line 31 or line 36, 38 Credit carryforward to 2008. If line 37 is less than line 31, subtract line 37 from line 31.

Part III Current Year Residential Energy Credits

Table with 3 columns: Description, Line Number, and Amount. Row 39: Add lines 17 and 37. Enter here and on Form 1040, line 50, or Form 1040NR, line 45.

Form 5695 (2007)

500.

Form 1116

U.S. and Foreign Source Income Summary

NAME			
PETER A PAN			400-00-1012
INCOME TYPE	TOTAL	U.S.	FOREIGN General
Compensation	62000.	62000.	
Dividends/Distributions			
Interest	390.	390.	
Capital Gains			
Business/Profession			
Rent/Royalty			
State/Local Refunds			
Partnership/S Corporation			
Trust/Estate			
Other Income	3000.	2610.	390.
Gross Income	<u>65390.</u>	<u>65000.</u>	<u>390.</u>
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	<u>65390.</u>	<u>65000.</u>	<u>390.</u>
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			
Adjusted Gross Income	<u>65390.</u>	<u>65000.</u>	<u>390.</u>
Less Itemized Deductions:			
Specifically Allocated	665.	665.	
Home Mortgage Interest	13500.	13500.	
Other Interest			
Ratably Allocated	12036.	11964.	72.
Total Adjustments to Adjusted Gross Income	<u>26201.</u>	<u>26129.</u>	<u>72.</u>
Taxable Income Before Exemptions	<u>39189.</u>	<u>38871.</u>	<u>318.</u>

NAME

PETER A PAN

400-00-1012

Foreign Income Category

General Limitation Income

Regular	2004	2005	2006	2007
1. Foreign tax paid/accrued				416.
2. FTC carryback to 2007				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				416.
5. Maximum credit allowable				35.
6. Unused foreign tax (+)				
or excess of limit (-)				381.
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining				381.
Total foreign taxes from all available years to be carried to next year				381.

	2000	2001	2002	2003
1. Foreign tax paid/accrued				
2. FTC carryback to 2007				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				
5. Maximum credit allowable				
6. Unused foreign tax (+)				
or excess of limit (-)				
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining				

	1999
1. Foreign tax paid/accrued	
2. FTC carryback to 2007	
for amended returns	
3. Reduction allocated to excluded income	
4. Foreign tax available	
5. Maximum credit allowable	
6. Unused foreign tax (+)	
or excess of limit (-)	
7. Foreign tax carryback	
8. Foreign tax carryforward	
9. Less treaty adjustment	
10. Foreign tax or excess limit remaining	

NAME

PETER A PAN

400-00-1012

Foreign Income Category

General Limitation Income

Alternative Minimum Tax

- 1. Foreign tax paid/accrued
- 2. FTC carryback to 2007
- for amended returns
- 3. Reduction allocated to excluded income
- 4. Foreign tax available
- 5. Maximum credit allowable
- 6. Unused foreign tax (+)
- or excess of limit (-)
- 7. Foreign tax carryback
- 8. Foreign tax carryforward
- 9. Less treaty adjustment
- 10. Foreign tax or excess limit remaining
- Total foreign taxes from all available years to be carried to next year

2004	2005	2006	2007
			416.
			416.
			10.
			406.
			406.
			406.

- 1. Foreign tax paid/accrued
- 2. FTC carryback to 2007
- for amended returns
- 3. Reduction allocated to excluded income
- 4. Foreign tax available
- 5. Maximum credit allowable
- 6. Unused foreign tax (+)
- or excess of limit (-)
- 7. Foreign tax carryback
- 8. Foreign tax carryforward
- 9. Less treaty adjustment
- 10. Foreign tax or excess limit remaining

2000	2001	2002	2003

- 1. Foreign tax paid/accrued
- 2. FTC carryback to 2007
- for amended returns
- 3. Reduction allocated to excluded income
- 4. Foreign tax available
- 5. Maximum credit allowable
- 6. Unused foreign tax (+)
- or excess of limit (-)
- 7. Foreign tax carryback
- 8. Foreign tax carryforward
- 9. Less treaty adjustment
- 10. Foreign tax or excess limit remaining

1999

Footnotes

Statement 1

BANKING

Form 1040 IRA Distributions Statement 2

Name of Payer	Gross Distribution	Taxable Amount
MY BANK AND TRUST CO	3000.	3000.
Total to Form 1040, line 15	3000.	3000.

Form 1040 Wages Received and Taxes Withheld Statement 3

T S Employer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA Tax	Medicare Tax
T MFG	62000.	6600.	4340.		3906.	914.
Totals	62000.	6600.	4340.		3906.	914.

Schedule A Medical and Dental Expenses Statement 4

Description	Amount
Medical Insurance Premiums Paid	10500.
Total to Schedule A, line 1	10500.

Form 5329 Early Distributions Included in Gross Income Statement 5

PETER A PAN (Dec. 10/15/07)	400-00-1012
Description	Amount
Traditional IRA MY BANK AND TRUST CO	3000.
Total to Form 5329, line 1	3000.