

BEATHAM, BERNIER, SEEKINS AND COLPRITT
CERTIFIED PUBLIC ACCOUNTANTS
38 PARKWAY SOUTH
BREWER, MAINE 04412
(207) 941-8890

INDIVIDUAL INCOME TAX DATA QUESTIONNAIRE

TAX YEAR 2007

Taxpayer Name (T) _____ Soc. Security # _____
 Occupation _____ Date of Birth _____

Spouses Name (S) _____ Soc. Security # _____
 Occupation _____ Date of Birth _____

Street Address _____

City, State, Zip Code _____

Telephone Number: Home _____ Business _____

E-mail Address _____ Fax # _____

Mobile # _____

DEPENDENTS (Note changes from prior year)

<u>NAME</u>	<u>SS#</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>

Did you have any children under the age 18 on January 1, 2008 with interest and dividend income in excess of \$850, or total investment income in excess of \$1,700?

ELECTRONIC FILING & DIRECT DEPOSIT

Your return will be prepared for electronic filing, unless it does not meet the electronic filing qualifications. Electronic filing reduces processing errors, provides proof of filing and expedites the receipt of income tax refunds. A refund from an e-filed return with direct deposit will be received on average 3 to 6 weeks faster than standard paper filing without direct deposit. If you owe money with your return, you may mail a voucher with payment on April 15, 2008, or you may elect to have it automatically withdrawn from your checking or savings account.

DIRECT DEPOSIT INFORMATION / AUTOMATIC WITHDRAWAL

- For direct deposit, please attach a cancelled check or deposit slip with account information and the type of account.
- For automatic withdrawal, please attach a cancelled check or deposit slip with account information and the type of account. If you do not opt for automatic withdrawal, a voucher will be prepared for you mail with check payment.
 - ✓ _____ I wish to have the 2007 balance(s) due automatically withdrawn from the attached account on April 17, 2008.
 - ✓ _____ I wish to have 2008 estimated tax payments automatically withdrawn from the attached account per the instruction letter prescribed IRS/Maine due dates.

ELECTIONS AND CONTRIBUTIONS

Do you wish to designate \$3.00 of your taxes to the Presidential Election? (T)_____ (S)_____

Do you wish to donate to any of the following political parties/charities on your **State of Maine** return?:

Democratic Party	\$ _____	Green Independent Party	\$ _____
Republican Party	\$ _____	Endangered/Wildlife Fund	\$ _____
Maine Children's Trust	\$ _____	Bone Marrow Donor Registry	\$ _____
Companion Animal Sterilization	\$ _____	Maine Military Family Relief	\$ _____
Maine Veteran's Memorial	_____	Maine Asthma & Lung Disease	\$ _____
Cemetery Maintenance	\$ _____		

Park Passes:

Individual (\$30 each) _____ Indicate quantity
 Vehicle (\$60 each) _____ Indicate quantity

ESTIMATED TAX PAYMENTS FOR 2007

DUE DATES:	<u>April 15,</u> <u>2007</u>	<u>June 15,</u> <u>2007</u>	<u>Sept 15,</u> <u>2007</u>	<u>Jan 15,</u> <u>2008</u>
FEDERAL--				
AMOUNT	\$ _____	\$ _____	\$ _____	\$ _____
DATE PAID	_____	_____	_____	_____
STATE				
AMOUNT	\$ _____	\$ _____	\$ _____	\$ _____
DATE PAID	_____	_____	_____	_____

INCOME

- Please include all forms W-2 received.
- Please include all 1099 forms received as follows:
 - Interest Income (1099-INT)
 - Dividend Income (1099-DIV)
 - Miscellaneous Income (1099-MISC)
 - Unemployment Compensation (1099-G)
 - Retirement Benefits (1099-R)
 - Social Security Benefits (1099-SSA)
 - Sale of Securities/Real Estate (1099-B or 1099-S)
 - State Tax Refunds (1099-G)
 - Gambling Winnings (W-2G)
 - Health Savings Account (1099-HSA)
- Please include amounts for any Tax Exempt interest received and not reported on form 1099.
- Please include amounts of Alimony received or paid during the year. If paid, please include recipient's social security number.

- Please include a business and/or farm income and expense summary for each business operated during the year.
- Please include capital gain/loss information on the sale of capital assets as follows:
 - Date of original purchase and original cost basis.
 - Date of sale and selling price. Please include closing statement for real estate sales.
- Please include a rental income and expense summary for each property owned.
- Please include all K-1 forms for all partnerships, estates and trusts, and small business corporations.

ADJUSTMENTS TO GROSS INCOME

- Please include the following:
 - Self Employed health insurance premiums paid for owner/operator.
 - Contributions paid to IRAs, include amounts for self and spouse. (ROTH, Nondeductible or deductible)
 - Contributions paid to Keogh/SEP/SIMPLE plans, include amounts for self and spouse.
 - Moving expenses incurred resulting from a new job.
 - Interest paid on qualified education loans
 - Alimony Paid
 - Educator(s) Classroom expenses up to \$250
 - Health savings account (HSA) contributions

MISCELLANEOUS INFORMATION

- **State of Maine Use/Sales Tax:**
 Items purchased for use in Maine from retailers who do not collect the Maine sales tax are subject to Maine Use tax. The state will allow you to multiply your Maine adjusted gross income by .08% if you do not know the exact amount you owe. Items that cost \$1,000 or more are added to the percentage amount. Please write **NONE** in the amount column if there have been no purchases during the year.

	AMOUNT	SALES TAX PD
-Out of state/Mail orders	\$ _____	\$ _____

DEDUCTIONS

MEDICAL AND DENTAL EXPENSES PAID

Please include amounts paid for the following:

- Drugs and Medicines
 - prescriptions and insulin \$ _____
- Medical and Dental Insurance Premiums
 - exclude premiums solely for life and disability \$ _____
- Transportation to obtain medical care
 - mileage in connection with medical care \$ _____
 - taxi, tolls, parking, bus fares, air fares \$ _____

- Attach list of expenses for:
-doctors, dentists, medical supplies, ambulance, artificial limbs and teeth, glasses and eye examinations, hearing aids and batteries, x-rays, therapy, hospitals and sanitariums, lab tests, and nurses. Rental or purchase of medical, healing or convalescent equipment. \$ _____
- Insurance reimbursements received – include medicare reimbursements \$ _____
- Long-term care premiums (please specify taxpayer and/or spouse) \$ _____

TAXES

Please include amounts paid for the following:

- Real Estate
-personal residence \$ _____
-other \$ _____
- Other State income taxes \$ _____
- Personal property
-excise tax, boats, auto, etc. \$ _____
- Sales Tax Paid on Large Purchases \$ _____

INTEREST EXPENSE

Please include amounts paid for the following:

- Home mortgage interest, points paid and qualified mortgage insurance premiums– please include all forms 1098. \$ _____
- Home mortgage interest paid to an individual – please include name, address, and social security number or the recipient. \$ _____
- Investment interest paid to banks or brokerage firms. \$ _____

CONTRIBUTIONS

Please include amounts paid for the following:

- List for which you have cancelled checks or receipts \$ _____
(Effective August 23, 2006, all contributions must be evidenced by written acknowledgement by the donee and/or a bank record. We recommend obtaining receipts for all contributions in order for them to be deductible.)
- Final paystub documenting payroll withdrawals for charitable organizations \$ _____
- Mileage in connection with work for charitable organizations \$ _____
- Fair market value of merchandise, clothing, stocks, property, etc. given to charity: List date, description, and fair market value. Attach schedule and receipts showing original cost and fair market value if \$250 or greater. **No deduction is allowed for contributions of clothing or household items that are not in good used condition or better. In addition, a Deduction for any items with minimal monetary value may be denied.** \$ _____

MISCELLANEOUS DEDUCTIONS

Please include amounts paid for the following:

- Non-Business Bad Debt \$ _____
- Tax Preparation Fees and/or Estate Planning Fees, tax portion \$ _____
- Professional or Work Related Publications \$ _____
- Professional Dues and Union Dues \$ _____
- Safe Deposit Box \$ _____
- Professional Licenses and Fees \$ _____
- Uniforms and Special Tools \$ _____
- Safety Equipment \$ _____
- Casualty Losses (Non-reimbursed – explain) \$ _____
- Job Seeking Expenses (in same field) \$ _____
- Investment Publications and Journals \$ _____
- Investment Counsel Fees and/or Custodian Fees \$ _____
- Educational and Professional Development \$ _____
- Unreimbursed Employee Expenses – list separately \$ _____

CHILD AND DEPENDENT CARE EXPENSES

Please include care providers name, address, social security number/federal ID number and amounts paid on behalf of each child during 2007.

EDUCATION EXPENSES

Please include qualified tuition and fees required for enrollment at an accredited post-secondary educational institution paid for you, your spouse and dependents during 2007. Please note year in college for each qualifying student.

HOUSEHOLD EMPLOYMENT TAXES

Please include employee's name, address, social security number and amounts paid.

MISCELLANEOUS QUESTIONS

Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2007?

Did you purchase a new hybrid vehicle in 2007?