

2007 Federal Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



Brie A Hoblin
69 Hickok Street
Winooski, VT 05404

Balance Due/Refund	Your federal tax return (Form 1040A) shows you are due a refund of \$170.00. Do not expect your refund from the Internal Revenue Service. You have applied \$170.00 to your 2008 estimated taxes.		
2007 Federal Tax Return Summary	Adjusted Gross Income	\$	-1,770.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	170.00
	Refund Applied to ES Tax	\$	170.00
	No Refund or Amount Due	\$	0.00
	Effective Tax Rate		0.00%
Forms Included	U.S. Individual Income Tax Return		

Form 1040A		Department of the Treasury — Internal Revenue Service		U.S. Individual Income Tax Return		2007		IRS Use Only — Do not write or staple in this space.	
Label (See instructions.)	Your first name and initial		Last name		OMB No. 1545-0074				
	Brie		A Hoblin		Your social security number		008-72-8097		
	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.		Apartment no.		▲ You must enter your SSN(s) above ▲				
Use the IRS label. Otherwise, please print or type.	69 Hickok Street				City, town or post office. If you have a foreign address, see instructions.		State ZIP code		
	Winooski		VT		05404		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) ▶ <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse								
Filing status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)							
	2 <input type="checkbox"/> 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 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)							
Exemptions	6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.		Boxes checked on 6a and 6b		1				
	b <input type="checkbox"/> Spouse								
	c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) . . . Dependents on 6c not entered above . . .			
If more than six dependents, see instructions.	(1) First name	Last name							
d Total number of exemptions claimed		Add numbers on lines above ▶		1					
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2		7		2,230.				
	8 a Taxable interest. Attach Schedule 1 if required.		8 a						
	b Tax-exempt interest. Do not include on line 8a.		8 b						
	9 a Ordinary dividends. Attach Schedule 1 if required		9 a						
	b Qualified dividends (see instructions).		9 b						
	10 Capital gain distributions (see instructions).		10						
	11 a IRA distributions		11 a		11 b Taxable amount		11 b		
	12 a Pensions and annuities		12 a		12 b Taxable amount		12 b		
	13 Unemployment compensation and Alaska Permanent Fund dividends		13						
	14 a Social security benefits		14 a		7,031.		14 b Taxable amount		
							14 b		
	15 Add lines 7 through 14b (far right column). This is your total income. ▶		15		2,230.				
Adjusted gross income	16 Educator expenses (see instructions)		16						
	17 IRA deduction (see instructions)		17						
	18 Student loan interest deduction (see instructions)		18						
	19 Tuition and fees deduction. Attach Form 8917		19		4,000.				
	20 Add lines 16 through 19. These are your total adjustments		20		4,000.				
21 Subtract line 20 from line 15. This is your adjusted gross income. ▶		21		-1,770.					
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.								Form 1040A (2007)	

Tax,
credits,
and
paymentsStandard
Deduction
for —

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

- All others:

Single or
Married filing
separately,
\$5,350Married filing
jointly or
Qualifying
widow(er),
\$10,700Head of
Household,
\$7,850If you have
a qualifying
child, attach
Schedule EIC.22 Enter the amount from line 21 (adjusted gross income) **22** -1,770.23 a Check ☐ You were born before January 2, 1943, ☐ Blind ☐ Total boxes
if: ☐ Spouse was born before January 2, 1943, ☐ Blind checked ▶ 23 a ☐b If you are married filing separately and your spouse itemizes deductions,
see instructions and check here ▶ 23 b ☐24 Enter your **standard deduction** (see left margin) **24** 5,350.25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- **25** 0.26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed
on line 6d. If line 22 is over \$117,300, see the instructions **26** 3,400.27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your
taxable income ▶ **27** 0.28 **Tax**, including any alternative minimum tax
(see instructions). **28** 0.29 Credit for child and dependent care expenses.
Attach Schedule 2 **29**30 Credit for the elderly or the disabled. Attach Schedule 3 **30**31 Education credits. Attach Form 8863 **31**32 Child tax credit (see instructions).
Attach Form 8901 if required **32**33 Retirement savings contributions credit. Attach Form 8880 **33**34 Add lines 29 through 33. These are your **total credits** **34**35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- **35** 0.36 Advance earned income credit payments from Form(s) W-2, box 9 **36**37 Add lines 35 and 36. This is your **total tax** ▶ **37** 0.38 Federal income tax withheld from Forms W-2 and 1099 **38**39 2007 estimated tax payments and amount applied from
2006 return **39**40 a **Earned income credit (EIC)**. **40 a** 170.b Nontaxable combat pay election. **40 b**41 Additional child tax credit. Attach Form 8812 **41**42 Add lines 38, 39, 40a, and 41. These are your **total payments** ▶ **42** 170.

Refund

43 If line 42 is more than line 37, subtract line 37 from line 42.
This is the amount you **overpaid**. **43** 170.44 a Amount of line 43 you want **refunded to you**. If Form 8888 is attached, check here . . ▶ ☐ **44 a** 0.▶ b Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number XXXXXXXXXXXXXXXXXXXX

45 Amount of line 43 you want **applied to your 2008**
estimated tax **45** 170.Amount
you owe46 **Amount you owe**. Subtract line 42 from line 37. For details on how to pay,
see instructions ▶ **46**47 Estimated tax penalty (see instructions) **47**Third party
designeeDo 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

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Joint return?
See instructions. ▶Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

Keep a copy
for your records.Paid
preparer's
use onlyPreparer's
signature ▶

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN

Firm's name
(or yours if self-
employed),
address, and
ZIP code ▶

Self-Prepared

EIN
Phone
no.

Tuition and Fees Deduction

► **See instructions.**
► **Attach to Form 1040 or Form 1040A.**

2007Attachment
Sequence No. **63**

Name(s) shown on return

Brie A Hoblin

Your social security number

008-72-8097

Caution: You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** in the same year.

Before you begin: ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions.

✓ If you file Form 1040, use the instructions for line 36 to figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36.

1	(a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	First name	Last name		
	Brie	Hoblin	008-72-8097	4,185.
2	Add the amounts on line 1, column (c), and enter the total			4,185.
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15			2,230.
4	Enter the total from either:			
	<ul style="list-style-type: none"> Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or Form 1040A, lines 16 through 18 			
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you cannot take the deduction for tuition and fees			2,230.
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.			4,000.

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Publication 970 to figure the amount to enter.

Federal Information Worksheet

► Keep for your records

2007

Part I – Personal Information

Information in Part I is **completely calculated** from the Personal Information Worksheets. Enter taxpayer and spouse information on the applicable Personal Worksheet.

Taxpayer:

First Name Brie
 Middle Initial A Suffix _____
 Last Name Hoblin
 Social Security No. 008-72-8097
 Occupation student
 Date of Birth 06/15/1979 (mm/dd/yyyy)
 or Age as of 1/1/2008. 28
 Daytime Phone (802) 318-6404 Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? ☐ Yes ☒ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? ☒ Yes ☐ No

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____ (mm/dd/yyyy)
 or Age as of 1/1/2008. _____
 Daytime Phone _____ Ext _____
 Legally blind ☐
 Date of death _____

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? ☐ Yes ☐ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? ☐ Yes ☐ No

Part II – Address and Federal Filing Status

Address 69 Hickok Street Apt No. _____
 City Winooski State VT ZIP Code 05404
 Foreign country _____

APO/FPO address, check if appropriate APO ☐ FPO ☐

Home phone _____
 Check to print phone number on Form 1040 ☐ Home ☐ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

- 1 ☒ Single
 2 ☐ Married filing jointly
 3 ☐ Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
 4 ☐ Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____ Child's social security number _____
 5 ☐ Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2005 ☐ 2006 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from the Dependent and Nondependent Information Worksheets. Enter Part III information on the Dependent Information Worksheet.

First Name	MI	Social Security Number	Date of Birth			Qualified child/dependent care expenses incurred and paid in 2007	E I C	Lived with taxpayer in U.S.	Education tuition and fees	* Dep
Last Name	Suffix	Relationship	Age	C o d e	Not qualified for child tax credit					
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	

* 'Yes' qualifies as dependent. 'No' does not qualify as dependent.

FDIY4912 03/04/08

If you are eligible for the child tax credit or the earned income credit enter amounts **not** considered earned income (see Help).

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person?	► Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2007?	► Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If the SSN of either the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment , check this box (see Help)				
<input type="checkbox"/>				
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2007				
<input type="checkbox"/>				
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year?	► Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Check if you were notified by the IRS that EIC cannot be claimed in 2007.				
<input type="checkbox"/>				

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund?	►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you want to elect direct debit of federal balance due (Electronic Filing only)?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you selected either of the options above, fill out the information below:

Name of financial institution (optional)	►						
Check the appropriate box	►	Checking	<input checked="" type="checkbox"/>	Savings	<input type="checkbox"/>		
Routing number	►			Account number	►		

To enter information for the Installment Agreement Request, see Form 9465.

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above	►		
Balance-due amount from this return	►		

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction	►	<input type="checkbox"/>
Check this box if you are married filing separately and your spouse itemized deductions	►	<input type="checkbox"/>
Check this box to take the standard deduction even if less than itemized deductions	►	<input type="checkbox"/>

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ	►	<input type="checkbox"/>	
Are you filing Form 1040A only to receive the stimulus payment?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help)	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------	---	------------------------------	-----------------------------

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the spouse a full-time student?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116	►	<input type="checkbox"/>
Resident country	►	USA

Excludable Income from American Samoa, Guam, Commonwealth of the Northern Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands		
Excludable income from Puerto Rico		

Dual Status Alien Return:

Check this box if you are a dual-status alien	►	<input type="checkbox"/>
---------------------------------------------------------	---	--------------------------

Third Party Designee:**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS?	►	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------	---	------------------------------	-----------------------------

If Yes, complete the following:

Third party designee name	►				
Third party designee phone number	►	Personal identification number	►		

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information	►		
--------------------------------------------------------------------------------------------------------------------------------------------------	---	--	--

Part VII – State Filing Information Enter taxpayer and spouse state of residence on the applicable Personal Information Worksheet.**Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2007 VT

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ☒Taxpayer is a resident of the state above for only part of year ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2007 _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ☐Spouse is a resident of the state above for only part of year ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ☐Check if this is the joint return created to file joint state tax return (see Help) ☐

**Personal Information Worksheet
For the Taxpayer**

2007

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Brie Middle initial . A Last name . . Hoblin
Suffix _____

Social security no. . . . 008-72-8097

Date of birth 06/15/1979 (mm/dd/yyyy) age as of 1-1-2008 28

Occupation student Daytime phone (802) 318-6404 Ext _____

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2007 ► ☐ 2007 ► ☐ 2006 ► ☐ 2005 ► ☐ Before 2005 ► ☐

Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

If so, are you actually claimed as a dependent on that person's tax return? ► ☐ Yes ☐ No

Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☒ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☒ Yes ☐ No

Part II – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2007 VT

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part III – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2007 _____

Part IV – Qualified Education

- 1 Are you enrolled in a degree, certificate, or credential program at a qualified institution? ☒ Yes ☐ No
- 2 Did you take post high-school classes at an eligible education institution to improve or acquire job skills? ☒ Yes ☐ No
- 3 Are you enrolled in the first or second year of education after high school? ☐ Yes ☒ No
- 4 Did you carry at least 1/2 full-time class schedule for one academic period? ☒ Yes ☐ No
- 5 Have you been convicted of possessing or distributing a controlled substance? ☐ Yes ☒ No
- 6 Check this box if you received a Form 1098-T ☒
- 7 Check if you paid education expenses but didn't receive a Form 1098-T ☒
- 8 Check if you received tax-free education assistance ☐
- 9 Qualified for the Hope credit? ☐ Yes ☒ No
- 10 Qualified for the lifetime learning credit? ☒ Yes ☐ No
- 11 Qualified for the tuition and fees deduction? ☒ Yes ☐ No

Check one of the three boxes below to manually choose a credit or deduction:

- 12 Choose to take the Hope credit? ☐
- 13 Choose to take the lifetime learning credit? ☐
- 14 Choose to take the tuition and fees deduction? ☐

QuickZoom to launch the Optimizer on the Education Tuition and Fees Worksheet ►

15 Education Expenses:

- a Tuition amounts reported on Form(s) 1098-T 0.
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T 4,185.
- c Enter amount of enrollment and attendance fees
- d Enter amount paid directly to the institution(s) for books
- e Enter amount paid directly to the institution(s) for equipment
- f Enter amount paid directly to the institution(s) for supplies
- g Enter other expenses paid directly to the institution(s)
- h Total Education Expenses** Add lines 15a through 15g 4,185.

16 Tax-Free Education Assistance:

- a Scholarships or grants reported on Form(s) 1098-T
- b Enter Scholarship amounts excluded from gross income
- c Enter Fellowship amounts received
- d Enter Pell Grant amounts received
- e Enter Veterans' educational assistance
- f Enter employer-provided educational assistance
- g Enter other tax-free assistance
- h Total Tax-Free Education Assistance** Add lines 16b through 16g

- 17 Qualified Education Expenses.** Subtract line 16h from line 15h. Calculates only if qualifying person for education 4,185.

18 Form(s) 1098-T

Copy No.	School Name	Qualified Tuition (Box 1)	Scholarships or Grants (Box 5)
1	Champlain College	0.	

► Keep for your records

Name(s) Shown on Return

Brie A Hoblin

Social Security Number

008-72-8097

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	2,229.58		2,229.58
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	0.00		0.00
3 & 7	Total social security wages/tips	2,229.58		2,229.58
4	Total social security tax withheld	138.23		138.23
5	Total Medicare wages and tips	2,229.58		2,229.58
6	Total Medicare tax withheld	32.33		32.33
8	Total allocated tips			
9	Total advance earned income credit			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips.			
h	Total other items from box 14			
16	Total state wages and tips	2,229.58		2,229.58
17	Total state tax withheld			
19	Total local tax withheld.			

Name
Brie A HoblinSocial Security Number
008-72-8097☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 008-72-8097**b** Employer's ID number 32-0055269**c** Employer's name, address, and ZIP codeThabault & Thabault Inc.DBA Home Instead Senior CareStreet 41 IDX Drive Suite 230City South BurlingtonState VT ZIP Code 05403☐ Employer has foreign address (see Help)**d** Control number☒**Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst Brie M.I. ALast Hoblin Suff.**f** Employee's address and ZIP codeStreet 69 Hickok StreetCity WinooskiState VT ZIP Code 05404☐ Employee has foreign address (see Help)**1** Wages, tips, other compensation2,026.01**3** Social security wages2,026.01**5** Medicare wages and tips2,026.01**7** Social security tips**9** Advance EIC payment**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income tax withheld0.00**4** Social security tax withheld125.61**6** Medicare tax withheld29.38**8** Allocated tips**10** Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government**Box 15**

State

VT

Employer's state I.D. no.

430320055269F01**Box 16**

State wages, tips, etc.

2,026.01**Box 17**

State income tax

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated

State

Box 14

Description or Code on Actual Form W-2

Amount

TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Brie A HoblinSocial Security Number
008-72-8097
☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 008-72-8097
b Employer's ID number 03-0179603
c Employer's name, address, and ZIP code
 VISITING NURSE ASSOC. OF
 CHITTENDEN AND GRAND
 Street 1110 PRIM ROAD
 City COLCHESTER
 State VT ZIP Code 05446-1340
☐ Employer has foreign address (see Help)

d Control number 05791646/HYX
☒ **Transfer employee information from
the Federal Information Worksheet**

e Employee's name
 First Brie M.I. A
 Last Hoblin Suff. _____
f Employee's address and ZIP code
 Street 69 Hickok Street
 City Winooski
 State VT ZIP Code 05404
☐ Employee has foreign address (see Help)

1 Wages, tips, other
compensation
203.57**3** Social security wages
203.57**5** Medicare wages and tips
203.57**7** Social security tips**9** Advance EIC payment**11** Nonqualified plans**12** Enter box 12 below
13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.
2 Federal income
tax withheld**4** Social security tax withheld
12.62**6** Medicare tax withheld
2.95**8** Allocated tips
10 Dependent care benefits
 Distributions from sect. 457
 and nonqualified plans
 (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax _____ M: Enter amount attributable to RRTA Tier 2 tax _____ P: Double click to link to Form 3903, line 4. . . _____ R: Enter MSA contribution for Taxpayer . . . _____ Spouse _____ G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
VT	430030179603F01	203.57	

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Taxpayer's name <u>Brie A Hoblin</u>	Social Security No. <u>008-72-8097</u>
-----------------------------------------	-------------------------------------------

Required: Select one of the links below

Double-click to link this 1098-T to a Personal Information Worksheet for either the taxpayer or spouse

to report this 1098-T information ► Brie

Double-click to link this 1098-T to a copy of the Dependent Information Worksheet to report this

dependent's 1098-T ► _____

Filer's name <u>Champlain College</u>		1 Payments received for qualified tuition and related expenses \$ <u>0.</u>	
Street address _____			
City _____	State _____	2 Amounts billed for qualified tuition and related expenses \$ _____	
Zip Code _____			
Telephone no. _____	Ext: _____	3 Check if you have changed your reporting method for 2007 <input type="checkbox"/>	
Filer's Federal identification number _____	Student's Social Security Number. _____	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name _____			
Street address _____ Apt. No. _____			
City _____	State _____	6 Adjustments to scholarships or grants for a prior year \$ _____	7 Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2008 ► <input type="checkbox"/>
Zip Code _____			
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input type="checkbox"/>	9 Check if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Name(s) Shown on Return Brie A Hoblin		Social Security Number 008-72-8097	
Social Security/Railroad Retirement benefits received in 2006 ► <input type="checkbox"/>			
	Taxpayer	Spouse	
A Total net benefits from Box 5 of all SSA-1099 forms	7,031.		
B Total federal tax withheld from box 6 of all SSA-1099 forms	0.		
C Total Medicare B premiums withheld from all SSA-1099 forms	187.		
D Total Medicare D premiums withheld from all SSA-1099 forms	0.		
E Total net benefits from Box 5 of all RRB-1099 forms			
F Total federal tax withheld from box 10 of all RRB-1099 forms			
G Total Medicare premiums from Box 11 of all RRB-1099 forms			
H Total nontaxable veterans' disability compensation, pension, and survivors' benefits received from the Dept of Veterans' Affairs			
1 Add amounts from line A and line E above. Also enter this amount on Form 1040, line 20a 1 7,031.			
2 Enter one-half of line 1 2 3,516.			
3 Add the amounts on Form 1040, lines 7 (before adoption benefits exclusion), 8a (before U.S. savings bond interest exclusion), 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and line 21. Also include certain income of bona fide residents of American Samoa or Puerto Rico. 3 2,230.			
4 Enter the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion 4			
5 Add lines 2, 3, and 4 5 5,746.			
6 Amount from Form 1040, lines 23 through 32, plus any write-in amounts on line 36 (other than foreign housing deduction). 6			
7 Subtract line 6 from line 5. 7 5,746.			
8 Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2007) 8 25,000.			
9 Subtract line 8 from line 7. If zero or less, enter -0- 9 0.			
If line 9 is zero or less , stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 20b. If you are married filing separately and you lived apart from your spouse for all of 2007, enter 'D' to the right of the word 'benefits' on line 20a. If line 9 is more than zero , go to line 10.			
10 Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2007) 10			
11 Subtract line 10 from line 9. If zero or less, enter -0- 11			
12 Enter the smaller of line 9 or line 10. 12			
13 Enter one-half of line 12. 13			
14 Enter the smaller of line 2 or line 13. 14			
15 Multiply line 11 by 85% (.85). If line 11 is zero, enter -0- 15			
16 Add lines 14 and 15 16			
17 Multiply line 1 by 85% (.85) 17			
18 Taxable social security benefits. Enter the smaller of line 16 or line 17 18 If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.			
19 Taxable benefits with lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet. 19			
20 Taxable Social Security benefits. Enter the smaller of line 18 or line 19. Also enter this amount on Form 1040, line 20b 20			

Name(s) Shown on Return
Brie A HoblinSocial Security Number
008-72-8097

QuickZoom to Schedule EIC ►
QuickZoom to Information Worksheet to enter qualifying children information ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7 ►

1	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes	1	2,230.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	2,230.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Earned income. Add lines 3, 4c, and 5	6	2,230.
7	Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children.	7	170.
If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.			
8	Enter your AGI from Form 1040, line 38	8	-1,770.
9	If you have: <ul style="list-style-type: none">• No qualifying children, is the amount on line 8 less than \$7,000 (\$9,000 if married filing jointly)?• 1 or more qualifying children, is the amount on line 8 less than \$15,400 (\$17,400 if married filing jointly)?		
<input checked="" type="checkbox"/>	Yes. Go to line 10 now.		
<input type="checkbox"/>	No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children	9	
10	Earned income credit. <ul style="list-style-type: none">• If 'Yes' on line 9, enter the amount from line 7• If 'No' on line 9, enter the smaller of line 7 or line 9	10	170.

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 40a, or Form 1040EZ, line 8a.

Education Tuition and Fees Worksheet

2007

► Keep for your records

Name(s) Shown on Return

Brie A Hoblin

Your Social Security No.

008-72-8097

Part I - Student Identifying Information

For each person with qualified education expenses, **Quickzoom** to either a Personal Information Worksheet or a Dependent Information Worksheet to enter student education information

Part II - Enter Qualified Education Expense Information

- 2 If you would like to use the **manual** method to classify the expenses, you **must** make that selection on one of the two worksheets:
 Personal Information Worksheet ► _____
 Dependent Information Worksheet ► _____
- 3 To **automatically** calculate the credit/deduction combination which yields the lowest net tax liability, go to Part III.

To enter qualified education expenses, use the quickzoom above to enter them on either the Personal Information Worksheet or the Dependent Information Worksheet				Classification Method Automatic Caution : See Part III Below	
(a) Student's name		(b) Qualified Education Expenses	(c) Qualified for Hope Credit?	(d) Manual: Choose Credit or Deduction	(e) Automatic: TurboTax Choice(s) (See Part III Below)
First Name	MI				
Last Name	Suffix				
Social Security Number					
Brie	A	4,185.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Hoblin			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
008-72-8097			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Part III - Optimize Education Expenses for the Lowest Tax

Note: The Education Expense Optimizer automatically selects the Deduction or Credit choices that generate the lowest tax. TurboTax does this by calculating all possible Deduction and Credit combinations for up to 5 students. This could take a minute or more while the program recalculates up to 243 different scenarios of your tax return.

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . ▶ ☐
- 2 Automatic - Check to use the Credit choices calculated in Part II, column (e) above . . . ▶ ☒ **X**
- OR
- 3 Manual - Check to use the Credit choices you entered in Part II, column (d) above . . . ▶ ☐

Part IV - Summary**Net Tax Liability based on the Credit combination selected in Part II**

1	Total tax		1	0.
2	Earned income credit (EIC)	2	170.	
3	Additional child tax credit.	3		
4	Net tax Liability without carryforwards ▶		4	0.
5	Credit Carryforwards			
a	General Business Credit	5a		
b	Adoption credit	b		
c	Mortgage interest credit	c		
d	Foreign tax credit	d		
e	Residential Energy Credit	e		
f	Other carryovers	f		
6	Total Carryovers	6		
7	Net tax liability with carryforwards ▶		7	0.

Tuition and Fees Deduction Summary

8	Total 2007 tuition and fees paid for purposes of deduction.	8	4,185.
9	Modified adjusted gross income	9	2,230.
10	Maximum deduction allowed	10	4,000.
11	Allowable Tuition and Fees Deduction (lesser of line 8 or line 10).	11	4,000.

Hope and Lifetime Learning Credits Summary

12	Tentative Hope Credit	12	
13	Tentative Lifetime Learning Credit	13	
14	Total Education Credits (after limitations)	14	

Federal Carryover Worksheet

2007

► Keep for your records

Name(s) Shown on Return Brie A Hoblin	Social Security Number 008-72-8097
------------------------------------------	---------------------------------------

2006 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information			2006	2007
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions after limitation	3		763.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		-1,770.
6	Tax liability for Form 2210 or Form 2210-F	6		0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		170.

QuickZoom to the IRA Information Worksheet for IRA information (see Tax Help) ►

Excess Contributions			2006	2007
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2006	2007
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2007	b		
	b 2006	c		
	c 2005	d		
	d 2004	e		
	e 2003	f		
	f 2002			

Brie A Hoblin

008-72-8097

Charitable Contribution Carryovers

27	2006 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2006				
b	2005				
c	2004				
d	2003				
e	2002				

28	2007 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2007				
b	2006				
c	2005				
d	2004				
e	2003				

Estimated Rebate Due to Economic Stimulus Act of 2008

29	Total Estimated Rebate:	
a	Basic Credit	300.
b	Child Credit	0.
c	Reduction Due to Adjusted Gross Income Limitation	
d	Total Estimated Rebate	300.

Tax History Report

2007

► Keep for your records

Name(s) Shown on Return

Brie A Hoblin

Five Year Tax History:

	2003	2004	2005	2006	2007
Filing status					Single
Total income					2,230.
Adjustments to income					4,000.
Adjusted gross income					-1,770.
Tax expense					
Interest expense					
Contributions					
Miscellaneous deductions					30.
Other itemized deductions					733.
Total itemized/standard deduction					5,350.
Exemption amount					3,400.
Taxable income					0.
Tax					
Alternative minimum tax					
Total credits					
Other taxes					
Payments					170.
Form 2210 penalty					
Amount owed					0.
Applied to next year's estimated tax					170.
Refund					
Effective tax rate %					0.00
**Tax bracket %					

**Tax bracket % is based on Taxable Income.

Tax Summary
 ► Keep for your records

2007

Name (s)	SSN
Brie A Hoblin	008-72-8097
Total income	2,230.
Adjustments to income	4,000.
Adjusted gross income	-1,770.
Itemized/standard deduction	5,350.
Exemption amount	3,400.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	0.
Total payments	170.
Estimated tax penalty	
Refund	0.
Balance due	0.

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you claimed a tuition and fees deduction.

Compare to U. S. Averages

► Keep for your records

2007

Name(s) Shown on Return Brie A Hoblin	Social Security No 008-72-8097
------------------------------------------	-----------------------------------

Your 2007 adjusted gross income (AGI) -1,770.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	2,230.	8,216.
Taxable interest		1,231.
Tax-exempt interest		5,830.
Dividends		1,496.
Business net income		7,044.
Business net loss		-14,494.
Net capital gain		7,056.
Net capital loss		-2,367.
Taxable IRA		4,507.
Taxable pensions and annuities		6,805.
Rent and royalty net income		6,557.
Rent and royalty net loss		-12,553.
Partnership and S corporation net income		12,075.
Partnership and S corporation net loss		-66,636.
Taxable social security benefits	0.	5,068.
Medical and dental expenses	733.	8,026.
Taxes paid deductions		2,699.
Interest paid deductions		7,881.
Contributions		1,496.
Total itemized deductions	763.	14,563.
Child care credit		118.
Credit for the elderly or disabled		176.
Earned income credit	170.	1,935.
Other Information	Actual Per Return	National Average
Adjusted gross income	-1,770.	5,714.
Taxable income	0.	3,249.
Alternative minimum tax		18,037.
Total tax liability	0.	338.

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet		
A	Tax	0.
	Check if from:	
1	Tax table	<input checked="" type="checkbox"/> X
2	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
3	Form 8615	<input type="checkbox"/>
B	Recapture tax from Form 8863	
C	Alternative minimum tax	0.
D	Tax. Add lines A through C. Enter the result here and on line 28	0.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ▶	
A Taxpayer:	
1	Taxpayer, nontaxable combat pay
2	Election for earned income credit (EIC): Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for taxable dependent care benefits (DCB): Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay
2	Election for earned income credit (EIC): Elect spouse's nontaxable combat pay as earned income for EIC? . . . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Election for taxable dependent care benefits (DCB): Elect spouse's nontaxable combat pay as earned income for DCB? . . . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	170.
Amount due	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

- A** Taxable and tax exempt interest _____
- B** Dividend income _____
- C** Capital gain net **income** _____
- D** Royalty and rental of personal property net **income** _____
- E** Passive activity net **income**:
- 1** Rental real estate net income or loss _____
- 2** Farm rental net income or loss _____
- 3** Partnerships and S corporations net income or loss _____
- 4** Estates and trusts net income or loss _____
- 5** Total of lines 1 through 4 _____
- 6** Total passive activity net **income**, line 5 if greater than zero _____
- F** Interest and dividends from Forms 8814 _____
- G** Adjustments _____
- H** **Total investment income**, add lines A through G 0.

Is line H, **total investment income** over \$2,900?

☒

No. You may take the credit.

☐

Yes. Stop. You **cannot** take the credit.

2007 Vermont Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.



Hoblin, Brie A
69 Hickok Street
Winooski, VT 05404

Balance Due/Refund	Your Vermont state tax return (Form IN-111) shows you are due a refund of \$51.00. Do not expect your refund from the Vermont Department of Taxes. You have applied \$51.00 to your 2008 estimated taxes.		
2007 Vermont Tax Return Summary	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	54.00
	Refund Applied to ES Tax	\$	51.00
	No Refund or Amount Due	\$	0.00
Forms Included	Vermont Income Tax Return		

2007 VT INCOME TAX RETURN

DUE DATE: April 15, 2008



* 0 7 1 1 1 3 1 0 3 *

CHECK HERE if Fiscal Year Filer from to

Taxpayer's Name		HOBLIN BRIE		A		Your SSN		008728097	
Spouse/CU Partner Name						Spouse or CU Partner SSN			
Mailing Address		69 HICKOK STREET							
City, State, ZIP		WINOOSKI VT 05404							
1 VT School District Code		2 City/Town of Legal Residence on 12/31/2007		State		9 Exemptions Claimed		1	
246		WINOOSKI		VT					

FOR COMPUTERIZED USE ONLY

TY 2007 AMD N TDC N SDC N DSC N

T65 N S65 N FS S EX 1

HOBLIN BRIE A 008728097

69 HICKOK STREET WINOOSKI VT

05404 246 WINOOSKI VT

10 -1770 18 0 29a 1 31g 0

11 0 19 0 29b 1 31h 54

12 0 20 0 29c 1 32 51

13 0 21 10000 29d 3 33a 51

14a 0 22 0 30 3 33b 0

14b 0 23 0 31a 0 34 0

14c 0 24 0 31b 0 35 0

14d 0 25 0 31c 54 36 0

15 0 26 0 31d 0 37 0

16 0 27 0 31e 0 PTIN

17 0 28 0 31f 0 PEIN

REFUND 0 AMT DUE 0

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. Preparers cannot use return information for purposes other than preparing returns.

STUDENT

Your signature

Date

Occupation

Preparer's signature

Date

Print Firm's name (or yours if self-employed) and address below

SELF PREPARED

Spouse or CU Partner signature. If a joint return, BOTH must sign.

Date

Occupation

Taxpayer's Telephone Number (optional)

802-318-6404

Spouse or CU Partner Telephone Number (optional)

Preparer's Telephone Number

1030

Last Name HOBLIN

Your Social Security Number 008728097

	Yes	No
Is this an amended 2007 return?		X
Did Taxpayer die during 2007?		X
Did Spouse/CU Partner die during 2007?		X
Do you authorize the VT Department of Taxes to discuss this return with your preparer?		
Is Taxpayer age 65 or older?		X
Is Spouse/CU Partner age 65 or older?		X

IN-111 Line-by-Line Information**SECTION 2 TAX FILING INFORMATION**

Filing Status: ☒ Single ☐ Head of Household ☐ Qualifying Widow(er)
☐ Married, Filing Jointly ☐ Married, Filing Separately
☐ Civil Union, Filing Jointly ☐ Civil Union, Filing Separately

IF FILING SEPARATELY, Spouse or CU Partner Name

IF FILING SEPARATELY, Spouse or CU Partner Social Security No.

10 Adjusted Gross Income 10 -1770.

SECTION 3 TAXABLE INCOME

11 Federal Taxable Income. If zero, see instructions. 11 0.

12 Income from Non-VT State and Local Obligations (from Form IN-112, VT Schedule A, Part I, Line 3) 12 0.

13 Federal Taxable Income with Additions (Add Lines 11 and 12) 13 0.

14 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

14a Interest Income from U.S. Obligations 14a 0.

14b Capital Gains (from VT Worksheet, line M) 14b 0.

14c VT Capital Gains Deduction (Multiply Line 14b by 40%) 14c 0.

14d TOTAL SUBTRACTIONS (Add Lines 14a and 14c) 14d 0.

15 VT Taxable Income (Subtract Line 14d from Line 13) 15 0.

SECTION 4 VERMONT INCOME TAX

16 VT Income Tax from VT Tax Table or Tax Rate Schedule on Line 15 amount. 16 0.

17 Additions to VT Income Tax (from Form IN-112, VT Schedule A, Part II, Line 10) 17 0.

18 VT Income Tax with Additions (Add Lines 16 and 17) 18 0.

19 Subtractions from VT Income Tax (from Form IN-112, VT Schedule A, Part II, Line 16) 19 0.

20 VT Income Tax (Subtract Line 19 from Line 18) If Line 19 is more than Line 18, enter zero 20 0.

21 Income Adjustment (from Form IN-113, Line 42 OR 100.00%) 21 100.00 %

22 Adjusted VT Income Tax (Multiply Line 20 by Line 21) 22 0.

SECTION 5 CREDITS AND USE TAX

23 Credit for Income Tax Paid to Other State or Province (from Form IN-112, VT Sch B, Line 6) 23 0.

24 VT Tax Credits (from form IN-112, Schedule D, Line 6 OR Form IN 119) 24 0.

25 Total VT Credits (Add Lines 23 and 24) 25 0.

26 VT Income Tax After Credits (Subtract Line 25 from Line 22, but not less than zero) 26 0.

27 Use Tax 27 0.

28 Total VT Taxes (Add Lines 26 and 27) 28 0.

SECTION 6 VOLUNTARY CONTRIBUTIONS

29a Nongame Wildlife Fund 29a 1.

29b Children's Trust Fund 29b 1.

29c Vermont Campaign Fund 29c 1.

29d Total Voluntary Contributions (Add Lines 29a through 29c) 29d 3.

30 Total of VT Taxes and Contributions (Add Lines 28 and 29d) 30 3.

SECTION 7 PAYMENTS AND CREDITS

31a VT Tax Withheld (attach state copy of W-2, 1099, etc) 31a 0.

31b 2007 Estimated Tax or Extension Payments 31b 0.

31c Earned Income Tax Credit (from Form IN-112, VT Schedule C) 31c 54.

31d Renter Rebate (from Form PR-141, Line 9) 31d 0.

31e VT Real Estate Withholding 31e 0.

31f Business Entity Payments for Nonresident Partner, Member, or Shareholder (from VT Form WH-435) 31f 0.

31g Low Income Child and Dependent Care Credit (See instructions) 31g 0.

31h Total Payments and Credits (Add Lines 31a through 31g) 31h 54.

SECTION 8 REFUND

32 OVERPAYMENT If Line 30 is less than Line 31h, subtract Line 30 from Line 31h 32 51.

33a Line 32 amount credited to your 2008 estimated tax payment. Cannot use amount on Line 31d 33a 51.

33b Refund to be credited to 2008 Property Tax Bill 33b 0.

34 REFUND Amount (Subtract Lines 33a and 33b from Line 32) 34 0.

SECTION 9 AMOUNT YOU OWE

35 If Line 30 is more than Line 31h, subtract Line 31h from Line 30. See instructions on tax due 35 0.

36 Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152-A) 36 0.

37 Add Lines 35 and 36 37 0.

For amended returns only

Original refund received	0 .	Original payment	0 .
Refund due now	0 .	Amount due now	0 .

2007 VT Tax Adjustments and Credits



* 0 7 1 1 2 3 1 0 3 *

Form IN-112

ATTACH TO FORM IN-111

Taxpayer's Last Name

First Name

Initial

Taxpayer's Social Security Number

HOBLIN

BRIE

A

008728097

FOR COMPUTERIZED USE ONLY

SSN	008728097	B-1c	0	C-6	0
A-1	0	B-2A	0	C-7	0
A-2	0	B-2B	0	C-8	0
A-3	0	B-2C	0	C-9	0
A-4	0	B-3	0	FEIN	000000000
A-5	0	B-4	0	D-1A	0
A-6	0	B-5	0	D-2A	0
A-7	0	B-6	0	D-3A	0
A-8	0	ST		D-4A	0
A-9	0	C-A	00	D-5A	0
A-10	0	C-B	Y	D-3B	0
A-11	0	C-1	170	D-4B	0
A-12	0	C-2	54	D-5B	0
A-13	0	C-3A	0	D-1C	0
A-14	0	C-4A	0	D-2C	0
A-15	0	C-5A	0	D-3C	0
A-16	0	C-3B	0	D-4C	0
B-1a	0	C-4B	0	D-5C	0
B-1b	0	C-5B	0	D-6	0

IN-112 Line-by-Line Information

VT Schedule A. Adjustments to Income or VT Tax

Part I INCOME FROM STATE AND LOCAL OBLIGATIONS

A-1	Total interest and dividend income from all state and local obligations exempt from federal tax	A-1	0.	
A-2	Interest and dividend income from VT state and local obligations included in Line 1	A-2	0.	
A-3	INCOME FROM NON-VT STATE AND LOCAL OBLIGATIONS TO BE ADDED TO VT TAXABLE INCOME. Enter on VT Form IN-111, Section 3, Line 12. Cannot be less than zero		A-3	0.

Last Name HOBLIN

Your Social Security Number 008728097

IN-112 Line-by-Line Information (continued)**VT Schedule A. Adjustments to Income or VT Tax Part II ADJUSTMENTS TO VT TAX****Additions to VT Tax:**

A-4 Tax on Qualified Plans including IRA, MSA, & HSA (1040, Line 60) **A-4**

A-5 Recapture of Federal Investment Tax Credit **A-5**

A-6 Tax from Federal Form 4972, Line 7 or 30 **A-6**

A-7 Add Lines A-4 through A-6 **A-7**

A-8 ADDITIONS TO VT TAX
Multiply Line A-7 by 24% **A-8**

A-9 Recapture of VT Credits **A-9**

A-10 Add Lines A-8 and A-9. Enter on VT Form
IN-111, Section 4, Line 17 **A-10**

Subtractions from VT Tax:

A-11 Credit for Child and Dependent
Care Expenses **A-11** 0 .

A-12 Credit for the Elderly or the Disabled **A-12** 0 .

A-13 Investment Tax Credit **A-13** 0 .

A-14 VT Farm Income Averaging Credit **A-14** 0 .

A-15 Add Lines A-11 through A-14 **A-15** 0 .

A-16 SUBTRACTIONS FROM VT TAX
Multiply Line A-15 by 24%. Enter on VT Form
IN-111, Section 4, Line 19 **A-16** 0 .

VT Schedule B. VT Credit for tax paid to another state or Canadian province**FOR RESIDENTS AND PART-YEAR RESIDENTS ONLY**

You must complete a separate Schedule B for each state or Canadian province. See instructions.

COPIES OF NONRESIDENT RETURNS MUST BE ATTACHED

B-1a 0 . **B-1b** 0 . **B-1c** 0 .
Adjusted gross income in another state or
Canadian province and also subject to VT tax
Capital Gains (40% of long-term capital
reported to other state or Canadian Province)
Line B-1a minus B-1b

B-2a 0 . **B-2b** 0 . **B-2c** 0 .
Adjusted gross income (from Form IN-11, Section 2, Line 10)
Capital Gain Exclusion (From Form IN-111, Section 3, Line 14c)
Line B-2a minus Line B-2b

B-3 VT Income tax (IN-111, Section 4, Line 20) **B-3** 0 .

B-4 Computed tax credit (Divide Line B-1c by Line B-2c and multiply result by Line B-3). Result cannot be more than 100% of VT tax **B-4** 0 .

B-5 Amount of Income TAX paid to other state or Canadian province on income on Line B-1c **B-5** 0 .

B-6 CREDIT FOR INCOME TAX PAID TO OTHER STATE OR CANADIAN PROVINCE: Enter the lesser of Line B-4
or Line B-5 here and on Form IN-111, Section 5, Line 23 **B-6** 0 .

Name of state or Canadian province (Use standard two-letter abbreviation)

VT Schedule C. VT Earned Income Tax Credit**FOR FULL-YEAR RESIDENTS AND PART-YEAR RESIDENTS ONLY**Taxpayers filing *married filing separately* or *civil union filing separately* are not eligible.**ELIGIBILITY QUESTIONS - MUST BE ANSWERED**

If you answer 'No' to question C-B and do not have any qualifying children, you do not qualify.

C-A Number of qualifying children 00 **C-B** Were you (or your spouse if filing a joint return) age 25-65 at the end of 2007? ☒ Yes ☐ No

FULL-YEAR RESIDENTS: Answer eligibility questions above and complete Lines C-1 and C-2

C-1 Earned income tax credit from Federal Form 1040, Line 66a; 1040A, Line 40a; or 1040EZ, Line 8a **C-1** 170 .

C-2 VT EARNED INCOME TAX CREDIT (Multiply Line C-1 by 32%). Enter here and on VT Form IN-111, Section 7, Line 31c. **C-2** 54 .

PART-YEAR RESIDENTS Answer eligibility questions above and complete Lines C-3A through C-9

FEDERAL AMOUNT		VT PORTION	
C-3A Wages, salaries, tips, etc C-3A 0 .	C-3B Wages, salaries, tips, etc C-3B 0 .		
C-4A Other earned income (IN-113, Lines 6, 10, and 12) C-4A 0 .	C-4B Other earned income (IN-113, Lines 6, 10, and 12) C-4B 0 .		
C-5A Total earned income (Add Lines C-3A and C-4A) C-5A 0 .	C-5B Total earned income (Add Lines C-3B and C-4B) C-5B 0 .		
C-6 Earned Income Tax Credit adjustment (Divide Line C-5B by C-5A, but not more than 100.00%) C-6 0.00 %			
C-7 Earned Income Tax Credit from Federal Form 1040, Line 66a; 1040A, Line 40a; or 1040EZ, Line 8a C-7 0 .			
C-8 Multiply Line C-7 by 32% C-8 0 .			
C-9 VT EARNED INCOME TAX CREDIT (Multiply Line C-8 by Line C-6). Enter here and on VT Form IN-111, Section 7, Line 31c C-9 0 .			

VT Schedule D. VT Income Tax Credits

For credits for Lines 2-5 earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of Entity

FEIN:

If credits from more than one business entity, fill out a separate IN-112, Schedule D for each entity.

	2007 Contribution	(C) Credit
D-1 VT Higher Education Investment (32 V.S.A. Section 5825a) 0 .	TIMES (x) .10	0 .
D-2 Angel Venture Capital Credit (32 V.S.A. Section 5930v) 0 .	TIMES (x) .03	0 .
	(A) Earned in 2007 (B) Carryforward (C) Credit	
D-3 Commercial Film Production (32 V.S.A. Section 5826) 0 .	NOT AVAILABLE	0 .
D-4 Charitable Housing (32 V.S.A. Section 5830c) 0 .	0 .	0 .
D-5 Qualified Sale of Mobile Home Park (32 V.S.A. Section 5828) 0 .	0 .	0 .
D-6 TOTAL CREDITS (Add Column C, Lines 1-5). If you have credits from Form IN-119 (see instructions) this amount is entered on IN-119. If you do NOT have credits from Form IN-119, enter this amount on Form IN-111, Section 5, Line 24 D-6 0 .		

Vermont Information Worksheet

2007

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name Brie
 Middle Initial A Suffix
 Last Name Hoblin
 Social Security No. 008-72-8097
 Occupation student
 Date of birth 06/15/1979
 Age as of 12/31/2007 28
 Daytime Phone (802) 318-6404
 Home Phone

Spouse (or Partner's):

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Occupation
 Date of birth
 Age as of 12/31/2007
 Daytime Phone

Print taxpayer phone number on Form IN-111 ☒ TP work ☐ Home

Print spouse phone number on Form IN-111 ☐ SP work ☐ Home

☐ Taxpayer or spouse's name or address has changed since last year?

Street Address 69 Hickok Street

Apt. No.

City Winooski State VT

ZIP Code 05404

Enter school district code on 12/31/07 246

School District Code chosen 246

City or town of legal residence Winooski State of legal residence VT

Part II – Resident Status

☒ Full-Year Resident filing Form IN-111 ►

☐ Nonresident filing Form IN-111

☐ Part-Year Resident filing Form IN-111

Dates of Vermont residency From To

Other state(s) of residence

QuickZoom to Form IN-113 (Income Adjs for Nonresidents and Part-Year Residents) ►

Part III – Filing Status

- ☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Head of household
☐ Civil Union Filing Jointly
☐ Civil Union Filing Separately
☐ Qualifying widow(er) with dependent child (year spouse died)

Part IV – Dependent Information

Dependent of Someone Else:

Yes No

☐ ☒ Can taxpayer or spouse be claimed as dependent of another person (such as parent)?

Part V – Other Information

Decedent: Taxpayer: Date of death Spouse: Date of death

Recomputing the federal tax return:

The federal return must be recomputed if the civil union filing status is used on the Vermont return or if the nonresident spouse has no Vermont income and the married filing separate status is used. You must also recompute if you are non Vermont resident with military pay.

Yes No

☐ ☐ Will **recomputed** federal return be used to prepare the Vermont tax return?

QuickZoom here for instructions on recomputing your federal return ►

Form HI-144: Household Income - (Full year residents only)

Yes No

☐☐

Has your spouse permanently moved to a nursing home or other care facility?

QuickZoom to complete Form HI-144 ▶ _____**Form HS-122: Homestead Declaration and Property Tax Adjustment Claim**

Yes No

☐☒

1) Do you expect to be a Vermont resident on April 1, 2008; and

2) Do you own and occupy the Vermont property as your principal home on April 1, 2008?

QuickZoom to complete Form HS-122 ▶ _____**Form PR-141: VT Renter Rebate Claim - (Full year residents only)**

Yes No

☐☒

Were you renting your home on December 31, 2007?

QuickZoom to complete Form PR-141 ▶ _____**Farmer/Fisherman:**

Yes No

☐☒

Were at least two-third of your gross income was from farming or fishing?

☐☒

Will return be filed and due paid by March 1, 2008?

Part VI — Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

☐☒Use **direct deposit** for **Vermont tax refund?** *(Electronic Filing Only)*☐☐Use **direct debit** for **Vermont tax payment?** *(Electronic Filing Only)***If you selected "Yes" for direct deposit or direct debit above, fill out the information below:**

Enter the following information if you want to directly deposit any state tax refund:

Name of Financial Institution (optional) _____

Account type Checking ☐ Savings ☐

Routing number _____

Account number _____

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Part VII — Extension Status

Yes No

☐☒

Tax return due date extended?

Extended due date _____

QuickZoom to Form IN-151 ▶ _____**Part VIII — Amended Return**Filing a Vermont amended return ☐

Enter the tax year you are amending _____

QuickZoom to Form IN-111 ▶ _____

SMART WORKSHEET FOR: Form IN-111: Individual Income Tax Return

Capital Gains Worksheet		
Lines A through C, enter amounts from federal Schedule D		
A Smaller of line 15 or 16	A	0.
B Line 18	B	0.
C Line 19	C	0.
D Add lines B and C. If negative, enter zero	D	0.
E Subtract line D from line A.	E	0.
Lines F, G, I, and J, enter amounts from federal Form 4952. If you did not file Form 4952, enter amount from line E above on line M below.		
F Line 4g	F	0.
G Line 4e	G	0.
H Multiply line F by line G	H	0.
I Line 4b	I	0.
J Line 4e	J	0.
K Add lines I and J	K	0.
L Divide line H by line K	L	0.
M Subtract line L from line E. Also enter on Form IN-111, Section 3, line 14b.	M	0.

SMART WORKSHEET FOR: Form IN-111: Individual Income Tax Return

Form IN-111 Vermont Income Tax Withheld Smart Worksheet	
A Vermont income tax withheld from the Tax Payments Worksheet	0.
B Real estate withholding from Form RW-171, Schedule A, Line 12 entered on the federal Tax Payments Worksheet and included on line A	0.
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.	
C Vermont income tax withheld for line 31a. Subtract line B from line A	0.