

2007 Federal Tax Return Summary

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



Paul M Devino, Jr.
69 Hickok Street
Winooski, VT 05404

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$933.00. Your tax refund should be direct deposited into your account within 9 to 14 days after your return is accepted: Account Number: 78650040926 Routing Transit Number: 211691020.		
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 9 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
2007 Federal Tax Return Summary	Adjusted Gross Income	\$	15,293.00
	Taxable Income	\$	6,502.00
	Total Tax	\$	653.00
	Total Payments/Credits	\$	1,586.00
	Amount to be Refunded	\$	933.00
	Effective Tax Rate		4.27%
Forms Included	U.S. Individual Income Tax Return		

Form 1040		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.)	For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20						OMB No. 1545-0074		
	Your first name MI Last name						Your social security number		
	Paul M Devino, Jr.						009-52-1662		
	If a joint return, spouse's first name MI 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 social security number(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 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.) If the qualifying person is a child but not your dependent, enter this child's name here ▶		
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)								
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. ▶						5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)		
Exemptions	6a <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						No. of children on 6c who:		
	c Dependents:						• lived with you		
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)						• did not live with you due to divorce or separation (see instrs)		
	If more than four dependents, see instructions.						Dependents on 6c not entered above		
d Total number of exemptions claimed						Add numbers on lines above 1			
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2						7 15,293.		
	8a Taxable interest. Attach Schedule B if required						8a		
	b Tax-exempt interest. Do not include on line 8a 8b								
	9a Ordinary dividends. Attach Schedule B if required						9a		
	b Qualified dividends (see instrs) 9b								
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)						10		
	11 Alimony received.						11		
	12 Business income or (loss). Attach Schedule C or C-EZ						12		
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ <input type="checkbox"/>						13		
	14 Other gains or (losses). Attach Form 4797						14		
	15a IRA distributions 15a b Taxable amount (see instrs) 15b								
	16a Pensions and annuities 16a b Taxable amount (see instrs) 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		
Adjusted Gross Income	20a Social security benefits 20a b Taxable amount (see instrs) 20b								
	21 Other income						21		
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶						22 15,293.		
	23 Educator expenses (see instructions) 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 instructions)						29		
	30 Penalty on early withdrawal of savings						30		
	31a Alimony paid b Recipient's SSN ▶						31a		
	32 IRA deduction (see instructions)						32		
	33 Student loan interest deduction (see instructions)						33		
	34 Tuition and fees deduction. Attach Form 8917						34		
35 Domestic production activities deduction. Attach Form 8903						35			
36 Add lines 23 - 31a and 32 - 35						36			
37 Subtract line 36 from line 22. This is your adjusted gross income ▶						37 15,293.			
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.									
FDIA0112 12/06/07 Form 1040 (2007)									

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	15,293.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	<input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,391.
41	Subtract line 40 from line 38	41	9,902.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions	42	3,400.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	6,502.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	653.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	653.
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	653.
58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	653.
64	Federal income tax withheld from Forms W-2 and 1099	64	1,586.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,586.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	933.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	933.
	b Routing number 211691020 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 78650040926		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

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

Amount You Owe**Third Party Designee**

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

Sign Here

Joint return? See instructions. 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		Pharmacy Tech	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

► **Attach to Form 1040.**
► **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Paul M Devino, Jr.

Your social security number

009-52-1662

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38	2	
	3	Multiply line 2 by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid (See instructions.)	5 State and local (check only one box):		5	462.
	a	<input checked="" type="checkbox"/> Income taxes, or		
	b	<input type="checkbox"/> General sales taxes.		
	6	Real estate taxes (see instructions)	6	3,122.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	3,584.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	1,807.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spcl rules	12	
	13	Qualified mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14	
	15	Add lines 10 through 14	15	1,807.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
(See instructions.)	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	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	
	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 in the instructions. 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 instructions for the amount to enter.	29	5,391.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>		

Casualties and Thefts

► See separate instructions.
 ► Attach to your tax return.
 ► Use a separate Form 4684 for each casualty or theft.

2007Attachment
Sequence No. **26**

Name(s) shown on tax return

Paul M Devino, Jr.

Identifying number

009-52-1662

SECTION A — Personal Use Property (Use this section to report casualties and thefts of property **not** used in a trade or business or for income-producing purposes.)

- 1 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft.

Property A Cannondale CAD3 Mountain Bike Accesories

04/03/04

Property B

Property C

Property D

		Properties			
		A	B	C	D
2	Cost or other basis of each property . . .	401.			
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	0.			
Note: If line 2 is more than line 3, skip line 4.					
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9 for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year				
5	Fair market value before casualty or theft	401.			
6	Fair market value after casualty or theft	0.			
7	Subtract line 6 from line 5.	401.			
8	Enter the smaller of line 2 or line 7 . . .	401.			
9	Subtract line 3 from line 8. If zero or less, enter -0-.	401.			
10	Casualty or theft loss. Add the amounts on line 9 in columns A through D				401.
11	Enter the smaller of line 10 or \$100				100.
12	Subtract line 11 from line 10				301.
Caution: Use only one Form 4684 for lines 13 through 18.					
13	Add the amounts on line 12 of all Forms 4684				301.
14	Add the amounts on line 4 of all Forms 4684				0.
15	<ul style="list-style-type: none"> If line 14 is more than line 13, enter the difference here and on Schedule D. Do not complete the rest of this section (see instructions). If line 14 is less than line 13, enter -0- here and go to line 16. If line 14 is equal to line 13, enter -0- here. Do not complete the rest of this section. 				0.
16	If line 14 is less than line 13, enter the difference				301.
17	Enter 10% of your adjusted gross income from Form 1040, line 38, or Form 1040NR, line 36. Estates and trusts, see instructions				1,529.
18	Subtract line 17 from line 16. If zero or less, enter -0-. Also enter the result on Schedule A (Form 1040), line 20, or Schedule A (Form 1040NR), line 8. Estates and trusts, enter the result on the 'Other deductions' line of your tax return				0.

WHERE TO FILE YOUR EXTENSION
MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

INTERNAL REVENUE SERVICE CENTER
DEPARTMENT OF THE TREASURY
ANDOVER MA 05501

▲ Detach Here ▲

Form **4868**

Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2007, or other tax year beginning

, 2007, ending

1030
FDIA4601 08/15/07

2007

Part I Identification

Part II Individual Income Tax

1

PAUL M DEVINO, JR.
69 HICKOK STREET
WINOOSKI

VT 05404

2

009-52-1662

3

- 4** Estimate of total tax liability for 2007 \$ 1,534.
- 5** Total 2007 payments 2,534.
- 6** **Balance due.** Subtract line 5 from line 4 (see instructions) 0.
- 7** Amount you are paying (see instructions) ►
- 8** Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) ► ☐
- 9** Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ► ☐

009521662 YU DEVI 30 0 200712 670

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 Paul
 Middle Initial M Suffix Jr.
 Last Name Devino
 Social Security No. 009-52-1662
 Occupation Pharmacy Tech
 Date of Birth 06/26/1970 (mm/dd/yyyy)
 or Age as of 1/1/2008. 37
 Daytime Phone (802) 655-1675 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"/>	
									<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 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 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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to elect direct debit of federal balance due (Electronic Filing only)?	► <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Name of financial institution (optional) ► Caswell Credit Union

Check the appropriate box ► Checking ☒ Savings ☐

Routing number ► 211691020 Account number ► 78650040926

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	►	<u>USA</u>

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 . . . Paul Middle initial . M Last name . . Devino
Suffix Jr.

Social security no. . . . 009-52-1662

Date of birth 06/26/1970 (mm/dd/yyyy) age as of 1-1-2008 37

Occupation Pharmacy Tech Daytime phone (802) 655-1675 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 _____
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T _____
- 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 _____

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 _____

18 Form(s) 1098-T

Copy No.	School Name	Qualified Tuition (Box 1)	Scholarships or Grants (Box 5)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

► Keep for your records

Name(s) Shown on Return

Paul M Devino, Jr.

Social Security Number

009-52-1662

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	15,293.24		15,293.24
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	1,586.26		1,586.26
3 & 7	Total social security wages/tips	15,292.24		15,292.24
4	Total social security tax withheld	948.18		948.18
5	Total Medicare wages and tips	15,293.24		15,293.24
6	Total Medicare tax withheld	221.72		221.72
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	15,293.24		15,293.24
17	Total state tax withheld	462.35		462.35
19	Total local tax withheld.			

Name

Paul M Devino, Jr.

Social Security Number

009-52-1662

☐**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 . 009-52-1662**b** Employer's ID number 38-1510762**c** Employer's name, address, and ZIP code

KELLY SERVICES, INC.

Street P.O. Box 331179

City Detroit

State MI ZIP Code 48266-0051

☐ Employer has foreign address (see Help)**d** Control number☒**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First Paul M.I. M

Last Devino Suff. Jr.

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

7,483.18

3 Social security wages

7,482.18

5 Medicare wages and tips

7,483.18

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

738.87

4 Social security tax withheld

463.96

6 Medicare tax withheld

108.50

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

Box 16
Employer's state I.D. no.

430381510762F01

Box 16
State wages, tips, etc.

7,483.18

Box 17
State income tax

221.55

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

Paul M Devino, Jr.

Social Security Number

009-52-1662

☐
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 . 009-52-1662**b** Employer's ID number 03-0336540**c** Employer's name, address, and ZIP code

MCGRX INC

MCGREGOR WINOOSKI PHARMACY

Street 231Main Street

City Winooski

State VT ZIP Code 05404

☐ Employer has foreign address (see Help)**d** Control number
☒
Transfer employee information from the Federal Information Worksheet**e** Employee's name

First Paul M.I. M

Last Devino Suff. Jr.

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

7,810.06

3 Social security wages

7,810.06

5 Medicare wages and tips

7,810.06

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

847.39

4 Social security tax withheld

484.22

6 Medicare tax withheld

113.22

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

Box 16
Employer's state I.D. no.

430030336540F01

Box 17
State wages, tips, etc.

7,810.06

Box 18
State income tax

240.80

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).

Tax Payments Worksheet

2007

► Keep for your records

Name(s) Shown on Return Paul M Devino, Jr.	Social Security Number 009-52-1662
---	---------------------------------------

Estimated Tax Payments for 2007 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/07		04/16/07			04/16/07		
2	06/15/07		06/15/07			06/15/07		
3	09/17/07		09/17/07			09/17/07		
4	01/15/08		01/15/08			01/15/08		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2007					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2007 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	1,586.	462.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
19 Total Withholding Lines 10 through 18c	1,586.	462.	
20 Total Tax Payments for 2007	1,586.	462.	

Prior Year Taxes Paid In 2007 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2006 extensions				
22 2006 estimated tax paid after 12/31/06				
23 Balance due paid with 2006 return				
24 Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2007

► Keep for your records

Name(s) Shown on Return Paul M Devino, Jr.	Social Security Number 009-52-1662
---	---------------------------------------

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38	15,293.00
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2006 refundable credits in excess of tax	0.00
(4) Enter any additional nontaxable income	
(5) Total available income	15,293.00

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arkansas, California, Colorado, Georgia, New Jersey or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (motor vehicles, boats):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Enter actual sales taxes paid (instead of table amount)

h State and Local Income Taxes:

State and Local Income taxes 462.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 462.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence 3,122.28

b	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
c	Principal residence	_____
d	Vacation home	_____
e	Less real estate taxes deducted on Form 8829	_____
f	Add lines 2a through 2e (to Schedule A, line 6)	<u>3,122.28</u>
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2006 Amount Enter 2007 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2006 Amount Enter 2007 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	<u>1,807.12</u>
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10)	<u>1,807.12</u>
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11)	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12)	_____

Schedule A
Lines 10 - 12

Home Mortgage Interest Worksheet

2007

► Keep for your records

Name(s) Shown on Return

Paul M Devino, Jr.

Social Security Number

009-52-1662

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate
schedule or form for the business activity (Schedule C, Schedule E, etc.).

1 Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐

2 Recipient's/lender's name. Washington Mutual Bank

If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the
recipient's identifying number and address:

Recipient's SSN or ID number _____

Recipient's address _____

QuickZoom if you paid more interest than is shown on Form 1098

If you and someone else were liable for this mortgage and the other person
received the Form 1098, **QuickZoom** to complete information for that person

3 Mortgage interest paid on your main home or second home in 2007 1,056.05

4 Points paid in 2007 to buy your main home from Form 1098, box 2. _____

Points NOT reported on Form 1098:

5 Points not reported on Form 1098 that you paid in 2007 to purchase or improve
your **main home**. _____

6 If you paid other points to this lender which must be spread over the life of the
loan, for example points you paid on your second home, on a home equity loan,
or when you refinanced, enter the following:

a Total points originally paid on a loan for which the points must be amortized _____

b Date loan was made or date of refinance _____

c Length of loan (years) _____

d Points deducted in prior years for this loan _____

e Amortized points allowable this year _____

f Check this box if the points remaining for this loan are deductible in full in 2007
because you refinanced or paid off the loan ☐

g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 6a) _____

QuickZoom to another copy of Home Mortgage Interest Worksheet

Schedule A
Lines 10 - 12

Home Mortgage Interest Worksheet

2007

► Keep for your records

Name(s) Shown on Return

Paul M Devino, Jr.

Social Security Number

009-52-1662

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home.
Enter mortgage interest you paid for business property other than a home office on the appropriate
schedule or form for the business activity (Schedule C, Schedule E, etc.).

1 Was the mortgage interest reported to you on Form 1098? Yes ☒ No ☐

2 Recipient's/lender's name. Caswell Credit Union

If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the
recipient's identifying number and address:

Recipient's SSN or ID number _____

Recipient's address _____

QuickZoom if you paid more interest than is shown on Form 1098

If you and someone else were liable for this mortgage and the other person
received the Form 1098, **QuickZoom** to complete information for that person

3 Mortgage interest paid on your main home or second home in 2007 751.07

4 Points paid in 2007 to buy your main home from Form 1098, box 2. _____

Points NOT reported on Form 1098:

5 Points not reported on Form 1098 that you paid in 2007 to purchase or improve
your **main home**. _____

6 If you paid other points to this lender which must be spread over the life of the
loan, for example points you paid on your second home, on a home equity loan,
or when you refinanced, enter the following:

a Total points originally paid on a loan for which the points must be amortized _____

b Date loan was made or date of refinance _____

c Length of loan (years) _____

d Points deducted in prior years for this loan _____

e Amortized points allowable this year _____

f Check this box if the points remaining for this loan are deductible in full in 2007
because you refinanced or paid off the loan ☐

g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 6a) _____

QuickZoom to another copy of Home Mortgage Interest Worksheet

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Paul M Devino, Jr.

Social Security No.

009-52-1662

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event ▶ theft
- 2 Date of casualty or theft event ▶ 10/30/07
- 3 Use of property, check one:
- a Personal ▶ ☒
- b Business ▶ ☐
- 4 If box 3b is checked, check one:
- a Check if the property was used in a passive activity ▶ ☐
- b Check if the property was **not** used in a passive activity ▶ ☐
- 5 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- | | | |
|--|---|--|
| 1 a Description including type of property . . . | Cannondale CAD3 Mountain Bike Accessories | |
| b Date acquired | 04/03/04 | c Cost or other basis. 401. |
| d Insurance or other reimbursement | | 0. |
| e FMV before event | 401. | f FMV after event 0. |
| g Was this a total loss ? | Yes . . . <input checked="" type="checkbox"/> | No . . . <input type="checkbox"/> |
| h If personal use, is this a collectible ? | Yes . . . <input type="checkbox"/> | No . . . <input checked="" type="checkbox"/> |
| i If business use, check one: | Business <input type="checkbox"/> | Employ <input type="checkbox"/> |
| j If loss is from home office enter: | Sch C . <input type="checkbox"/> | No Sch C <input type="checkbox"/> |
| | | Ln 30 |

a Description including type of property . . .		
b Date acquired		c Cost or other basis.
d Insurance or other reimbursement		
e FMV before event		f FMV after event
g Was this a total loss ?	Yes . . . <input type="checkbox"/>	No . . . <input type="checkbox"/>
h If personal use, is this a collectible ?	Yes . . . <input type="checkbox"/>	No . . . <input type="checkbox"/>
i If business use, check one:	Business <input type="checkbox"/>	Employ <input type="checkbox"/>
j If loss is from home office enter:	Sch C . <input type="checkbox"/>	No Sch C <input type="checkbox"/>
		Ln 30

Federal Carryover Worksheet

2007

► Keep for your records

Name(s) Shown on Return Paul M Devino, Jr.	Social Security Number 009-52-1662
---	---------------------------------------

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		5,391.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		15,293.
6	Tax liability for Form 2210 or Form 2210-F	6		653.
7	Alternative minimum tax.	7		
8	Federal overpayment applied to next year estimated tax.	8		

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. . .			

Paul M Devino, Jr.

009-52-1662

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	600.
b	Child Credit	0.
c	Reduction Due to Adjusted Gross Income Limitation	
d	Total Estimated Rebate	600.

Tax History Report

2007

► Keep for your records

Name(s) Shown on Return

Paul M Devino, Jr.

Five Year Tax History:

	2003	2004	2005	2006	2007
Filing status					Single
Total income					15,293.
Adjustments to income					
Adjusted gross income					15,293.
Tax expense					3,584.
Interest expense					1,807.
Contributions					
Miscellaneous deductions					
Other itemized deductions					
Total itemized/standard deduction					5,391.
Exemption amount					3,400.
Taxable income					6,502.
Tax					653.
Alternative minimum tax					
Total credits					
Other taxes					
Payments					1,586.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					933.
Effective tax rate %					4.27
**Tax bracket %					10

**Tax bracket % is based on Taxable Income.

Tax Summary
► Keep for your records

2007

Name (s)	SSN
Paul M Devino, Jr.	009-52-1662
Total income	15,293.
Adjustments to income	
Adjusted gross income	15,293.
Itemized/standard deduction	5,391.
Exemption amount	3,400.
Taxable income	6,502.
Tentative tax	653.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	653.
Total payments	1,586.
Estimated tax penalty	
Refund	933.
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you are itemizing deductions.

Compare to U. S. Averages

► Keep for your records

2007

Name(s) Shown on Return Paul M Devino, Jr.	Social Security No 009-52-1662
---	-----------------------------------

Your 2007 adjusted gross income (AGI) 15,293.
National adjusted gross income range used below from 15,000. to 29,999.

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	15,293.	22,364.
Taxable interest		1,473.
Tax-exempt interest		6,363.
Dividends		2,020.
Business net income		12,699.
Business net loss		-7,061.
Net capital gain		4,367.
Net capital loss		-2,278.
Taxable IRA		6,460.
Taxable pensions and annuities		12,481.
Rent and royalty net income		5,586.
Rent and royalty net loss		-8,096.
Partnership and S corporation net income		10,309.
Partnership and S corporation net loss		-11,280.
Taxable social security benefits		2,028.
Medical and dental expenses		6,945.
Taxes paid deductions	3,584.	2,967.
Interest paid deductions	1,807.	7,774.
Contributions		2,042.
Total itemized deductions	5,391.	14,923.
Child care credit		543.
Credit for the elderly or disabled		103.
Earned income credit		2,336.
Other Information	Actual Per Return	National Average
Adjusted gross income	15,293.	23,499.
Taxable income	6,502.	10,669.
Alternative minimum tax		2,141.
Total tax liability	653.	1,401.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 653.
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 653.

SMART WORKSHEET FOR: Form 4684 p1 (Form 4684 page 1, Copy 1): Casualties & Thefts

Information about this Casualty or Theft Smart Worksheet	
<p>Note: If you had more than one casualty or theft event in 2007 you must file more than one copy of Form 4684, page 1.</p>	
A	Description for this copy of Form 4684, page 1 . . <u>Form 4684 page 1, Copy 1</u>
B	Number of casualty or theft <u>1</u>
C	Date of casualty or theft <u>10/30/07</u>
D	Description of casualty or theft event <u>theft</u>
E	QuickZoom to another copy of Form 4684, page 1. ▶
F	QuickZoom to a Casualty and Theft Worksheet ▶

SMART WORKSHEET FOR: Form 4684 p1 (Form 4684 page 1, Copy 1): Casualties & Thefts

Collectible Information Smart Worksheet	
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Indicate whether the property was a collectible </div>	
A	Property A Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B	Property B Yes <input type="checkbox"/> No <input type="checkbox"/>
C	Property C Yes <input type="checkbox"/> No <input type="checkbox"/>
D	Property D Yes <input type="checkbox"/> No <input type="checkbox"/>

2007 Vermont Tax Return Summary

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



Devino, Jr., Paul M
69 Hickok Street
Winooski, VT 05404

Balance Due/Refund	Your Vermont state tax return (Form IN-111) shows a refund due to you in the amount of \$226.00. Your tax refund should be direct deposited into your account within 9 to 14 days after your return is accepted: Account Number: 78650040926 Routing Transit Number: 211691020.		
Where's My Refund?	Before you call the Vermont Department of Taxes with questions about your refund, give them 9 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Vermont Department of Taxes directly at 1-866-828-2865. From outside of Vermont use 1-802-828-2865. You can also visit the Vermont Department of Taxes web site at www.state.vt.us/tax .		
2007 Vermont Tax Return Summary	Taxable Income	\$	6,502.00
	Total Tax	\$	236.00
	Total Payments/Credits	\$	462.00
	Amount to be Refunded	\$	226.00
Forms Included	Vermont Income Tax Return		

Staple W-2/1099's here

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		DEVINO JR		PAUL		M		Your SSN		009521662	
Spouse/CU Partner Name											
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

DEVINO JR PAUL M 009521662

69 HICKOK STREET WINOOSKI VT

05404 246 WINOOSKI VT

10 15293 18 236 29a 0 31g 0

11 6502 19 0 29b 0 31h 462

12 0 20 236 29c 0 32 226

13 6502 21 10000 29d 0 33a 0

14a 0 22 236 30 236 33b 0

14b 0 23 0 31a 462 34 226

14c 0 24 0 31b 0 35 0

14d 0 25 0 31c 0 36 0

15 6502 26 236 31d 0 37 0

16 236 27 0 31e 0 PTIN

17 0 28 236 31f 0 PEIN

REFUND 226 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.

PHARMACY TECH

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)

802-655-1675

Spouse or CU Partner Telephone Number (optional)

Preparer's Telephone Number

1030

VTIA0112 11/30/07

Form IN-111

Last Name DEVINO JR

Your Social Security Number 009521662

	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	15293.
----	---------------------------------	----	--------

SECTION 3 TAXABLE INCOME

11	Federal Taxable Income. If zero, see instructions.	11	6502.
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	6502.
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	6502.

SECTION 4 VERMONT INCOME TAX

16	VT Income Tax from VT Tax Table or Tax Rate Schedule on Line 15 amount.	16	236.
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	236.
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	236.
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	236.

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	236.
27	Use Tax	27	0.
28	Total VT Taxes (Add Lines 26 and 27)	28	236.

SECTION 6 VOLUNTARY CONTRIBUTIONS

29a	Nongame Wildlife Fund	29a	0.
29b	Children's Trust Fund	29b	0.
29c	Vermont Campaign Fund.	29c	0.
29d	Total Voluntary Contributions (Add Lines 29a through 29c)	29d	0.
30	Total of VT Taxes and Contributions (Add Lines 28 and 29d)	30	236.

SECTION 7 PAYMENTS AND CREDITS

31a	VT Tax Withheld (attach state copy of W-2, 1099, etc)	31a	462.
31b	2007 Estimated Tax or Extension Payments	31b	0.
31c	Earned Income Tax Credit (from Form IN-112, VT Schedule C)	31c	0.
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	462.

SECTION 8 REFUND

32	OVERPAYMENT If Line 30 is less than Line 31h, subtract Line 30 from Line 31h.	32	226.
33a	Line 32 amount credited to your 2008 estimated tax payment. Cannot use amount on Line 31d	33a	0.
33b	Refund to be credited to 2008 Property Tax Bill	33b	0.
34	REFUND Amount (Subtract Lines 33a and 33b from Line 32)	34	226.

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.

For the year Jan. 1 – Dec. 31, 2007



* 0 7 1 4 4 3 1 0 3 *

This form must be attached to Renter Rebate Claim (Form PR-141) OR
Property Tax Adjustment Claim (Form HS-122, Section B)

Read instructions before completing form.

Claimant's Last Name

First Name

Initial

Claimant's Social Security Number

DEVINO JR

PAUL

M

009521662

Spouse or CU Partner Last Name

First Name

Initial

Spouse or CU Partner Social Security Number

FOR COMPUTERIZED USE ONLY

SSN 009521662

1a	0	2a	0	3a	0
1b	0	2b	0	3b	0
1c	0	2c	0	3c	0
1d	15293	2d	0	3d	0
1e	0	2e	0	3e	0
1f	0	2f	0	3f	0
1g	0	2g	0	3g	0
1h	0	2h	0	3h	0
1i	0	2i	0	3i	0
1j	0	2j	0	3j	0
1k	0	2k	0	3k	0
1l	0	2l	0	3l	0
1m	0	2m	0	3m	0
1n	15293	2n	0	3n	0
1o	1170	2o	0	3o	0
1p	0	2p	0	3p	0
1q	0	2q	0	3q	0
1r	1170	2r	0	3r	0
1s	14123	2s	0	3s	0

3t 14123

Last Name DEVINO JR

Your Social Security Number 009521662

HI-144 Line-by-Line Information

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2007. Include their income in column 3. Use a separate sheet of paper if needed.

1			2		
1 Claimant	2 Spouse/ CU Partner	3 Other Persons	1 Claimant	2 Spouse/ CU Partner	3 Other Persons
a Cash public assistance/welfare			m Other income. (See instructions for examples of other income). Please specify.		
a 0.	a 0.	a 0.	m 0.	m 0.	m 0.
b Social security/railroad retirement/veteran's benefits, taxable and nontaxable			n TOTAL INCOME: Add Lines a through m		
b 0.	b 0.	b 0.	n 15293.	n 0.	n 0.
c Unemployment compensation/worker's compensation			o Social security and Medicare tax withheld on wages included above and/or self-employment tax paid, less any amount deducted from Federal Form 1040, Line 27. Attach W-2 forms and/or Federal Schedule SE if not included with income tax filing.		
c 0.	c 0.	c 0.	o 1170.	o 0.	o 0.
d Wages, salaries, tips, etc (See instructions for exempt dependent's income.)			p Child support paid. You must attach proof of payment. See instructions. Support paid to:		
d 15293.	d 0.	d 0.	SSN:		
e Interest and dividends			p 0.	p 0.	p 0.
e 0.	e 0.	e 0.	q Adjustments to income from Federal Form 1040, Line 36 or 1040A, Line 20.		
f Interest on U.S., state, and municipal obligations, taxable and nontaxable			q 0.	q 0.	q 0.
f 0.	f 0.	f 0.	r TOTAL ADJUSTMENTS Add Lines o, p, and q.		
g Alimony, support money, child support, cash gifts			r 1170.	r 0.	r 0.
g 0.	g 0.	g 0.	s ADJUSTED INCOMES OF HOUSEHOLD MEMBERS Subtract Line r from Line n.		
h Business income: If the amount is a loss, enter zero. See instructions for offsetting a loss.			s 14123.	s 0.	s 0.
h 0.	h 0.	h 0.	t TOTAL HOUSEHOLD INCOME Add the totals of Columns 1, 2, and 3 Line s.		
i Capital gains, taxable and nontaxable. If the amount is a loss, enter zero. See instructions for offsetting a loss.			TOTAL t 14123.		
i 0.	i 0.	i 0.			
j Pensions, annuities, retirement fund distributions. See instructions.					
j 0.	j 0.	j 0.			
k Rental income: If the amount is a loss, enter zero. See instructions for offsetting a loss.					
k 0.	k 0.	k 0.			
l Farm/partnerships/S Corporations/LLCs Income: If the amount is a loss, enter zero. See instructions for offsetting a loss.					
l 0.	l 0.	l 0.			

RENTERS:

If total Household Income is \$47,000 or less, enter Line t on Form PR-141, Line 6.

Claims are due April 15, 2008 but can be filed up to September 2, 2008.

If total Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS:

All Homeowners MUST complete Form HS-122, Sections A and C, if they owned and occupied the property as their principal home on April 1, 2008. If you are only declaring a VT homestead, skip Section B.

Homeowners with household incomes up to \$97,000 on Line t of this form should complete all sections of Form HS-122. You may be eligible for a property tax adjustment. If making a claim for property tax adjustment on Form HS-122, Section B, this HI-144 must be attached.

Form HS-122 Due Date — April 15, 2008. Homeowners filing a late HS-122 **by September 2, 2008** can still declare property as a homestead for the education property tax rate and apply for property tax adjustment. However, the following late filing penalties apply: (1) The town bills and collects a penalty of 1% of correct education tax; and, (2) if you are eligible for a property tax adjustment, the amount of the adjustment is reduced by \$15.

2008 Homestead Declaration AND Property Tax Adjustment Claim Form HS-122

DUE DATE: April 15, 2008

(Claims allowed up to September 2, 2008 but late filing penalties apply.)



* 0 8 1 2 2 3 1 0 3 *

Section A

2008 VERMONT HOMESTEAD DECLARATION

MUST be completed by ALL VT residents who own and occupy a VT homestead on April 1, 2008.

VT Resident Name Spouse/CU Partner Name	DEVINO JR PAUL	M	VT Resident SSN	009521662
Mailing Address	69 HICKOK STREET		Spouse or CU Partner SSN	
City, State, ZIP	WINOOSKI	VT 05404	Claimant's Date of Birth	06/26/1970
A1 Vermont School District Code	A2 City/Town of Legal Residence on 04/01/2008	State		
246	WINOOSKI	VT		

Location of Homestead (number, street/road name DO NOT use PO Box, 'same', or Town name)

69 HICKOK STREET

A3 SPAN Number (REQUIRED)

774-246-10623

(From your 2007/2008 property tax bill)

FOR COMPUTERIZED USE ONLY

TY 2008 DSC N DOB 06261970

DEVINO JR PAUL M 009521662

69 HICKOK STREET WINOOSKI VT

05404 246 WINOOSKI VT

LOC 69 HICKOK STREET SPAN 77424610623

A4 0 A5 0 A6 N A7 N A8 N A9 N

A10 N B1 Y B2 N B3 N B4 159000

B5 1866 B6 1256 B7 7 B8 0

B9 14123 B10 0 B11 0 B12 0

PTIN PEIN

MAXIMUM ADJUSTMENT AMOUNT IS \$8,000. You may use the worksheet to estimate your property tax adjustment.

Section C

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.

Homeowner signature _____ Date _____

Preparer's signature _____ Date _____

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

SELF PREPARED

If a joint return, Spouse or CU Partner must sign _____ Date _____

Telephone Number (optional) 802-655-1675

Preparer's Telephone Number

☐ Check here if authorizing the Vermont Department of Taxes to discuss this Declaration with your preparer.

The Vermont Homestead Declaration can be filed on-line at <http://tax.vermont.gov>

Last Name DEVINO JR

Your Social Security Number 009521662

HS-122 Line-by-Line Information**SECTION A 2008 DECLARATION OF VERMONT HOMESTEAD****MUST be completed by ALL VT residents who own and occupy a VT homestead on April 1, 2008.****A 4 Business Use of Dwelling** **A 4** 0.00 %**A 5 Rental Use of Dwelling** **A 5** 0.00 %**A 6 Business or Rental Use of Improvements or Other Buildings.**

Are improvements or other buildings located on your parcel, other than the dwelling, used for business or rented out?

A 6 ☐ Yes ☒ No**A7-A10 Special Situations** Are you:**A 7** Grantor and sole beneficiary of a revocable trust owning the property? **A 7** ☐ Yes ☒ No**A 8** Life estate holder of the property? **A 8** ☐ Yes ☒ No**A 9** Owner of homestead property crossing town boundaries? (File a declaration for each town.) **A 9** ☐ Yes ☒ No**A 10** Residing in a dwelling owned by a related farmer? See instructions for qualifying relationships **A 10** ☐ Yes ☒ No**SECTION B PROPERTY TAX ADJUSTMENT CLAIM — For Household Income up to approximately \$97,000. Attach Form HI-144.****ALL eligibility questions must be answered. You must own and occupy the property as your home on April 1, 2008.****B 1** Were you domiciled in (legal resident of) VT all of calendar year 2007? ☒ Yes, **Go to B2** ☐ No, **STOP****B 2** Were you claimed as a dependent in 2007 by another taxpayer? ☐ Yes, **STOP** ☒ No, **Go to B3****B 3** Do you anticipate selling your VT housesite on or before April 1, 2008? ☐ Yes, **STOP** ☒ No, **Continue****B 4** Housesite Value (from 2007/2008 property tax bill) **B 4** 159000.**B 5** Housesite Education Tax (from 2007/2008 property tax bill) **B 5** 1866.**B 6** Housesite Municipal Tax (from 2007/2008 property tax bill) **B 6** 1256.**B 7** Total Parcel Acres (from 2007/2008 property tax bill) Enter 999.99 if 1,000 or more acres **B 7** 0.07**B 8** Ownership Interest **B 8** 0.00 %**B 9** Household Income (from Form HI-144, Line t) **B 9** 14123.**LOT RENT****B 10** Mobile Home Lot Rent (from Form LC-142, Line 16 or 23) **B 10** 0.**OR****ALLOCATED PROPERTY TAX FROM LAND TRUST, COOPERATIVE, OR NONPROFIT MOBILE HOME PARK****B 11** Allocated Education Tax **B 11** 0.**and****B 12** Allocated Municipal Tax **B 12** 0.**MAXIMUM ADJUSTMENT AMOUNT IS \$8,000. You may use the worksheet to estimate your property tax adjustment.**If mailing this return separate from your income tax return, send to:
VT Department of Taxes, PO Box 1881, Montpelier, VT 05601-1881

Vermont Information Worksheet

2007

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name Paul
 Middle Initial M Suffix Jr.
 Last Name Devino
 Social Security No. 009-52-1662
 Occupation Pharmacy Tech
 Date of birth 06/26/1970
 Age as of 12/31/2007 37
 Daytime Phone (802) 655-1675
 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) Caswell Credit Union

Account type. Checking ☒ Savings ☐

Routing number 211691020

Account number 78650040926

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 ReturnFiling a Vermont amended return ☐

Enter the tax year you are amending

QuickZoom to Form IN-111 ►

Tax Payments Worksheet

2007

► Keep for your records

Name Devino, Jr., Paul M	Social Security Number 009-52-1662
-----------------------------	---------------------------------------

Tax Payments for the Current Year

State

	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		

6 Overpayment from previous year applied to current year	6	
7 Amount paid with current year extension	7	
8 Total tax payments	8	

Income Taxes Withheld for the Current Year

9 State withholding on Forms W-2	9	462.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
b State withholding on Forms 1099-G	b	
13 Other state tax withholding	13	
14 Total income tax withheld	14	462.
15 Date return will be filed and balance paid	15	

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	462.
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	462.

SMART WORKSHEET FOR: Form HI-144: Household Income

Capital Gains Smart Worksheet			
	Claimant	Spouse/ CU Partner	All Others
A Capital gains, taxable and nontaxable	0.	0.	0.
B Enter related business or rental loss	0.	0.	0.
C Enter adjusted capital gain on line i.	0.	0.	0.