

Form 1040 U.S. Individual Income Tax Return 2007

Department of the Treasury - Internal Revenue Service

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. MICHAEL H COFFMAN, CYNTHIA S HONSSINGER, 14044 E HAMPDEN PL, AURORA CO 80014-4194

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) [] You [] Spouse

Filing Status

1 [] Single, 2 [X] Married filing jointly (even if only one had income), 3 [] Married filing separately, 4 [] Head of household, 5 [] Qualifying widow(er)

Check only one box.

Exemptions

6a [X] Yourself, 6b [X] Spouse, c Dependents table with columns for first name, last name, social security number, relationship, and child for credit.

If more than four dependents, see instructions.

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 163,838. 8a Taxable interest 2,777. 9a Ordinary dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). 13 Capital gain or (loss). 14 Other gains or (losses). 15a IRA distributions. 16a Pensions and annuities. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss). 19 Unemployment compensation. 20a Social security benefits. 21 Other income. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 166,615.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 25 Health savings account deduction. 26 Moving expenses. 27 One-half of self-employment tax. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees deduction. 35 Domestic production activities deduction. 36 Add lines 23 - 31a and 32 - 35. 37 Subtract line 36 from line 22. This is your adjusted gross income 166,615.

Form 1040 (2007) MICHAEL H COFFMAN & CYNTHIA S HONSSINGER

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	166,615.
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	39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
		<input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind.		
		b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	36,617.
	41	Subtract line 40 from line 38	41	129,998.
	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	6,800.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	123,198.
	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	23,647.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Add lines 44 and 45	46	23,647.
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	23,647.	
Other Taxes	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	23,647.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	28,737.
65	2007 estimated tax payments and amount applied from 2006 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	66a	
	66b	Nontaxable combat pay election <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	28,737.	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	5,090.
Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	5,090.
		▶ b Routing number <input type="checkbox"/> <input type="checkbox"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
75	Amount of line 73 you want applied to your 2008 estimated tax	75		
Amount You Owe	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		

Third Party Designee Do 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 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
<i>[Signature]</i>		SECY OF STATE	(303) 895-5687
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		ATTORNEY	

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date 04/14/2008 Check if self-employed Preparer's SSN or PTIN *[Redacted]*

Firm's name (or yours if self-employed) York Tax Service
 address, and ZIP code 6310 S Ponds Way Littleton CO 80123-6547
 EIN Phone no. (303) 797-1040

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2007

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on Form 1040

Your social security number

MICHAEL H COFFMAN & CYNTHIA S HONSSINGER

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		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5		6,812.	
b	<input type="checkbox"/> General sales taxes.				
6	Real estate taxes (see instructions)	6		3,291.	
7	Personal property taxes	7		325.	
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			10,428.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098.		10	23,783.
		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 spl rules		12	90.
		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	23,873.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs		16	2,520.
If you made a gift and got a benefit for it, see instructions.		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	2,520.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
		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)?		29	36,617.
		<input 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 checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶					

Itemized Deductions Limited per IRC Sec. 68.

Departmental Use Only

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2007 FORM 104 COLORADO INDIVIDUAL INCOME TAX RETURN

RESIDENCY STATUS (CHECK ONE) (13) **FULL-YEAR RESIDENT(S)**
 (53) **PART-YEAR RESIDENT(S) OR NONRESIDENT(S)**
 (or resident, part-year, nonresident combinations)
 For calendar year **2007** or fiscal year _____

LAST NAME	FIRST NAME AND INITIAL	DECEASED	SOCIAL SECURITY NUMBER
Yoursell COFFMAN	MICHAEL H	<input type="checkbox"/> YES	[REDACTED]
Spouse, if joint HONSSINGER	CYNTHIA S	<input type="checkbox"/> YES	[REDACTED]
Mailing Address 14044 E HAMPDEN PL			Your telephone number (303) 895-5687
City AURORA	State CO	ZIP Code 80014-4194	

If you use a tax preparer and do not want this booklet mailed to you next year, please check here

		ROUND TO THE NEAREST DOLLAR	
1	ENTER AMOUNT from federal Form 1040, line 43; or from federal Form 1040A, line 27; or from federal Form 1040EZ, line 6 (Federal Taxable Income)	1	123,198.00
ADDITIONS TO FEDERAL TAXABLE INCOME			
2	Enter the amount of the state income tax deduction, if any, you claimed on Schedule A of your federal Form 1040, line 5	2	6,775.00
3	Other additions, explain	3	00
4	Total of lines 1 through 3	4	129,973.00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME			
5	Enter the amount of state income tax refund, if any, you reported on line 10 of your federal Form 1040	5	00
6	United States government interest	6	0.00
7	Pension-annuity subtraction, taxpayer	7	00
8	Pension-annuity subtraction, spouse	8	00
9	Colorado source capital gain (5 year assets acquired on or after 5/9/94)	9	00
10	Tuition program contribution	10	00
11	Qualifying charitable contribution	11	0.00
12	Other subtractions, explain:	12	00
13	Total of lines 5 through 12	13	0.00
14	COLORADO TAXABLE INCOME , line 4 minus line 13	14	129,973.00

GO TO THE TAX TABLE IN THE INSTRUCTIONS WITH YOUR TAXABLE INCOME FROM LINE 14 TO FIND YOUR TAX. FULL-YEAR RESIDENTS ENTER YOUR TAX ON LINE 15. PART-YEAR RESIDENTS AND NONRESIDENTS GO TO FORM 104PN.

		INCOME TAX AND CREDITS		
STAPLE FORMS W22G AND	15	COLORADO TAX from the tax table. Part-year residents and nonresidents enter tax from line 36, Form 104PN	15	6,018.00
	16	Alternative minimum tax from Form 104AMT	16	00
	17	Recapture of prior year credits	17	00
	18	Total of lines 15 through 17	18	6,018.00
	19	Personal credits from line 41, Form 104CR	19	00
	20	Alternative fuel credits from line 44, Form 104CR	20	00
	21	Gross conservation easement credit from line 45, Form 104CR	21	0.00
	22	Enterprise zone credits from line 17, Form 104CR	22	25.00
	23	Total of lines 19 through 22 (if more than the total of lines 15 and 16, see line 23 instructions)	23	25.00
	24	Net tax, line 18 minus line 23	24	5,993.00

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PREPAYMENTS AND CREDITS	25	Enter the amount from federal Form 1040, line 37; or from federal Form 1040A, line 21; or from federal Form 1040EZ, line 4 (Federal Adjusted Gross Income)	25	166,615.00
	26	Amount from Line 24 on page 1 of form (Net Tax)	26	5,993.00
	27	COLORADO INCOME TAX WITHHELD from wages and winnings	27	6,812.00
	28	ESTIMATED TAX payments and credits; extension payments; and amounts withheld on nonresident real estate sales and partnership/S corp/fiduciary income	28	00
	29	Child care credit from line 5 or 6, Form 104CR	29	00
	30	Total of lines 27 through 29	30	6,812.00
VOLUNTARY CONTRIBUTIONS	31	If line 30 is more than line 26, subtract line 26 from line 30. This is your overpayment	31	819.00
	32	Amount you want credited to your 2008 estimated tax	32	00
	ENTER THE AMOUNT, IF ANY, YOU WISH TO CONTRIBUTE TO:			
	33	The Nongame and Endangered Wildlife Cash Fund	33	00
	34	The Colorado Domestic Abuse Fund	34	00
	35	The Colorado Homeless Prevention Activities Fund	35	00
	36	The Special Olympics Colorado Fund	36	00
	37	The Western Colorado State Veterans Cemetery Fund	37	00
	38	The Pet Overpopulation Fund	38	00
	39	The Colorado Watershed Protection Fund	39	00
	40	The Family Resource Centers Fund	40	00
	41	The Alzheimer's Association Fund	41	00
	42	The Dropout Prevention Activity Grant Fund	42	00
	43	The Military Family Relief Fund	43	00
	44	The Colorado Easter Seals Fund	44	00
	45	The Multiple Sclerosis Fund	45	00
	46	The Colorado Breast and Women's Reproductive Cancers Fund	46	00
47	Total of lines 32 through 46	47	00	
OTHER	48	Line 31 minus line 47. This is your REFUND. e-file this return. Get your refund faster!	48	819.00

Direct Deposit Routing number [REDACTED] Type: Checking Savings
 Account number [REDACTED]

AMOUNT OWED	AMOUNT YOU OWE			
	49	Penalty, also include on line 52 if applicable	49	00
	50	Interest, also include on line 52 if applicable	50	00
	51	Estimated tax penalty, also include on line 52 if applicable	51	00
52	If line 26 is more than line 30, subtract line 30 from line 26. This is the amount you owe. Include amounts entered as voluntary contributions on lines 32 through 46, if any	52	00	

- MAKE CHECK PAYABLE TO COLORADO DEPARTMENT OF REVENUE.
- To ensure you receive credit for your payment, write your social security number and 'Form 104' on your check.
- DO NOT send cash; DO NOT staple check to return.

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.

Your Signature		Spouse's Signature. If joint return. BOTH must sign.	
Date	Year of Birth	Date	Year of Birth
	1955		1961

MAIL YOUR RETURN TO: COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261-0005	Paid Preparer's Name, Address and Telephone Number Patricia K. York York Tax Service 6310 S Ponds Way Littleton (303) 797-1040 CO 80123-6547
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2007

FORM 104CR - INDIVIDUAL CREDIT SCHEDULE

Attach this form to your completed income tax return Form 104

Taxpayer's Name MICHAEL H COFFMAN & CYNTHIA S HONSSINGER	Social Security Number [REDACTED]
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Part I - Colorado Child Care Credit:

ROUND ALL DOLLAR AMOUNTS TO THE NEAREST DOLLAR

1 Federal adjusted gross income. If line 1 is larger than \$60,000 enter 0 on line 5. You do not qualify for this credit	• 1	[]	[]	00
2 Federal tax. If line 2 is 0, enter 0 on line 5	• 2	[]	[]	00
3 The federal child care credit you claimed	• 3	[]	[]	00
4 Your percentage from instruction 4	• 4	[]	[]	%
5 Colorado Child Care Credit, multiply the amount on line 3 by the percentage on line 4. Enter here and on line 29 of Form 104	• 5	[]	[]	00
6 Part-year residents only: Enter the percentage from line 34, Form 104PN []% (cannot exceed 100%). Multiply this percentage by the amount on line 5 for the amount to enter here and on line 29, Form 104	• 6	[]	[]	00

7 List eligible child's name, date of birth and social security number if a credit is claimed on lines 5 or 6.

Child's Name	Date of Birth	Social Security Number

Part II - Enterprise Zone Credits

If credit is passed through from an S corporation or a partnership, give name, ownership percentage and Colorado account number of the organization, and attach a copy of the corporation or partnership certification.

Name	Ownership %	Account Number
8 Enterprise zone credits carried over from 2006, attach schedule and original certification	• 8	[]
9 Enterprise zone investment credit	• 9	[]
10 Enterprise zone new business facility employee credit	• 10	[]
11 Enhanced rural enterprise zone new business facility employee credit	• 11	[]
12 Enterprise zone agricultural employee processing credit	• 12	[]
13 Enhanced rural enterprise zone agricultural employee processing credit	• 13	[]
14 Enterprise zone employee health insurance credit	• 14	[]
15 Contribution to enterprise zone administrator credit	• 15	[]
16 Other enterprise zone credits, attach explanation	• 16	25.00
17 Total enterprise zone credits, add lines 8 through 16. Enter here and on line 22, Form 104	• 17	25.00

Part III - Personal Credits

Credit for income tax paid to another state - Compute a separate credit for each state. Attach a copy of the tax return filed with the other state.

18

Name of other state

Part-year and nonresidents generally do not qualify for this credit. Read instructions and FYI 17 carefully before completing this section.

19 Total of lines 15 and 16, Form 104	• 19	[]	[]	00
20 Modified Colorado adjusted gross income from sources in other state	• 20	[]	[]	00
21 Total modified Colorado adjusted gross income	• 21	[]	[]	00
22 Amount on line 20 divided by amount on line 21	• 22	[]	[]	%
23 Amount on line 19 multiplied by percentage on line 22	• 23	[]	[]	00
24 Tax liability to the other state	• 24	[]	[]	00
25 Allowable credit, the smaller of lines 23 or 24	• 25	[]	[]	00

FORM 104CR - 2007 INDIVIDUAL CREDIT SCHEDULE

Taxpayer's Name MICHAEL H COFFMAN & CYNTHIA S HONSSINGER	Social Security Number [REDACTED]
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Other Personal Credits—

26 Plastic recycling investment credit	• 26		00
27 Colorado minimum tax credit (2007 federal minimum tax Cr \$ _____)	• 27		00
28 Historic property preservation credit	• 28		00
29 Child care center investment credit	• 29		00
30 Employer child care facility investment credit	• 30		00
31 School-to-career investment credit	• 31		00
32 Colorado works program credit	• 32		00
33 Child care contribution credit	• 33		00
34 Rural technology enterprise zone credit (carryforward only)	• 34		00
35 Long term care insurance credit	• 35		00
36 Contaminated land redevelopment credit	• 36		00
37 Low-income housing credit	• 37		00
38 Weather related livestock sale credit (carryforward only)	• 38		00
39 Aircraft manufacturer new employee credit	• 39		00
40 Total of lines 26 through 39	40		00
41 Total personal credits, add lines 25 and 40. Enter here and on line 19, Form 104	41		00

42 Alternative fuel vehicle credit: Vehicle Make _____ Year _____
 Model _____ New Used
 Did this vehicle permanently displace a power source from Colorado that was 10 years old or older? Yes No
 Check whether this vehicle was Leased Purchased • 42 _____ 00

43 Alternative fuel refueling facility credit • 43 _____ 00

44 Total alternative fuel credits — Add lines 42 and 43. Enter here and on line 20, Form 104 • 44 _____ 00

45 Gross conservation easement credit, enter here and on line 21, Form 104 • 45 _____ 00

If the total of lines 17, 41, 44, and 45 on this Form 104CR exceeds the total of lines 15 and 16, Form 104, see the limitation at the bottom of this form.

Credits to be carried forward to 2008:

LIMITATION: The total credits you claim on lines 17, 41, 44 and 45 of this Form 104CR may not exceed the total tax on lines 15 and 16 of your income tax return, Form 104. If you have excess credits, you must choose which credits you are going to use against your 2007 tax and enter those amounts on lines 19 through 22 of Form 104. Most unused 2007 credits may be carried forward and claimed on your 2008 Colorado income tax return.

ATTACH THIS FORM TO YOUR COMPLETED INCOME TAX RETURN FORM 104