

Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

LABEL HERE

Form fields for personal information: For the year Jan. 1-Dec. 31, 2007, ending 2007, ending .20. Your first name and initial: LISA A. Last name: BULLOCK. Your social security number: [REDACTED]. If a joint return, spouse's first name and initial: STEPHEN C. Last name: BULLOCK. Spouse's social security number: [REDACTED]. Home address (number and street). If you have a P.O. box, see page 12. Apt. no. [REDACTED]. You must enter your SSN(s) above. City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. HELENA, MT 59601. Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) You [] Spouse [X]

Filing Status 1 [] Single 4 [] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 5 [] Qualifying widow(er) with dependent child (see page 14)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [X] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 13) CAROLINE G BULLOCK [REDACTED] DAUGHTER X ALEXANDRIA F BULLOCK [REDACTED] DAUGHTER X CAMERON S BULLOCK [REDACTED] SON X. Total number of exemptions claimed: 5.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 61,627. 8a Taxable interest. Attach Schedule B if required 8a 713. b Tax-exempt interest. Do not include on line 8a 8b. 9a Ordinary dividends. Attach Schedule B if required 9a 2,441. b Qualified dividends (see page 19) 9b 838. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2 10 2,972. 11 Alimony received STMT 3 11. 12 Business income or (loss). Attach Schedule C or C-EZ 12 148,603. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 1,116. 14 Other gains or (losses). Attach Form 4797 14. 15a IRA distributions 15a b Taxable amount 15b. 16a Pensions and annuities 16a b Taxable amount 16b. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 8,039. 18 Farm income or (loss). Attach Schedule F 18. 19 Unemployment compensation 19. 20a Social security benefits 20a b Taxable amount (see page 24) 20b. 21 Other income. List type and amount (see page 24) 21. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 225,511.

Adjusted Gross Income 23 Educator expenses (see page 26) 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 8,035. 28 Self-employed SEP, SIMPLE, and qualified plans 28 12,000. 29 Self-employed health insurance deduction (see page 26) 29. 30 Penalty on early withdrawal of savings 30. 31a Alimony paid b Recipient's SSN 31a. 32 IRA deduction (see page 27) 32. 33 Student loan interest deduction (see page 30) 33. 34 Tuition and fees deduction. Attach Form 8917 34. 35 Domestic production activities deduction. Attach Form 8903 35. 36 Add lines 23 through 31a and 32 through 35 36 20,035. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 205,476.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	205,476.
	39a Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ...	39a	
	if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ...	39b	
	b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here	39b	
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,655.
	41 Subtract line 40 from line 38	41	174,821.
	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 worksheet on page 33	42	17,000.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	157,821.
	44 Tax. 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	32,928.
	45 Alternative minimum tax. Attach Form 6251	45	0.
	46 Add lines 44 and 45	46	32,928.
	47 Credit for child and dependent care expenses. Attach Form 2441	47	1,200.
	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	21.
	52 Child tax credit (see page 39). 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	1,221.
	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	31,707.
	58 Self-employment tax. Attach Schedule SE	58	16,070.
	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 through 62. This is your total tax	63	47,777.
	Payments 64 Federal income tax withheld from Forms W-2 and 1099	64	6,705.
	65 2007 estimated tax payments and amount applied from 2006 return	65	7,980.
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election	66b	
	67 Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
	68 Additional child tax credit. Attach Form 8812	68	
	69 Amount paid with request for extension to file (see page 59)	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	14,685.
	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	
	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 page 60	76	33,395.
	77 Estimated tax penalty (see page 61)	77	303.

Refund 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here

75 Amount of line 73 you want applied to your 2008 estimated tax

Amount You Owe 76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60

77 Estimated tax penalty (see page 61)

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name: **PREPARER** Phone no.:

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 IT PROGRAM MANAGER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation LAWYER	

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP code: **GALUSHA HIGGINS AND GALUSHA**
P.O. BOX 1699
HELENA, MT 59624-1699

EIN: _____ Phone no: _____

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