

United States Bankruptcy Court District of Colorado		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Log Home Building Services, LLC		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 84-1484549		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 275 Rockbridge Circle Highlands Ranch, CO		Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE 80129		ZIP CODE
County of Residence or of the Principal Place of Business: Douglas		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Log Home Building Services, LLC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)

Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X Not Applicable

Signature of Attorney for Debtor(s) _____ Date _____

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Log Home Building Services, LLC

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Not Applicable
Signature of Debtor

Not Applicable
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

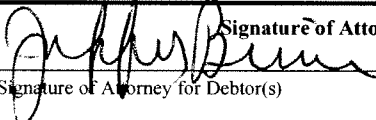
I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Not Applicable
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney

Signature of Attorney for Debtor(s)

Jeffrey S. Brinen Bar No. 20565
Printed Name of Attorney for Debtor(s) / Bar No.

Kutner Miller Brinen, P.C.
Firm Name

303 E. 17th Ave., Suite 500
Address

Denver, CO 80203

303-832-2400 **303-832-1510**
Telephone and Fax Number

6-22-09
Date and E-Mail Address

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Not Applicable
Printed Name and title, if any, of Bankruptcy Petition Preparer

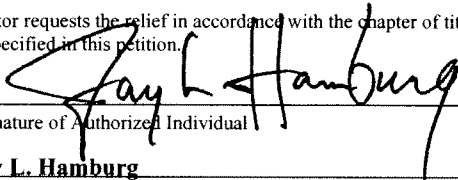
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.


Signature of Authorized Individual

Jay L. Hamburg
Printed Name of Authorized Individual

Owner
Title of Authorized Individual

6-22-09
Date

Not Applicable

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Log Home Building Services, LLC
Balance Sheet
 As of June 15, 2009

06/15/09

Jun 15, '09**ASSETS****Current Assets****Checking/Savings**

Colorado Business Bank	53,870.56
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Total Checking/Savings	53,870.56
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Other Current Assets

Due to/from 901 Main	3,710.87
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Due to/from Blue Creek	66,672.29
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Due to/from Jay	<u>-303.16</u>
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Total Other Current Assets	<u>70,080.00</u>
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Total Current Assets	123,950.56
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Fixed Assets

Fixed Assets	194,548.00
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Fixed Assets - A/D	<u>-181,318.00</u>
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Total Fixed Assets	<u>13,230.00</u>
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TOTAL ASSETS	<u>137,180.56</u>
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LIABILITIES & EQUITY**Liabilities****Current Liabilities****Accounts Payable**

Accounts Payable	<u>-357.69</u>
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Total Accounts Payable	-357.69
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Credit Cards

Capital One	1,569.17
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Elan Visa	7,468.48
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First Bankcard	11,427.08
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Home Depot	26,331.11
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Home Depot Rewards	4,791.76
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Hutchinson - Revolving	15,315.93
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Lowe's	18,786.97
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MBNA	-34.84
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Merril Lynch 8592	49,402.02
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Merrill Lynch 1284	10,975.26
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United	<u>8,949.54</u>
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Total Credit Cards	154,982.48
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Other Current Liabilities

'05 Expedition	19,542.46
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Chase-Dodge	1,623.13
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Ford Credit-2004 Expedition	8,975.75
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Hutchinson - 15,625.57	0.57
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Hutchinson - 45,000	<u>30,875.00</u>
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Total Other Current Liabilities	<u>61,016.91</u>
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Total Current Liabilities	<u>215,641.70</u>
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pd 1/08

06/15/09

Log Home Building Services, LLC
Balance Sheet
As of June 15, 2009

	<u>Jun 15, '09</u>
Total Liabilities	215,641.70
Equity	
Capital - Jay	-142,430.46
Capital-Jay-Draws	-65,300.04
Opening Bal Equity	-22,452.49
Retained Earnings	12,597.83
Net Income	<u>139,124.02</u>
Total Equity	<u>-78,461.14</u>
TOTAL LIABILITIES & EQUITY	<u>137,180.56</u>

06/15/09

Log Home Building Services, LLC
Profit and Loss
 January 1 through June 15, 2009

	<u>Jan 1 - Jun 15, '09</u>
Ordinary Income/Expense	
Income	
Sales	484,710.00
Total Income	484,710.00
Cost of Goods Sold	
Equipment rental	573.58
Materials	179,771.58
Permits	6,207.75
Subcontractors	58,725.72
Total COGS	245,278.63
Gross Profit	239,431.37
Expense	
Advertising	1,011.97
Automobile expense	1,302.58
Bank fees	678.47
Equipment expenses	7,322.09
Fuel	3,308.16
Interest Expense	7,393.84
Lease-Skid Steer	2,484.82
Miscellaneous	5,700.00
Office Supplies & Expenses	4,621.36
Postage and Delivery	154.68
Printing and Reproduction	368.66
Professional Fees	46,654.00
Rent - 901	13,200.00
Repairs & maintenance	3,402.41
Taxes	445.76
Telephone	2,680.95
Tools and Machinery	409.26
Travel	236.39
Utilities	431.95
Total Expense	101,807.35
Net Ordinary Income	137,624.02
Other Income/Expense	
Other Income	
Other Income	1,500.00
Total Other Income	1,500.00
Net Other Income	1,500.00
Net Income	<u>139,124.02</u>

Client Copy

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.)

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

Presidential Election Campaign

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
Jay L. Hamburg			
If a joint return, spouse's first name	MI	Last name	Spouse's social security number
Barbara A. Hamburg			
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.
2875 Rockbridge Cr.			
City, town or post office. If you have a foreign address, see instructions.		State	ZIP code
Highlands Ranch, CO		80129	
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

Check only one box.

1 <input 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 checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here.	

Exemptions

If more than four dependents, see instructions.

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	2																																			
b <input checked="" type="checkbox"/> Spouse	No. of children on 6c who:																																				
<table border="1"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> <th rowspan="2"> • lived with you • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above </th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> </tbody> </table>			c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• lived with you • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above	(1) First name	Last name								<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>	
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• lived with you • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above																																
(1) First name	Last name																																				
				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
d Total number of exemptions claimed		2																																			

Income

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.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	78,000.
8a Taxable interest. Attach Schedule B if required	8a	10.
b Tax-exempt interest. Do not include on line 8a	8b	102.
9a Ordinary dividends. Attach Schedule B if required	9a	5,740.
b Qualified dividends (see instrs)	9b	4,941.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	760.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	23,971.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	48,760.
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	-34,456.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
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	122,785.

Adjusted Gross Income

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	1,606.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	5,345.
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	1,360.
36 Add lines 23 - 31a and 32 - 35	36	8,311.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	114,474.

Client Copy

Form 1040 (2007)

Jay L. and Barbara A. Hamburg

Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	14,474.
39a	Check if: <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		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	32,399.
41	Subtract line 40 from line 38	41	82,075.
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	75,275.
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	6,296.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	6,296.
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	231.
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	231.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	6,065.

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	3,210.
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	9,275.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	8,763.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 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	8,763.

Refund

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

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 <input type="checkbox"/>	74a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
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	512.
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 **Preparer** Phone no. Personal identification number (PIN)

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
		Contractor	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		Interior Designer	

Paid Preparer's Use Only

Preparer's signature Date 8/11/08 Check if self-employed Preparer's SSN or PTIN P00457490

Firm's name (or yours if self-employed) **Chris Balzer, C.P.A., P.C.** EIN 81-0633597

address, and ZIP code **9395 Autumn Ash Pl. Littleton, CO 80126** Phone no. (303) 346-9086

Schedule B (Form 1040) 2007

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040.

Jay L. and Barbara A. Hamburg

Your social security number

2

Schedule B – Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address.

Chase 1060

Amount

10.

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1.

2

10.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.

4

10.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer.

Charles Schwab 3870

Amount

5,740.

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a.

6

5,740.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.

X

b If 'Yes,' enter the name of the foreign country.

8 During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

X

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2007

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc, must file Form 1065 or 1065-B.**
▶ **Attach to Form 1040, 1040NR, or 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor: **Jay L. Hamburg** Social security number (SSN):

A Principal business or profession, including product or service (see instructions):
Construction

B Enter code from instructions:
▶ **236100**

C Business name. If no separate business name, leave blank.
Log Home Building Services, LLC

D Employer ID number (EIN), if any:
84-1484549

E Business address (including suite or room no.): ▶ **901 Main Street**
City, town or post office, state, and ZIP code: **Fairplay, CO 80440**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2007, check here. ▶

Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. ▶ <input type="checkbox"/>	1	1,318,312.
2	Returns and allowances.....	2	
3	Subtract line 2 from line 1.....	3	1,318,312.
4	Cost of goods sold (from line 42 on page 2).....	4	1,040,644.
5	Gross profit. Subtract line 4 from line 3.....	5	277,668.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions).....	6	
7	Gross income. Add lines 5 and 6..... ▶	7	277,668.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising.....	8	4,546.	18	Office expense.....	18	3,164.
9	Car and truck expenses (see instructions).....	9		19	Pension and profit-sharing plans.....	19	
10	Commissions and fees.....	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions).....	11		20a	a Vehicles, machinery, and equipment.....	20a	
12	Depletion.....	12		20b	b Other business property.....	20b	36,000.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).....	13	11,829.	21	Repairs and maintenance.....	21	33,950.
14	Employee benefit programs (other than on line 19).....	14		22	Supplies (not included in Part III).....	22	
15	Insurance (other than health).....	15		23	Taxes and licenses.....	23	19,919.
16	Interest:			24	Travel, meals, and entertainment:		
16a	a Mortgage (paid to banks, etc).....	16a	33,911.	24a	a Travel.....	24a	579.
16b	b Other.....	16b		24b	b Deductible meals and entertainment (see instructions).....	24b	14.
17	Legal & professional services.....	17	6,108.	25	Utilities.....	25	1,046.
26				26	Wages (less employment credits).....	26	89,608.
27				27	Other expenses (from line 48 on page 2).....	27	12,747.
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns..... ▶	28		28		28	253,421.
29	Tentative profit (loss). Subtract line 28 from line 7.....	29		29		29	24,247.
30	Expenses for business use of your home. Attach Form 8829	30		30		30	1,582.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 , and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		31		31	22,665.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a		32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2007

Schedule C (Form 1040) 2007 Jay L. Hamburg

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.....	35	
36	Purchases less cost of items withdrawn for personal use.....	36	
37	Cost of labor. Do not include any amounts paid to yourself.....	37	12,318.
38	Materials and supplies.....	38	522,383.
39	Other costs..... See Statement. 2	39	505,943.
40	Add lines 35 through 39.....	40	1,040,644.
41	Inventory at end of year.....	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.....	42	1,040,644.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Do you (or your spouse) have another vehicle available for personal use?..... Yes No
- 46 Was your vehicle available for personal use during off-duty hours?..... Yes No
- 47 a Do you have evidence to support your deduction?..... Yes No
 b If 'Yes,' is the evidence written?..... Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Bank Charges	2,647.
Postage	708.
Printing	844.
Telephone	8,548.
48 Total other expenses. Enter here and on page 1, line 27.....	48 12,747.

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2007

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.**
▶ **Attach to Form 1040, 1040NR, or 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor

Barbara A. Hamburg

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Interior Design

B Enter code from instructions

▶ **541400**

C Business name. If no separate business name, leave blank.

Lifespace

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2007, check here. ▶

Part I **Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. <input type="checkbox"/>	1	12,645.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	12,645.
4	Cost of goods sold (from line 42 on page 2)	4	7,986.
5	Gross profit. Subtract line 4 from line 3	5	4,659.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	4,659.

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9	513.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20	
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:	24	
16a	a Mortgage (paid to banks, etc)	16a		24a	a Travel	24a	
16b	b Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal & professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	1,037.

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns **▶** **28** 1,550.

29 Tentative profit (loss). Subtract line 28 from line 7 **29** 3,109.

30 Expenses for business use of your home. Attach **Form 8829** **30** 1,803.

31 Net profit or (loss). Subtract line 30 from line 29.
 • If a profit, enter on both **Form 1040, line 12,** and **Schedule SE, line 2** or on **Form 1040NR, line 13** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
 • If a loss, you **must** go to line 32. **31** 1,306.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. **32a** All investment is at risk.

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited. **32b** Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2007

Schedule C (Form 1040) 2007 **Barbara A. Hamburg**

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	
36	Purchases less cost of items withdrawn for personal use.	36	
37	Cost of labor. Do not include any amounts paid to yourself.	37	
38	Materials and supplies.	38	
39	Other costs See Statement 3	39	7,986.
40	Add lines 35 through 39.	40	7,986.
41	Inventory at end of year.	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.	42	7,986.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 46 Was your vehicle available for personal use during off-duty hours? Yes No
- 47a Do you have evidence to support your deduction? Yes No
- b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Bank Charges	88.
Dues and Subscriptions	258.
Telephone	691.
48 Total other expenses. Enter here and on page 1, line 27.	48 1,037.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2007

Attachment
Sequence No. **12**

Name(s) shown on return

Jay L. and Barbara A. Hamburg

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2...		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d).....		3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				6	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).....				7	

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
100 SH Chevron	7/13/92	10/10/07	9,103.	1,955.	7,148.
100 SH Chevron	7/13/92	10/10/07	9,103.	1,955.	7,148.
222 SH Home Depot	7/13/92	10/10/07	7,424.	2,116.	5,308.
228 SH Home Depot	7/13/92	10/10/07	7,625.	2,173.	5,452.
50 SH IBM	7/13/92	10/10/07	5,908.	827.	5,081.
9 Enter your long-term totals, if any, from Schedule D-1, line 9....		9	23,513.		16,907.
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d).....		10	62,676.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions. See instrs				13	1,716.
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2.....				15	48,760.

BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2007

Part III Summary

16 Combine lines 7 and 15 and enter the result **16** 48,760.

If line 16 is:

- A **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- A **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **Zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.

17 Are lines 15 and 16 **both** gains?

- Yes.** Go to line 18.
- No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions **18** 0.

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions..... **19**

20 Are lines 18 and 19 **both** zero or blank?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.
- No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)]..... **21**

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

- Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
- No.** Complete the rest of Form 1040 or Form 1040NR.

Schedule D-1 (Form 1040) 2007

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

Jay L. and Barbara A. Hamburg

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 200 SH Royal Dutch	Shell				
	7/13/92	10/10/07	16,196.	4,178.	12,018.
200 SH Telefon	7/13/92	10/10/07	7,317.	2,428.	4,889.
9 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9 ▶ 9			23,513.		16,907.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Jay L. and Barbara A. Hamburg

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ... Yes No
If you answered 'Yes,' see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	901 Main Street, LLC	P		84-1498577	
B	901 Main Street, LLC	P		84-1498577	
C	Blue Creek Log Homes, LLC	P		13-4204216	
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	4,694.			
B	4,695.			
C		25,067.		
D				
29a Totals				
b Totals	9,389.	25,067.		
30	Add columns (g) and (j) of line 29a.			30
31	Add columns (f), (h), and (i) of line 29b.			31
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below.			32
				-34,456.
				-34,456.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a.		35
36	Add columns (c) and (e) of line 34b.		36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below.		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18.	41	-34,456.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see instructions).	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income ▶

Jay L. Hamburg

Section B – Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See instructions.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see instructions)	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions).....	2	22,665.
3	Combine lines 1 and 2	3	22,665.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3.....	4a	20,931.
4b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue. ▶	4c	20,931.
5a	Enter your church employee income from Form W-2. See the instructions for definition of church employee income.	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-.....	5b	0.
6	Net earnings from self-employment. Add lines 4c and 5b	6	20,931.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2007.....	7	97,500.
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$97,500 or more, skip lines 8b through 10, and go to line 11	8a	78,000.
8b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
8c	Wages subject to social security tax (from Form 8919, line 10).....	8c	
8d	Add lines 8a, 8b, and 8c	8d	78,000.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11..... ▶	9	19,500.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	2,418.
11	Multiply line 6 by 2.9% (.029).....	11	607.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	3,025.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	1,513.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ⁽¹⁾ was not more than \$2,400 or (b) your net farm profits ⁽²⁾ were less than \$1,733.			
14	Maximum income for optional methods.....	14	1,600.
15	Enter the smaller of: two-thirds (2/3) of gross farm income ⁽¹⁾ (not less than zero) or \$1,600. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ⁽³⁾ were less than \$1,733 and also less than 72.189% of your gross nonfarm income ⁽⁴⁾ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.			
Caution. You may use this method no more than five times.			
16	Subtract line 15 from line 14.....	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁽⁴⁾ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

(1) From Schedule F, line 11, and Schedule K-1 (Form 1065), box 14, code B.

(3) From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1.

(2) From Schedule F, line 36, and Schedule K-1 (Form 1065), box 14, code A.

(4) From Schedule C, line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1065), box 14, code C; and Schedule K-1 (Form 1065-B), box 9, code J2.

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2007

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

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

Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income ▶

Barbara A. Hamburg

Who Must File Schedule SE

You must file Schedule SE if:

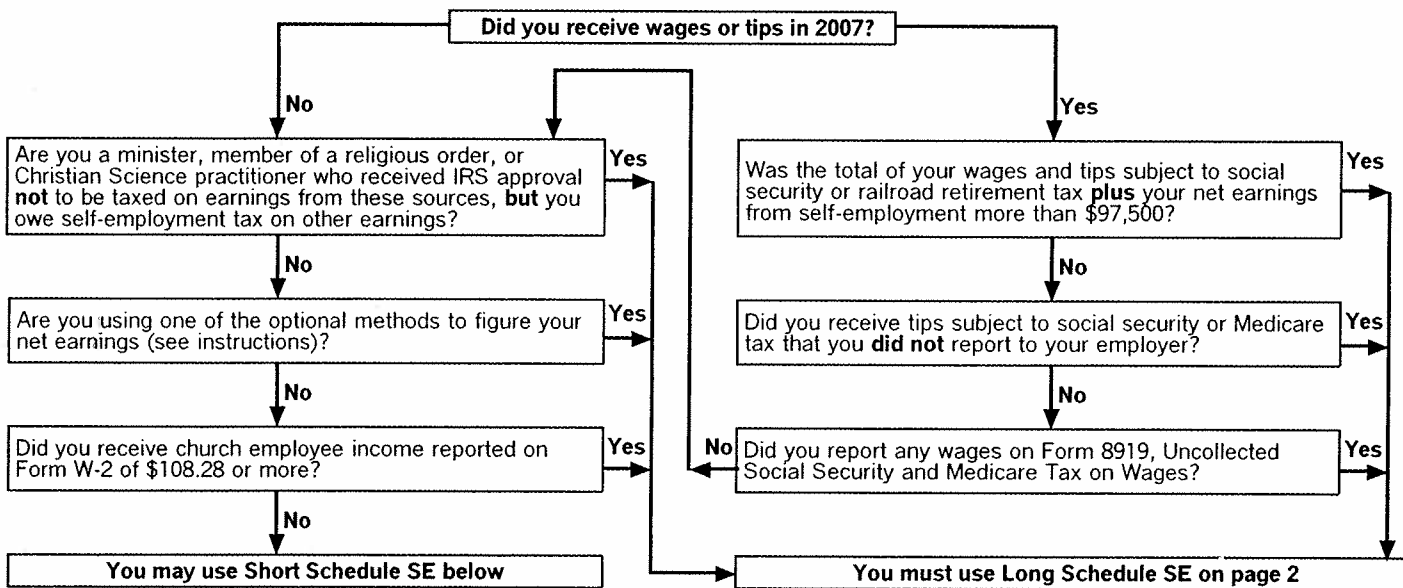
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.....	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.....	2	1,306.
3	Combine lines 1 and 2.....	3	1,306.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax..... ▶	4	1,206.
5	Self-employment tax. If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on Form 1040, line 58.	5	185.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	93.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2007

Form **8829**

Expenses for Business Use of Your Home

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► **File only with Schedule C (Form 1040).**
Use a separate Form 8829 for each home you used for business during the year.
► **See separate instructions.**

2007

Attachment
Sequence No. **66**

Name(s) of proprietor(s)

Your social security number

Jay L. Hamburg

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions).....	1	130
2	Total area of home.....	2	2,931
3	Divide line 1 by line 2. Enter the result as a percentage.....	3	4.44 %
For daycare facilities not used exclusively for business go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day.....	4	hr
5	Total hours available for use during the year (365 days x 24 hours) (see instructions).....	5	hr
6	Divide line 4 by line 5. Enter the result as a decimal amount.....	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3.....	7	4.44 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions....	8	24,247.
See instrs for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions).....	9	
10	Deductible mortgage interest (see instructions)....	10	1,155.
11	Real estate taxes (see instructions).....	11	181.
12	Add lines 9, 10, and 11.....	12	1,336.
13	Multiply line 12, column (b) by line 7.....	13	
14	Add line 12, column (a) and line 13.....	14	1,336.
15	Subtract line 14 from line 8. If zero or less, enter -0-.....	15	22,911.
16	Excess mortgage interest (see instructions).....	16	
17	Insurance.....	17	1,752.
18	Rent.....	18	
19	Repairs and maintenance.....	19	
20	Utilities.....	20	2,951.
21	Other expenses (see instrs)..... Statement 4	21	835.
22	Add lines 16 through 21.....	22	5,538.
23	Multiply line 22, column (b) by line 7.....	23	246.
24	Carryover of operating expenses from 2006 Form 8829, line 42.....	24	
25	Add line 22 in column (a), line 23, and line 24.....	25	246.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25.....	26	246.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15.....	27	22,665.
28	Excess casualty losses (see instructions).....	28	
29	Depreciation of your home from Part III below.....	29	
30	Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43.....	30	
31	Add lines 28 through 30.....	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31.....	32	
33	Add lines 14, 26, and 32.....	33	1,582.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 , Section B.....	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions.....	35	1,582.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions).....	36	
37	Value of land included on line 36.....	37	
38	Basis of building. Subtract line 37 from line 36.....	38	
39	Business basis of building. Multiply line 38 by line 7.....	39	
40	Depreciation percentage (see instructions).....	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above.....	41	

Part IV Carryover of Unallowed Expenses to 2008

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-.....	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-.....	43	0.

Form **8829**

Expenses for Business Use of Your Home

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

File only with Schedule C (Form 1040).
Use a separate Form 8829 for each home you used for business during the year.
See separate instructions.

2007

Attachment
Sequence No. **66**

Name(s) of proprietor(s)

Barbara A. Hamburg

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	130
2	Total area of home	2	2,931
3	Divide line 1 by line 2. Enter the result as a percentage	3	4.44 %
For daycare facilities not used exclusively for business go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	4.44 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	3,109.
See instrs for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	1,155.
11	Real estate taxes (see instructions)	11	181.
12	Add lines 9, 10, and 11	12	1,336.
13	Multiply line 12, column (b) by line 7	13	
14	Add line 12, column (a) and line 13	14	1,336.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	1,773.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	1,752.
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	2,951.
21	Other expenses (see instrs) Statement 5	21	835.
22	Add lines 16 through 21	22	5,538.
23	Multiply line 22, column (b) by line 7	23	246.
24	Carryover of operating expenses from 2006 Form 8829, line 42	24	221.
25	Add line 22 in column (a), line 23, and line 24	25	467.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	467.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	1,306.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from Part III below	29	
30	Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	1,803.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,803.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2008

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No. 1545-0172

2007

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Jay L. and Barbara A. Hamburg

Identifying number

Business or activity to which this form relates

Schedule C - Log Home Building Services, LLC

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	3,575.
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	125,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
See Statement 6			3,575.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,575.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,575.
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	71,090.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,575.
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	8,254.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	11,829.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **8582**

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2007

Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

Jay L. and Barbara A. Hamburg

Part I 2007 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1 a	Activities with net income (enter the amount from Worksheet 1, column (a)).	1 a		
1 b	Activities with net loss (enter the amount from Worksheet 1, column (b)).	1 b	-9,389.	
1 c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)).	1 c		
1 d	Combine lines 1a, 1b, and 1c.	1 d	-9,389.	

Commercial Revitalization Deductions From Rental Real Estate Activities

2 a	Commercial revitalization deductions from Worksheet 2, column (a).	2 a		
2 b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b).	2 b		
2 c	Add lines 2a and 2b.	2 c		

All Other Passive Activities

3 a	Activities with net income (enter the amount from Worksheet 3, column (a)).	3 a		
3 b	Activities with net loss (enter the amount from Worksheet 3, column (b)).	3 b		
3 c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c)).	3 c		
3 d	Combine lines 3a, 3b, and 3c.	3 d		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used.	4	-9,389.	
---	---	---	---------	--

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4.	5	9,389.	
6	Enter \$150,000. If married filing separately, see the instructions.	6	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see instructions).	7	126,829.	
8	Subtract line 7 from line 6.	8	23,171.	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions.	9	11,586.	
10	Enter the smaller of line 5 or line 9.	10	9,389.	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11		
12	Enter the loss from line 4.	12		
13	Reduce line 12 by the amount on line 10.	13		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.	14		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total.	15		
16	Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return.	16	9,389.	

BAA For Paperwork Reduction Act Notice, see the instructions.

Form 8582 (2007)

Form 8582 (2007) Jay L. and Barbara A. Hamburg

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
901 Main Street, LLC		4,694.			4,694.
901 Main Street, LLC		4,695.			4,695.
Total. Enter on Form 8582, lines 1a, 1b, and 1c		9,389.			

Worksheet 2 – For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
901 Main Street, LLC	Sh E Ln 28	4,694.	0.499947	4,694.	
901 Main Street, LLC	Sh E Ln 28	4,695.	0.500053	4,695.	
Total		9,389.	1.00	9,389.	

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Form 8582 (2007) Jay L. and Barbara A. Hamburg

Worksheet 6 – Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				0.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of Activity					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions)					
1 a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		0.	1.00	0.	0.

Alternative Minimum Tax
Passive Activity Loss Limitations

Form **8582**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2007

Attachment
Sequence No. **88**

Name(s) shown on return

Jay L. and Barbara A. Hamburg

Identifying number

Part I 2007 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1 a	Activities with net income (enter the amount from Worksheet 1, column (a)).		
1 b	Activities with net loss (enter the amount from Worksheet 1, column (b)).	-9,653.	
1 c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c)).		
1 d	Combine lines 1a, 1b, and 1c.		-9,653.

Commercial Revitalization Deductions From Rental Real Estate Activities

2 a	Commercial revitalization deductions from Worksheet 2, column (a).		
2 b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b).		
2 c	Add lines 2a and 2b.		

All Other Passive Activities

3 a	Activities with net income (enter the amount from Worksheet 3, column (a)).		
3 b	Activities with net loss (enter the amount from Worksheet 3, column (b)).		
3 c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c)).		
3 d	Combine lines 3a, 3b, and 3c.		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used.		-9,653.
---	---	--	---------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4.		9,653.
6	Enter \$150,000. If married filing separately, see the instructions.	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see instructions).	126,829.	
8	Subtract line 7 from line 6.	23,171.	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions.		11,586.
10	Enter the smaller of line 5 or line 9.		9,653.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.		
12	Enter the loss from line 4.		
13	Reduce line 12 by the amount on line 10.		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total.		
16	Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return.		9,653.

BAA For Paperwork Reduction Act Notice, see the instructions.

Form 8582 (2007)

Alternative Minimum Tax

Form 8582 (2007) Jay L. and Barbara A. Hamburg

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
901 Main Street, LLC		4,826.			4,826.
901 Main Street, LLC		4,827.			4,827.
Total. Enter on Form 8582, lines 1a, 1b, and 1c.		9,653.			

Worksheet 2 – For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b.			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c.					

Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
901 Main Street, LLC	Sh E Ln 28	4,826.	0.499948	4,826.	
901 Main Street, LLC	Sh E Ln 28	4,827.	0.500052	4,827.	
Total.		9,653.	1.00	9,653.	

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total.			1.00	

Alternative Minimum Tax

Form 8582 (2007) Jay L. and Barbara A. Hamburg

Worksheet 6 – Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total	▶			0.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity ..	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions) _____ Type					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Form or schedule and line number to be reported on (see instructions) _____ Type					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Form or schedule and line number to be reported on (see instructions) _____ Type					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Form or schedule and line number to be reported on (see instructions) _____ Type					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Total	▶	0.	1.00	0.	0.

Name of Activity ..	Type				
Form or schedule and line number to be reported on (see instructions) _____					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Form or schedule and line number to be reported on (see instructions) _____					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Form or schedule and line number to be reported on (see instructions) _____					
1 a Net loss plus prior year unallowed loss from form or schedule	▶				
b Net income from form or schedule	▶				
c Subtract line 1b from line 1a. If zero or less, enter -0-	▶				
Total	▶	0.	1.00	0.	0.

Form **8903**

Department of the Treasury
Internal Revenue Service

Domestic Production Activities Deduction

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-1984

2007

Attachment
Sequence No. **143**

Name(s) as shown on return

Identifying number

Jay L. and Barbara A. Hamburg

1	Domestic production gross receipts (DPGR).....	1	1,318,312.
2	Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3.....	2	
3	If you are using the section 861 method, enter deductions and losses allocable to DPGR. All others, see instructions.....	3	
4	If you are using the small business simplified overall method enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4.....	4	1,295,647.
5	Add lines 2 through 4.....	5	1,295,647.
6	Subtract line 5 from line 1.....	6	22,665.
7	Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions).....	7	
8	Add line 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10.....	8	22,665.
9	Amount allocated to beneficiaries of the estate or trust (see instructions).....	9	
10	Qualified production activities income. Estates and trusts, subtract line 9 from line 8, all others, enter amount from line 8. If zero or less, enter -0- here, skip lines 11 through 19, and enter -0- on line 20.....	10	22,665.
11	Income limitation (see instructions): <ul style="list-style-type: none"> • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction..... • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)..... 	11	115,834.
12	Enter the smaller of line 10 or line 11. If zero or less, enter -0- here, skip lines 13 through 19, and enter -0- on line 20.....	12	22,665.
13	Enter 6% of line 12.....	13	1,360.
14	Form W-2 wages (see instructions).....	14	101,926.
15	Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions).....	15	
16	Add lines 14 and 15. Estates and trusts, go to line 17, all others, skip line 17 and go to line 18.....	16	101,926.
17	Amount allocated to beneficiaries of the estate or trust (see instructions).....	17	
18	Estates and trusts, subtract line 17 from line 16, all others, enter amount from line 16.....	18	101,926.
19	Form W-2 wage limitation. Enter 50% of line 18.....	19	50,963.
20	Enter the smaller of line 13 or line 19.....	20	1,360.
21	Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6.....	21	
22	Expanded affiliated group allocation (see instructions).....	22	
23	Domestic production activities deduction. Combine lines 20 through 22 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return.....	23	1,360.

2007

Federal Statements

Page 1

Jay L. and Barbara A. Hamburg

8/11/08

03:37PM

Statement 1
Schedule A, Line 23
Other Expenses

Charles Schwab fees.....	\$	1,003.
Safe Deposit Box Rental.....		50.
Total	\$	<u>1,053.</u>

Statement 2 - Construction
Schedule C, Line 39
Other Costs of Goods Sold

Equipment & auto expenses.....	\$	43,940.
Permits.....		7,333.
Subcontractors.....		454,670.
Total	\$	<u>505,943.</u>

Statement 3 - Interior Design
Schedule C, Line 39
Other Costs of Goods Sold

Materials.....	\$	5,599.
Subcontractors.....		2,387.
Total	\$	<u>7,986.</u>

Statement 4
Form 8829, Line 21
Other Expenses

	<u>Direct</u>	<u>Indirect</u>
HOA dues.....	\$ 0.	\$ 835.
Total	\$ <u>0.</u>	\$ <u>835.</u>

Statement 5
Form 8829, Line 21
Other Expenses

	<u>Direct</u>	<u>Indirect</u>
HOA dues.....	\$ 0.	\$ 835.
Total	\$ <u>0.</u>	\$ <u>835.</u>

2007

Federal Statements

Page 2

Jay L. and Barbara A. Hamburg

8/11/08

03:37PM

Statement 6
Form 4562, Part I
Election To Expense Certain Tangible Property (Section 179)

<u>Description of Property</u>	<u>Cost</u>	<u>Elected Cost</u>
5-Year Back hoe boom.....	2,000.	\$ 2,000.
5-Year Paint sprayer.....	525.	525.
5-Year Skid steer trailer.....	1,050.	1,050.
	Total	<u>\$ 3,575.</u>

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Departmental Use Only

2007 FORM 104 COLORADO INDIVIDUAL INCOME TAX RETURN

Client Copy

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
Yourself Hamburg	Jay L.	<input type="checkbox"/> YES	
Spouse, if joint Hamburg	Barbara A.	<input type="checkbox"/> YES	
Mailing Address 2875 Rockbridge Cr.			Your telephone number
City Highlands Ranch	State CO	ZIP Code 80129	

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	75,275 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	2,964 00
3	Other additions, explain. <u>Non-Colorado state and local bond int.</u>	3	102 00
4	Total of lines 1 through 3	4	78,341 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	760 00
6	United States government interest	6	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	00
12	Other subtractions, explain: _____	12	00
13	Total of lines 5 through 12	13	760 00
14	COLORADO TAXABLE INCOME , line 4 minus line 13	14	77,581 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		
S T A P L E F W O R M S 2 G H E A R E D	15	COLORADO TAX from the tax table. Part-year residents and nonresidents enter tax from line 36, Form 104PN	15	3,592 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	3,592 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	00
	22	Enterprise zone credits from line 17, Form 104CR	22	00
	23	Total of lines 19 through 22 (if more than the total of lines 15 and 16, see line 23 instructions)	23	00
	24	Net tax, line 18 minus line 23	24	3,592 00

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Jay L. and Barbara A. Hamburg

Page 2

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	114,474	00	
	26	Amount from Line 24 on page 1 of form (Net Tax).....	26	3,592	00	
	27	COLORADO INCOME TAX WITHHELD from wages and winnings.....	27	2,964	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	2,964	00	
	31	If line 30 is more than line 26, subtract line 26 from line 30. This is your overpayment.	31		00	
CHECKOFF CONTRIBUTIONS VOLUNTARY	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		
REFUND	48	Line 31 minus line 47. This is your REFUND. e-file this return. Get your refund faster!.....	48		00	
	Direct Deposit Routing number _____ Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account number _____					
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		628	00
<ul style="list-style-type: none"> • 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. <p>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.</p>						
SIGN YOUR RETURN	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		
		1946		1946		
MAIL YOUR RETURN TO: COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261-0005			Paid Preparer's Name, Address and Telephone Number Chris Balzer, C.P.A., P.C. 9395 Autumn Ash Pl. Littleton, CO 80126 81-0633597 303 346-9086			

Copy B To Be Filed With Employee's FEDERAL Tax Return.		2007	OMB No. 1545-0008
a Employee's social security number		b Employer ID number 76-0689539	
1 Wages, tips, other comp. 78000.00	2 Federal income tax withheld 8762.52	3 Social security wages 78000.00	
4 Social security tax withheld 4836.00	5 Medicare wages and tips 78000.00	6 Medicare tax withheld 1131.00	
c Employer's name, address, and ZIP code ADMINISTAFF COMPANIES II L.P. 19001 CRESCENT SPRINGS DR KINGWOOD, TX 77339			
d Control number 1013600			
e Employee's name, address, and ZIP code JAY L HAMBURG 2875 ROCKBRIDGE CIR HIGHLANDS RANCH, CO 80129			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CO	28-21679	78000.00	2964.00
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS



UNITED STATES BANKRUPTCY COURT
District of Colorado

IN RE

CASE NO. _____

Log Home Building Services, LLC

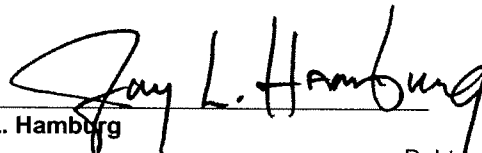
CHAPTER 11

DEBTOR(S)

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verifies that the attached matrix list of creditors is true and correct to the best of our knowledge.

Date: 6-22-09



Jay L. Hamburg
Debtor

AMA Electric
PO Box 782
Fairplay, CO 80440

Antero Septic
PO Box 5217
Buena Vista, CO 81211

ASAP Rental Equipment
PO Box 977
Leadville, CO 80461

Barnes & McCullough Lumber
PO Box 330
Stephanville, TX 76401

Big Al's Insulation
PO Box 33151
Northglenn, CO 80233-0151

Breckenridge Crane
PO Box 7427
Breckenridge, CO 80424

Capital One
PO Box 60599
City of Industry, CA 91716-0599

Chuck Pisano, Esq.
PO Box 428
Fairplay, CO 80440

Commercial Recovery Group (#60824)
1012 State College Rd.
Ste. 203
Dover, DE 19904

Ed Hartshorn, Esq.
PO Box 1502
Fairplay, CO 80440

Elan Financial
PO Box 790408
St. Louis, MO 63179-0408

Empire Drywall
5006 Mountain Air Cir.
Colorado Springs, CO 80916

Everist Concrete
PO Box 1150
Silverthorne, CO 80498

First Bankcard
1620 Dodge Street
Omaha, NE 68197

Golden Cross Aggregates
PO Box 1180
Alma, CO 80420

High Valley Supply
PO Box 1666
Buena Vista, CO 81211

Home Depot
PO Box 6029
The Lakes, NV 88901-6029

Home Depot Rewards
PO Box 689147
Des Moines, IA 50368-9147

Hutchison Lumber
186 Mt. Evans Blvd.
Pine, CO 80470

Imperial Credit Systems (#1021520)
125 N. Parkside Dr.
Ste. 302
Colorado Springs, CO 80909

Jay & Barb Hamburg

Jay Hamburg

K&J Poured Flooring, LLC
PO Box 8772
Breckenridge, CO 80424

Lowe's
PO Box 981064
El Paso, TX 79998-1064

Merrill Lynch Credit Card
PO Box 851001
Dallas, TX 75285-1001

Merrill Lynch Credit Card
PO Box 851001
Dallas, TX 75285-101

Wilson Plumbing dba ASP Services
PO Box 1500
Fairplay, CO 80440

Mountain View Waste
PO Box 720
Pine, CO 80470

Peak Concrete Plumbing
PO Box 1150
Silverthorne, CO 80498

Pella Windows
4200 Carson Street
Denver, CO 80239

Ptarmigan Tile
PO Box 1651
Silverthorne, CO 80498

Saturn Systems Collections
PO Box 482
Bailey, CO 80421-0482

Shell Oil Credit Card
PO Box 389152
Des Moines, IA 50368-9152

United Credit Card (Chase)
PO Box 94014
Palatine, IL 60094-4014

Wright Express
PO Box 6293
Carol Stream, IL 60197-6293