

Department of the Treasury — Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space

Label Use the IRS label Otherwise, please print clearly	For the year Jan 1 - Dec 31, 2007, or other tax year beginning . . . 2007, ending . . . 20		OMB No. 1545-0074	
	First name BENJAMIN	MI J	Last name HOCHSTER	Your social security number 063-98-7919
	First name RONIT	MI 	Last name HOCHSTER	Spouse's social security number 966-84-1573
	Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 84 NACHAL LACHISH			You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. State ZIP code BET SHEMESH, ISRAEL			Checking a box below will not change your tax or refund.	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions).	☐ You ☐ Spouse			

Filing Status

1 ☐ Single	4 ☐ 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 ☒ Married filing jointly (even if only one had income)	
3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . .	
5 ☐ Qualifying widow(er) with dependent child (see instructions)	

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☒ Spouse

c Dependents:

1. First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If qualifying child for child tax credit (see instrs)
MIAT A	HOCHSTER	063-98-9687	Son	☒
YARL	HOCHSTER	063-98-9692	Daughter	☒
SHARA E	HOCHSTER	063-98-9690	Daughter	☒
GRAD D	HOCHSTER	063-98-9683	Son	☒

d Total number of exemptions claimed 6

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	46,865.
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
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	46,865.

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	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN.	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35.	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	46,865.