FIRST NAME | M.I. | LAST NAME | SOCIAL SECURITY NUMBER

Schedule Z Other Credits

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. **2007**

Part 1. Credits

1	Lead Paint	► 1	.00
2	Economic Opportunity Area	► 2	.00
3	Full Employment	► 3	.00
4	Septic	► 4	.00
5	Brownfields. Enter certificate number ►	► 5	.00
6	Low-Income Housing	► 6	.00
7	Historic Rehabilitation	► 7	.00
8	Home Energy Efficiency	► 8	.00
9	Film Incentive. Enter certificate number ►	► 9	.00
10	Medical Device. Enter certificate number ►	► 10	.00
11	Add lines 1 through 10. Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 33. Part-year residents, also complete lines 12 through 14, if applicable. Full-year residents, also complete lines 12 through 15	11	.00

Part 2. Credits for Full-Year and Part-Year Residents Only

12	Income tax paid to another state or jurisdiction Enter two-letter state or jurisdictional postal code ► ► ►	► 12	.00
13	Solar wind and energy	► 13	.00

Part 3. Totals

14	Add lines 12 and 13. Part-year residents, enter the result here and on Form 1-NR/PY, line 34	14	.00
15	Full-year residents only. Add lines 11 and 14. Enter the result here and on Form 1, line 29	15	.00

Schedule DI Dependent Information

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 39 or Form 1-NR/PY, lines 16, 17 or 44. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than two dependents, see instructions.

1. FIRST NAME | M.I. | LAST NAME | 1. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER | IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? ► ◯ Yes | DATE OF BIRTH M M D D Y Y Y Y

2. FIRST NAME | M.I. | LAST NAME | 2. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER | IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? ► ◯ Yes | DATE OF BIRTH M M D D Y Y Y Y

3. FIRST NAME | M.I. | LAST NAME | 3. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER | IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? ► ◯ Yes | DATE OF BIRTH M M D D Y Y Y Y

4. FIRST NAME | M.I. | LAST NAME | 4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER | IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? ► ◯ Yes | DATE OF BIRTH M M D D Y Y Y Y