

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

LABEL HERE

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____, 21

Your first name and initial: **CINDY H** Last name: **MCCAIN**

If a joint return, spouse's first name and initial: _____ Last name: _____

Home address (number and street). If you have a P.O. box, see page 12. _____ Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. **PHOENIX, AZ 85016**

Your social security number: _____

Spouse's social security number: _____

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. **▶ JOHN MCCAIN, III**

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **▶**

5 Qualifying widow(er) with dependent child (see page 14)

Check only one box.

Exemptions

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

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	W-2 (or 1099-R) filed by dependent (see page 15)
BRIDGET	MCCAIN	_____	CHILD	X

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:

- lived with you: **1**
- did not live with you due to divorce or separation (see page 16): _____

Dependents on 6c not entered above: _____

Add numbers on lines above: **2**

d Total number of exemptions claimed: **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 * 297,350.**

8a Taxable interest. Attach Schedule B if required **8a 23,038.**

b Tax-exempt interest. Do not include on line 8a **8b 29,598.**

9a Ordinary dividends. Attach Schedule B if required **9a 118,120.**

b Qualified dividends (see page 19) **9b 73,142.**

10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 1 STMT 3 10 21,363.**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 * 88,254.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13 746,395.**

14 Other gains or (losses). Attach Form 4797 **14 21,652.**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 2,880,856.**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount (see page 24) **20b**

21 Other income. List type and amount (see page 24) **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 4,197,028.**

Adjusted Gross Income

23 Educator expenses (see page 26) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 26) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **▶ 31a**

32 IRA deduction (see page 27) **32**

33 Student loan interest deduction (see page 30) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 4,197,028.**

* See Attached Statement A for Community Property Income and Expenses

Tax and Credits		38		4,197,028.	
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 <input type="checkbox"/> 39a <input type="checkbox"/>					
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input checked="" type="checkbox"/> 39b <input checked="" type="checkbox"/>					
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		527,666.	
41 Subtract line 40 from line 38		41		3,669,362.	
42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33		42		2,266.	
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		3,667,096.	
44 Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889		44		1,106,494.	
45 Alternative minimum tax. Attach Form 6251		45		0.	
46 Add lines 44 and 45		46		1,106,494.	
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		2,505.	
52 Child tax credit (see page 39). Attach Form 8901 if required		52			
53 Retirement savings contributions credit. Attach Form 8880		53			
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839		54			
55 Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55			
56 Add lines 47 through 55. These are your total credits		56		2,505.	
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57		1,103,989.	
58 Self-employment tax. Attach Schedule SE		58		EXEMPT COMMUNITY INCOME	
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		* 34,200.	
63 Add lines 57 through 62. This is your total tax		63		1,138,189.	
64 Federal income tax withheld from Forms W-2 and 1099		64		* 58,553.	
65 2007 estimated tax payments and amount applied from 2006 return		65		1,708,563.	
66a Earned income credit (EIC)		66a			
b Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>		66b			
67 Excess social security and tier 1 RRTA tax withheld (see page 59)		67			
68 Additional child tax credit. Attach Form 8812		68			
69 Amount paid with request for extension to file (see page 59)		69		325,185.	
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		2,092,301.	
73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		73		954,112.	
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		74a			
75 Amount of line 73 you want applied to your 2008 estimated tax		75		954,112.	
76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60		76			
77 Estimated tax penalty (see page 61)		77			
Third Party Designee: Do you want to allow another person to discuss this return with the IRS (see page 61)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		Designee's name: PREPARER		Phone no.:	
Sign Here: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Your signature: [Redacted]		Date: [Redacted]	
Joint return? See page 13. Keep a copy for your records.		Your occupation: EXECUTIVE		Daytime phone number:	
Spouse's signature, if a joint return, both must sign.		Date:		Spouse's occupation:	
Paid Preparer's Use Only: Preparer's signature: [Redacted]		Date:		Check if self-employed: <input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP code:		Preparer's SSN or PTIN: [Redacted]		EIN: [Redacted]	
		Phone no.:		[Redacted]	