

First Name	Middle Name	Last Name	Suffix	Entity	PAYOR	Address	City	State	ZIP	Emp ID	Orig	Form	Date	Amount	Other Income Type
				Indiana Insurance Company		Wachovia Bank N.A.	Savannah	GA				Check	10/29/2007	\$28.00	Refund
				Fifth Third Bank		PO Box 740789	Cincinnati	OH	45274			EFT	10/31/2007	\$753.84	INT
														\$781.84	