

2007 TAX RETURN ORGANIZER

Please answer the following questions.

(1) Filing status

- Single
 Married filing joint
 Married filing separate

 Head of household
 Qualifying widow(er)

(2) TAXPAYER AND SPOUSE'S INFORMATION:

	Taxpayer	Spouse
Last name		
First name & middle name		
Age/DOB (mm/dd/yy)	/ /	/ /
Social Security # / Tax ID #	- -	- -
Occupation		

Home address	
Home tel. #	
Fax number	
E-Mail address	

Company name	
Company address	
Work tel. #	
Fax number	
E-Mail address	

(3) Mailing address

- Home
 Company
 Other, please fill it out in the following space.

Other address (If applicable)	
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(4) Dependents (not including spouse)

Last name		
First name		
Age/DOB (mm/dd/yy)	/ /	/ /
Social security #	- -	- -
Relationship		

Last name		
First name		
Age/DOB (mm/dd/yy)	/ /	/ /
Social security #	- -	- -
Relationship		

(5) Working status

U.S. citizen Green card holder Without visa

Other

If other, please describe the visa status. _____

(6) Your filing state(s) and cities (if applicable).

California Arizona Nevada Illinois

New York Other state (_____)

New York City Detroit Other city (_____)

(7) Last 3 years record of days stayed in United States. (Tax payer)

Year Number of days in US

2005 _____ days

Arrival date Departure date Purpose & which state Type of visa and number

2006 _____ days

Arrival date Departure date Purpose & which state Type of visa and number

2007 _____ days

Arrival date Departure date Purpose & which state Type of visa and number

(8) Record of days stayed in the United States in 2007. (Spouse and dependent(s))

If they arrived or left during 2007, please fill in the following space.

Name of spouse or dependents	Arrival date Mm/dd	Departure date mm/dd
	/ continue none	/ continue none
	/ continue none	/ continue none
	/ continue none	/ continue none
	/ continue none	/ continue none

(9) W-2 Form income (Salary from employer)

If you, your spouse, or dependent(s) received W-2 Form in 2007, indicate in the following columns.

	Taxpayer	Taxpayer other W-2	Spouse	Dependent
Employer's name				
Wages, tips other comp.	\$	\$	\$	\$
Federal income tax withheld	\$	\$	\$	\$
Social security tax withheld	\$	\$	\$	\$
Social security wages	\$	\$	\$	\$
Medicare tax withheld	\$	\$	\$	\$
State income tax withheld	\$	\$	\$	\$
Local income tax withheld	\$	\$	\$	\$
SDI (California only)	\$	\$	\$	\$

If you file tax return in NY, KY, PA, please fill in the following space.

County name	Municipality	School district name	School district number

(10) Income in Japan

If you, your spouse, or dependent(s) earned income in Japan, please indicate in the following space.

	Taxpayer salary	Taxpayer other income	Spouse	Dependents
Employer's name				
Salary	¥	¥	¥	¥
Income tax	¥	¥	¥	¥
Social security tax	¥	¥	¥	¥
Medical insurance tax	¥	¥	¥	¥

(11) Income earned in foreign countries (excludes income in Japan and US).

(If paid in foreign currency, indicate in foreign currency.)

	Taxpayer salary	Taxpayer other income	Spouse	Dependent
Employer's name				
Wages, tips other comp.				
Income tax withheld				
Social security tax withheld				

(12) Income neither reported on W-2 Form nor included in foreign income

If you or your family member(s) earned any other income not included the columns above, indicate the type of income in the space provided.

- Rent Company owned dwelling expense reimbursement
 Utility expense reimbursement Education expense reimbursement
 Commute expense reimbursement
 Personal usage of company car Other

If you have income described above, please, give us detail.

Name of payer	Nature of income	Amount
		\$
		\$
		\$
		\$

(13) Deductions for Adjusted Gross Income

(a) Moving expenses

If you changed your principal place of work during 2007, indicate in the space provided.

Enter the number of miles from your former home to your new office location (1)	Enter the number of miles from your former home to your previous office location (2)	Difference (1)-(2)
miles	miles	miles

If the difference is equal to or more than 50 miles, indicate in the space provided.

Moving	Storage	Travel	Lodging	Amount paid by employer
\$	\$	\$	\$	\$

(b) If applicable, please fill in the following space.

Interest paid for student loan in 2007	\$
Alimony paid	\$
Beneficial social security number	SSN #

(14) Other income

If you received the following income in 2007, please fill in the following space.

- Employee benefit
 Pension
 Social security benefit
 Unemployment insurance
 Award
 Lottery
 Discharge of debts
 Distribution of pension

Payer name	Category of other income	Amounts
		\$
		\$

(15) Pension and IRA contributions

(a) If you have pension or IRA contributions for 2007, please fill in the following space provided.

	Contribution date for 2007	Amounts	Type of IRA (ex. Roth IRA etc.)
Tax payer	(mm/dd/yy)	\$	
Spouse	(mm/dd/yy)	\$	

Note: If you made the contributions during 1/1/08 through 4/15/08, please check the following spaces 2007 2008

(b) If you made a rollover from a Traditional IRA to a Roth IRA in 2007 please fill in the conversion amount in the following space.

\$

(c) Did you and/or your spouse join any employer provided pension plan?

Yes No

(16) State and local taxes refund in 2007

If you filed a “Schedule A-Itemized deductions” and received a state and/or any other local tax refund from your 2006 tax return in 2007 please fill in the total amount of refund.

Amount of state tax	\$	Local & city taxes	\$
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(17) Itemized deductions

(a) Medical expense (Only amount exceeding 7.5% of Adjusted Gross Income is deductible.)

Prescription, medicines, and drugs	\$
Doctors, dentists, and nurses	\$
Hospitals and nursing homes	\$
Insurance premiums	\$
Insurance reimbursement	\$
Transportation (18 cent per mile) and lodging (50 dollars per night person)	\$
Glasses, contact lenses and hearing aids	\$
Others	\$

(b) State and local taxes payments

2006 and prior years' state & local taxes you paid in 2007	\$
2007 estimated tax for state & local taxes you paid in 2008	\$
Real property taxes (Payment in 2007)	\$
Personal property taxes (Payment in 2007)	\$
License and county tax paid for motor vehicle	\$
Other taxes (<u>ex.</u> Sales tax)	\$

(c) If you have house(s) and pay mortgage interests during 2007, please fill in the following space (up to 2 houses). FORM 1098

Interest paid for first mortgage	\$
Interest paid for second mortgage	\$

(d) If you purchased a house during 2007 and pay mortgage interests and points, please fill in the following space.

Interest paid for first mortgage	\$
Interest paid for second mortgage	\$
Points	\$

(e) Contributions

If you made contributions to qualified organizations, indicate in the space provided.

(1) If contribution was made in CASH, please fill in the following space.

Name of qualified organization	Date	Amounts
	/ / (mm/dd/yy)	\$
	/ / (mm/dd/yy)	\$

(2) If a NON-CASH contribution was made, please fill in the following space.

Name of qualified organizations		
Name of goods		
Date of contributions mm/yy	/	/
Date of goods acquired mm/yy	/	/
Method of acquisition of the goods		
Fair market value of the goods on the date of acquisition	\$	\$
Fair market value of the goods on the date of contribution	\$	\$
Appraisal method of FMV of the goods above		

(f) Disaster, robbery and casualty loses

Item name				
Purchase date mm/yy	/	/	/	/
Purchase price	\$	\$	\$	\$
Reason of loss				
Price before losing	\$	\$	\$	\$
Price after losing	\$	\$	\$	\$

(g) Please fill in the following expenses that were not reimbursed by the employer in 2007.

Business travel expense	\$
Union and professional dues	\$
Education expenses related to current job	\$
Other expenses	\$

(h) Please fill in the following expenses

Tax preparation fees for 2006 tax return	\$
Investment expenses (interest paid for investment)	\$
Safe deposit box rental fee	\$

(18) Interest income

If you, your spouse or dependent(s) received interest income, FORM "1099-INT", indicate in the space provided.

Name of payer(s)	1=Taxpayer 2=Spouse	Amounts
		\$
		\$
		\$
		\$
		\$
		\$

If you, your spouse or your dependent(s) received interest income in Japan or other countries, indicate in the space provided.

Name of country	Name of payer(s)	1=Taxpayer 2=Spouse	Amount	Tax paid
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			¥	¥
			¥	¥
			¥	¥

(19) If you, your spouse or dependent(s) received FORM "1099-DIV" dividends, indicate in the space provided.

Name of Payer	1=Taxpayer 2=Spouse	Gross dividends	Qualified Dividends	Capital gain distributions	Federal tax withheld	State tax withheld	Foreign Income tax
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

If you, your spouse or dependent(s) earned dividend income in Japan or other countries, indicate in the space provided.

Name of payer	Name of country	1=Taxpayer 2=Spouse	Amount	Tax paid
			\$	\$
			\$	\$
			\$	\$
			¥	¥
			¥	¥
			¥	¥

(20) Sole proprietorship

If you operated a business as a sole proprietorship, indicate in the space provided.

Basic Business Information

Principal business or profession	
Business name	
Employer ID #, if any	
Business address	

Accounting method

	Cash	Accrual	Other
Accounting method			

Gross receipts or sales	\$
Inventory at the beginning of year	\$
Purchase	\$
Freight fee	\$
Inventory at the end of year	\$

Business expenses

Advertising	\$	Rental for car and machinery	\$
Car & truck	\$	Rental for house	\$
Commissions	\$	Supplies	\$
Depreciation	\$	Tax & licenses	\$
Employee benefit	\$	Travel	\$
Insurance	\$	Meal & entertainment	\$
Interest expenses	\$	Utilities	\$
Legal / accounting	\$	Wages (for employee	\$
Office expenses	\$		\$
Telephone	\$		
Business gift	\$		
Postage	\$		
Parking	\$		
Sample	\$		
Other	\$		

(a) Vehicle expenses for business purposes

If you used your vehicle for your business, indicate in the space provided.

Total mileage for business use	Miles
Total mileage for personal use	Miles
Total gas expense for car	\$
Vehicle insurance	\$
Repair	\$
Maintenance	\$

If you used your vehicle for business purpose only, fill in the information in the space provided.

Type of vehicle	
Date of purchase mm/dd/yy	/ /
Price of the vehicle	\$

(b) Expenses for business use of your home

If your home was used regularly and exclusively for business, regularly for day care, or storage of inventory or product samples, fill out the columns below.

Percentage of business use

Percentage (the area / total area of home)	%
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Total payment related to your home

Rent expense (yearly)	\$	Property taxes	\$
Home insurance	\$	Mortgage interest	\$
Repair and maintenance	\$	Other	\$

(21) Capital gains and losses

If you sold your capital assets such as stocks and bonds during 2007, indicate in the space provided.

Name and number of stocks and (or) bonds you traded	Date acquired mm/dd/yy	Date sold mm/dd/yy	Purchase price	Purchase cost	Sales price	Sales cost
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$

If you sold your capital assets such as coins, stamps, jewelry, and metals, indicate in the space provided.

Name of asset(s)	Date acquired mm/dd/yy	Date sold mm/dd/yy	Purchase price	Purchase expenses	Sales price	Sales expenses
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$

(22) Disposition of real property

If you disposed your real property during 2007, indicate in the space provided.

Investment Residence

Name of real estate	
Date acquired (mm/dd/yy)	/ /
Date sold (mm/dd/yy)	/ /
Sales price	\$
Purchase price	\$
Date of additional improvement (mm/dd/yy)	/ /
Price of improvement	\$
Date of additional improvement (mm/dd/yy)	/ /
Price of improvement	\$

Investment Residence

Name of real estate	
Date acquired (mm/dd/yy)	/ /
Date sold (mm/dd/yy)	/ /
Sales price	\$
Purchase price	\$
Date of additional improvement (mm/dd/yy)	/ /
Price of improvement	\$
Date of additional improvement (mm/dd/yy)	/ /
Price of improvement	\$

(23) Supplemental income and loss (Rental real estate)

If you or your spouse rented real estate(s), indicate in the space provided.

Location of property A	
Location of property B	
Location of property C	

	Property A	Property B	Property C
Purchase date (mm/dd/yy)	/ /	/ /	/ /
Purchase price	\$	\$	\$
Price of building only	\$	\$	\$
Date of additional improvement (mm/dd/yy)	/ /	/ /	/ /
Price of addition improvement	\$	\$	\$
Date of remodeling (mm/dd/yy)	/ /	/ /	/ /
Price of remodeling	\$	\$	\$

(a) Income and expenses related to rental real estate

	Property A	Property B	Property C
Rent income	\$	\$	\$
Laundry income	\$	\$	\$
Royalty income	\$	\$	\$
Advertisement	\$	\$	\$
Travel exp.	\$	\$	\$
Cleaning, maintenance	\$	\$	\$
Commissions	\$	\$	\$
Legal & accounting	\$	\$	\$
Management fee	\$	\$	\$
Mortgage interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Property tax	\$	\$	\$
Association due	\$	\$	\$
Carpet	\$	\$	\$
Depreciation	\$	\$	\$
Utilities	\$	\$	\$
Others	\$	\$	\$

(24) 2007 Estimated tax payment

If you made an overpayment of tax in the 2006 tax return and applied for a 2007 tax credit, please, fill in the following space.

Federal	State	Local
\$	\$	\$

If you paid estimate tax applied for following due dates, indicate in the space provided.

	Due date	Payment date	Federal	State	City
Last payment of '06 estimated tax	1 / 15 / 07		\$	\$	\$
1st Quarter	4 / 16 / 07	/ /	\$	\$	\$
2nd Quarter	6 / 15 / 07	/ /	\$	\$	\$
3rd Quarter	9 / 18 / 07	/ /	\$	\$	\$
4th Quarter	1 / 15 / 08	/ /	\$	\$	\$

(25) Concerning education credit items

If you, your spouse or your dependent(s) went to post secondary school, indicate the information in the space provided.

Name of student	Name of post secondary school	Rank	Amount paid
			\$
			\$

(26) Childcare credit items

If you and your spouse worked, did you have childcare expenses in 2007?

Name of institution	FEIN (Tax ID number) of institution	Amount paid
		\$
		\$

(27) If you worked during 2007, and lived in different states, please fill in the following space.

	Working days				Non working days		
	U.S.			Foreign	Weekends	Holidays	Sick days off
	NYS	NYC	Other state				
1 / 31							
2 / 28							
3 / 31							
4 / 30							
5 / 31							
6 / 30							
7 / 31							
8 / 31							
9 / 30							
10 / 31							
11 / 30							
12 / 31							
Total 365							

I hereby certify that all answers on this form are true, and correct.

Signature of Taxpayer

Date:

Signature of Spouse

Date:

Thank you very much for answering our questionnaire. We will prepare your tax return based on the information provided.