

## 2009 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		
Date Of Birth (mm/dd/yy)	/ /	/ /
Social Security # / Tax ID #	- -	- -
Occupation		

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

Company name	
Company address	
Work tel. #	
Work fax number	

\* (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		
Date Of Birth (mm/dd/yy)	/ /	/ /
Social security #	- -	- -
Relationship		
US Citizen?	Yes / No	Yes / No
Green Card?	Yes / No	Yes / No
Did the qualifying child live with you for more than half of 2009?	Yes / No	Yes / No
Did the child or relative provide more than half of his or her own support for 2009?	Yes / No	Yes / No

\* (5) Working status

- U.S. citizen     Green card holder     Other Working visa  
 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

2007    \_\_\_\_\_ days

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

2008    \_\_\_\_\_ days

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

2009    \_\_\_\_\_ days

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

\* (8) Record of days stayed in the United States in 2009. (Spouse and dependent(s))

If they arrived or left during 2009, 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 2009, 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 2009, 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 2009	\$
Alimony paid	\$
Beneficial social security number	SSN #

(14) Other income

If you received the following income in 2009, please fill in the following space.

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

Payer name	Category of other income	Amounts
		\$
		\$

(15) Pension and IRA contributions

(a) If you have pension or IRA contributions for 2009, please fill in the following space provided.

	Contribution date for 2009	Amounts	Type of IRA (ex. Roth IRA etc.)
Tax payer	(mm/dd/yy)	\$	
Spouse	(mm/dd/yy)	\$	

Note: If you made the contributions during 1/1/10 through 4/15/10, please check the following spaces  2009  2010

(b) If you made a rollover from a Traditional IRA to a Roth IRA in 2009 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 2009

If you filed a "Schedule A-Itemized deductions" and received a state and/or any other local tax refund from your 2008 tax return in 2009 please fill in the total amount of refund.

Amount of state tax	\$	Local & city taxes	\$
Amount of state tax	\$	Local & city taxes	\$

(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

2008 and prior years' state & local taxes you paid in 2009	\$
2009 estimated tax for state & local taxes you paid in 2010	\$
Real property taxes (Payment in 2009)	\$
Personal property taxes (Payment in 2009)	\$
License and county tax paid for motor vehicle	\$
Other taxes (ex. Sales tax)	\$

(c) Mortgage interest

If you have house(s) and pay mortgage interests during 2009, please fill in the following space (up to 2 houses). FORM 1098

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

(d) Points

If you purchased a house during 2009 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 2009.

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 2008 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 3= Joint	Amounts
		\$
		\$
		\$
		\$

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

Name of country	Name of payer(s)	1=Taxpayer 2=Spouse 3= Joint	Amount	Tax paid

(19) Foreign financial accounts

If you, your spouse or dependent(s) have a financial interest in or signature in Japan or other countries and the aggregate value of these financial accounts exceeds \$10,000, indicate in the space provided. (Indicate in foreign currency)

Name of country	Name of payer(s)	1=Taxpayer 2=Spouse 3= Joint	Payer(s)' address	Account Number	Maximum value of account

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

Name of Payer	1=Taxpayer 2=Spouse 3= Joint	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. (Indicate in foreign currency)

Name of payer	Name of country	1=Taxpayer 2=Spouse 3= Joint	Amount	Tax paid

(21) 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 (                    )

Sales & Cost of Goods Sold

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	\$	Other	\$
Telephone	\$		
Business gift	\$		
Postage	\$		
Parking	\$		
Sample	\$		

(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	\$

(22) Capital gains and losses

If you sold your capital assets such as stocks and bonds during 2009, 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
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$
	/ /	/ /	\$	\$	\$	\$

(23) Disposition of real property

If you disposed your real property during 2009, indicate in the space provided.

Investment     Residence

In case of sale of your principal property, have you lived there more than 2years out If last 5years?

Yes From(mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_     No

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

In case of sale of your principal property, have you lived there more than 2years out If last 5years?

Yes From(mm/dd/yy) \_\_\_\_\_ to (mm/dd/yy) \_\_\_\_\_     No

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	\$

(24) 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	\$	\$	\$
Management decisions (Yes or No)			
• Approving new tenants	Yes / No	Yes / No	Yes / No
• Deciding on rental terms	Yes / No	Yes / No	Yes / No
• Approving capital or repair expenditures	Yes / No	Yes / No	Yes / No
• Other similar decisions	Yes / No	Yes / No	Yes / No

(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	\$	\$	\$

(25) 2009 Estimated tax payment

If you made an overpayment of tax in the 2008 tax return and applied for a 2009 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 2008 estimated tax	1 / 15 / 09		\$	\$	\$
1 <sup>st</sup> Quarter	4 / 15 / 09	/ /	\$	\$	\$
2 <sup>nd</sup> Quarter	6 / 15 / 09	/ /	\$	\$	\$
3 <sup>rd</sup> Quarter	9 / 15 / 09	/ /	\$	\$	\$
4 <sup>th</sup> Quarter	1 / 15 / 10	/ /	\$	\$	\$

(26) 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
			\$
			\$

(27) Childcare credit items

If you and your spouse worked, did you have childcare expenses in 2009?

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

(28) First-time homebuyer Credit

Eligible homebuyers may qualify for a tax credit of \$8,000 or, if less, 10% of the purchase price.

\*The taxpayer must not have owned another principal residence in the prior three years.

\*The taxpayer must repay to the government if you are not qualified taxpayer.

Property address	Date acquired	Cost of property
		\$

(29) If you worked during 2009, 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.