

THE BIGGEST IN TAX SAVINGS COMPANY®

A Division Of: Philusa Incorporated
17350 Temple Ave., Unit # 320
La Puente, CA 91744-4636

Income Tax Interviewers

Toll Free Tel.: 1-800-532-4667
Toll Free Fax: 1-866-585-2682
E-Mail: thebiggestintaxsavings@gmail.com

Mobile: 1-818-263-4623 • www.TheBiggestInTaxSavings.com

Due to electronic filing no original documents are now required from you to file your return. We have a new system, the Tax-By-Fax¹ Service. Your tax return can be handled much more efficiently if you fax your documents instead of mailing them. Please send all your tax documents to our toll free fax number: 1-866-585-2682. Please indicate number of pages faxed to ensure completeness. But if you still prefer to mail them, Tax-By-Mailbox¹ Service, use our 17350 Temple Ave., Unit # 320, La Puente, CA 91744-4636. We mail it back to you via Priority Mail (safer if it's via Priority Mail). We also come to you... **Mobile Tax Services** (LA County Only).

Please provide as much information on the questionnaire itself. Attach extra sheets only if you need to provide additional information. Please provide exact amounts when filling out the questionnaire. Rounded numbers give a perception of inaccurate amounts.

We will prepare your income tax returns based on the information you provide us. We will not audit or otherwise verify the information you provide to us. Please ensure that the information you provide us is accurate, complete and that records as required by law supporting your claimed expenses. These records are required in case you need to substantiate your deductions to a taxing authority. The law requires you to be responsible for the information contained in your tax return. You should review your return carefully before approving it for filing purposes.

Information regarding automobile use:

Your auto deduction is based on number of miles you use it for business &/or professional purposes. Business/professional use includes mileage for seminars and conferences, job search and driving between work locations. Mileage you drive from home to work and back as well as personal usage is not deductible. However, mileage from home to work and back on a temporary work assignment is deductible. A temporary work assignment is one that lasts less than one year. Please note that you are required to keep a log of auto usage. Logbooks are commonly available in office supply stores.

Checklist for your tax return:

Please double check the following checklist before sending your documents to ensure you have faxed (only if prepared Tax-By-Fax¹) or enclosed (if prepared Tax-By-Mailbox¹) all the relevant tax documents.

- Copy of Form W-2
- Copy of Form 1099 from Interest, Dividends, Moonlighting & other
- Copy of Form 1098 from mortgage lenders, universities & other
- Cancelled check (If you prefer a direct deposit of refund in your bank account)
- Copy of your last year's tax return, if we did not prepare it
- Any other item relevant to your tax return that you have not mentioned in the questionnaire
- Do not send any receipts unless specifically requested.

Communication and Coordination:

Feel free to communicate via email as we regularly check our e-mail throughout the day and respond promptly. You can email your question or concerns to thebiggestintaxsavings@gmail.com.

If due to certain urgency you need to get the tax return done by certain date then provide the following info:

Nature of urgency: _____

Date that you need the tax return filed: _____ / _____ / _____

Other comments or reminders about tax return: _____

**PLEASE DO NOT MAIL YOUR TAX DOCUMENTS IF POSSIBLE,
FAX ALL YOUR TAX DOCUMENTS TO OUR TOLL FREE NUMBER: 1-866-585-2682
"Maximizing Your Tax Refunds by Minimizing Your Tax Liabilities by Maximizing Your Deductions"**

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"If you need more Income Tax Questionnaires for your Friends & Relatives, Go to: www.TheBiggestInTaxSavings.com"

PERSONAL INFORMATION:

Check these box if the info in this section is same as last year. New clients should fill all fields.

TAXPAYER:

Last Name _____
 First Name _____
 Middle Name _____
 Security # _____
 Occupation _____
 Date of Birth _____
 U.S. Visa Status _____
 Date Entered U.S. _____
 Citizenship _____
 Mobile Phone _____
 Work Phone _____
 E-mail _____

SPOUSE:

Last Name _____
 First Name _____
 Middle Name _____
 Social Security # _____
 Occupation _____
 Date of Birth _____
 U.S. Visa Status _____
 Date Entered U.S. _____
 Citizenship _____
 Mobile Phone _____
 Work Phone _____
 E-mail _____

Address _____
 Home Phone _____ Client since (year) _____
 Referred by: _____ Newspaper Internet Biz Card Flyer

DEPENDENT CHILDREN:

Check these box if the info in this section is same as last year. New clients should fill all fields.

First Name	M I	Last Name	ITIN or Social Security Number	Relationship (Ex.: Son, Daughter, Step-Son & Daughter Nephew, Niece, etc.)	Date Of Birth	Number Of Months at Home	Check if Full Time Student

OTHER DEPENDENTS:

First Name	M I	Last Name	ITIN or Social Security Number	Relationship (Ex.: Parent, In-Laws, Brother, Sister, Aunt, Uncle, Cousin, etc.)	Date Of Birth	Income (if any)	% Support You Provide

ELECTRONIC FILING AND DIRECT DEPOSIT ELECTION

Do you want to file your personal income tax return electronically?

Yes No

*** *Electronic filing requires that you participate in **direct deposit / payment**.*

*** *Please provide a **voided check** from the account that you wish to use for the **Direct deposit / payment**.*

*** *Any refund due to you will be directly deposited into your bank account.*

*** *Conversely, any taxes that you owe will be **directly paid from your account**.*

*** *If you choose to fund your IRA with your direct deposit tax refund please provide the account number and routing number for the IRA account.*

Even if you do not file your tax return electronically, you may still choose direct deposit for your refund. Do you want your tax refund (if any) deposited directly to your bank account?

Yes No

Check this box if the direct deposit information is same as last year otherwise please attaches a voided check for account information. Direct deposit of refund is relatively quick and secure.

*** *If yes above, please do not forget to attach a **voided check** from the account to which you want your refund deposited. Refunds can be deposited directly into your IRA account, as well.*

(PLEASE ATTACH YOUR VOIDED CHECK HERE)

If you do not have available check, please write down the following:

Routing Number _____

Account Number _____



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SOURCES OF INCOME & ESTIMATED TAX PAYMENTS

WE MUST HAVE THE ORIGINAL OR FAX DOCUMENTS FOR ANY ITEMS BELOW.

- TAX-BY-FAX™** - (ALL FAXED DOCUMENTS WILL BE RETAINED BY US)
 TAX-BY-MAILBOX™ - (ALL ORIGINALS WILL BE RETURNED BACK TO YOU)

Wages:

Enclose copies of Form W-2 received from employer(s). Number of W-2's you are enclosing..... _____

Other Earned Income:

Enclose copies Form 1099-Misc. Number of 1099-Misc's you are enclosing..... _____

Interest and Dividends:

Enclose copies of Form 1099-Int or 1099-Div. Number of 1099-Int/Div you are enclosing..... _____

Capital Gain/Loss:

Enclose copies of Form 1099-B. Number of 1099-B you are enclosing..... _____

S Corporation / Partnership / LLC:

Enclose Form K-1 received form S-Corp or Partnership. Number or Forms you are enclosing..... _____

Others:

Form 1099R for any pension income received. Number of Forms you are enclosing..... _____

Form 1099-G for Gambling Winnings. Number of Forms you are enclosing..... _____

Social Security Benefits Statement for end of the year. Number of Forms you are enclosing..... _____

Closing statements from the sale or purchase of any real property. Number of Forms you are enclosing... _____

OTHER INCOME:

Interest Received from an Individual: \$ _____

Name, Address, and Social Security Number of Payer:

Name: _____ SS#: _____

Address: _____

ALIMONY RECEIVED:

Alimony Received: \$ _____

Alimony Received From: _____ SS #: _____

UNEMPLOYMENT COMPENSATION:

Unemployment Received \$ _____

BROKERAGE STATEMENTS:

If you have a brokerage account we need **two statements for each account.**

December Month-End and the Annual Report of Income (Form 1099).

(These will look similar, but we must have both) Send to us via: Faxed Mailed

ESTIMATED TAX PAYMENTS:

Please list any estimated tax payments that you have mailed: (Do not include any prior year credits)

Federal	Date Paid	Amount	State	Date Paid	Amount
1 st Quarter		\$	1 st Quarter		\$
2 nd Quarter		\$	2 nd Quarter		\$
3 rd Quarter		\$	3 rd Quarter		\$
4 th Quarter		\$	4 th Quarter		\$

Copy of Cancelled checks for Estimated Tax Payments send via: Faxed Mailed

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES:

Medical Expenses must total more than 10%, but, if either you or your spouse was born before January 2, 1949, used 7.50% instead, of your income before they are deductible.

Prescription Medicines and Drugs Paid By You	\$	
Medical Insurance Premiums Paid By You	\$	
Doctors, Dentist, Hospital, etc. Paid By You	\$	
Eyeglasses and Contacts Paid By You	\$	
Lodging Costs Associated with Medical Care	\$	
Number of Miles Driven for Medical Care _____	\$	

TAXES PAID:

Sales Tax paid on autos, boats, RVs, etc.	\$	
Real Estate Taxes on Your Home	\$	
Other Real Estate Taxes (Other than Rental)	\$	
Auto Licenses fee	\$	
Personal Property Tax (Boat, Plane, Etc.)	\$	

INTEREST PAID:

Home Mortgage Interest Paid in 20____:

To an Institution:	First Mortgage	\$	
To an Institution:	Second Mortgage	\$	
To an Individual:		\$	
	Individual's Name _____		
	Social Security Number _____		
	Address _____		

INVESTMENT INTEREST PAID \$ _____

CHARITABLE CONTRIBUTIONS BY CASH OR CHECK: You MUST have a receipt or cancelled check documenting charitable gifts. Any gifts of \$250 or more requires receipt and copy of check if IRS audits (a canceled check is not sufficient).

CHURCH _____	\$	
OTHER _____	\$	
_____	\$	

CHARITABLE CONTRIBUTIONS OF PROPERTY: Non-cash (Car, clothes, shoes, etc.). We MUST attach Form 8283 if total donation of \$500 or more, we require details of donation from the organization to which you donated the property and include the value of the property donated.

Name of Organization _____	Dollar Value	
_____	\$	
_____	\$	

NUMBER OF MILES PERSONAL AUTO USED IN CHARITY WORK _____

OTHER MISCELLANEOUS ITEMIZED DEDUCTIONS

IRA Fees Paid \$ _____
Safety Deposit Box Fees \$ _____
Safety Equipment Required by Employment \$ _____
 Uniforms: **Purchases and Cleaning** \$ _____
Tax Preparation Fee Paid in 20____ \$ _____
Alimony Paid: \$ _____
 To Whom _____
 Social Security No. _____
Union Dues \$ _____
Dues to Professional Organizations \$ _____
Job Tools & Job Supplies required by employment \$ _____
Other Job Expenses (Please List) \$ _____
 _____ \$ _____
 _____ \$ _____

Mortgages Insurance Premium on Principal Residence \$ _____
(Only for premiums on contracts initiated January 1, 2007 or later)

Child Care Expenses for Dependent Care Credit: \$ _____
 Name of Care Provider: _____
 Name of Child: _____
 Address of Provider: _____
 Tax I.D. # or SS#: _____

Education Expenses for Education Credits / American Opportunity Credit: \$ _____
 Breakdown:
 For self \$ _____
 For spouse \$ _____
 For dependent/s \$ _____

SALE OF STOCKS, BONDS and MUTUAL FUNDS

Please provide the following information for each sale (the sale should also be documented By a Year-End Brokerage Statement as referenced below)

	Sale # 1	Sale # 2	Sale # 3	Sale # 4	Sale # 5
Stock Name					
# Shares					
Purchase Date					
Selling Date					
Selling Price					
Purchase Price					

INCOME FROM BUSINESS OR PROFESSION

Business Name (if any) _____
 Business Address _____
 Business Activity _____

Gross Sales Excluding Sales Tax \$ _____
 Purchase of Goods \$ _____
 Inventory At cost At Year-end \$ _____
 Interest Income \$ _____
 Income from Sale of Fixed Assets \$ _____
 Other Income \$ _____

EXPENSES FROM BUSINESS OR PROFESSION (not including home office)

(Example: Insurance Agent, Realtor, Multi-Level Marketer, Independent Contractor: Caregiver, Self-Employed, etc.)

Advertising (business cards, flyers, newspapers, referral fees, etc.) \$ _____
 Bad Debts \$ _____
 Bank Charges \$ _____
 Commissions \$ _____
 Dues & Publications \$ _____
 Freight \$ _____
 Insurance (Other Than Health)
 (Annual premiums to cover your employees) \$ _____
 (Annual premiums for covering yourself) \$ _____
 (Annual premiums for covering your family) \$ _____
 Interest (Other than For Vehicle) \$ _____
 Laundry & Cleaning \$ _____
 Legal & Professional \$ _____
 Office Supplies \$ _____
 Postage \$ _____
 Rent on Business Property \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Taxes \$ _____
 Telephone \$ _____
 Utilities (not including home office) \$ _____
 Wages Paid \$ _____

OTHER EXPENSES:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

AUTOMOBILE and TRAVEL EXPENSE

	<u>Taxpayer</u>	<u>Spouse</u>
Model and Year of Vehicle	_____	_____
Total Miles on Auto for Year	_____	_____
Total Business Miles on Auto for Year	_____	_____
Date Placed in Business Use	_____	_____
% of Business Use	_____	_____
Original Cost of Car	\$ _____	\$ _____
• Gas, Oil, Lube	\$ _____	\$ _____
• Repairs	\$ _____	\$ _____
• Tires, Supplies	\$ _____	\$ _____
• Insurance	\$ _____	\$ _____
• Licenses	\$ _____	\$ _____
• Interest (vehicle only)	\$ _____	\$ _____
• Miscellaneous	\$ _____	\$ _____
• Lease Payment	\$ _____	\$ _____
• Parking Fees & Tolls	\$ _____	\$ _____
Fares for Airplanes, Boat, Bus, Taxi	\$ _____	\$ _____
Lodging While Away From Home	\$ _____	\$ _____
Meals	\$ _____	\$ _____
Other:		
Expenses While Away From Home	\$ _____	\$ _____

	<u>Taxpayer</u>		<u>Spouse</u>	
Was your vehicle available for personal use during off duty hours?	Yes	No	Yes	No
Was your vehicle available for personal use during off duty hours?	Yes	No	Yes	No
Do you have evidence to support your deduction?	Yes	No	Yes	No
If yes, is this evidence written?	Yes	No	Yes	No

EXPENSES OF HOME OFFICE

	<u>Taxpayer</u>		<u>Spouse</u>	
Do you use your home for business?	Yes	No	Yes	No
If YES, please provide the following information:				
Square Footage of Office	_____			
Heated / Cooled Sq. Ft. of House	_____			
Repairs & Maintenance	\$	_____		
If TV used in business . Cable	\$	_____		
Insurance	\$	_____		
Utilities per year:				
• Gas	\$	_____		
• Electricity	\$	_____		
• Water	\$	_____		
• Pest Control	\$	_____		
• Garbage	\$	_____		
• Maid	\$	_____		
• Lawn Care	\$	_____		
• Other	\$	_____		

RENTAL INCOME WORKSHEET

Please complete this worksheet showing income and expenses for each rental property you own.

	PROPERTY # 1	PROPERTY # 2	PROPERTY # 3
PROPERTY ADDRESS			
TOTAL RENTS RECEIVED FOR 20 _____			
EXPENSES PAID:			
Advertising			
Auto (Number of Miles Driven)			
Commissions			
Contract Labor			
Insurance			
Legal & Accounting			
Major Improvements			
Property Taxes			
Repairs & Maintenance			
Supplies			
Utilities			
Gardening & Landscaping			
Janitor & Trash			
Management Fees			
Interest Paid to Institutions			
Interest Paid to Individuals:			
Individual's Name			
Social Security Number			
Address:			
Other Expenses:			

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PLEASE ATTACH AN EXPLANATION OR TAX DOCS FOR ANY OF THE QUESTIONS TO WHICH YOU ANSWERED "YES"

- Do you have any foreign income or a foreign bank account? Yes No
- Are you involved with a barter exchange or have any bartering activities? Yes No
- Were you forgiven any indebtedness during the year? Yes No
- Pension information: Indicate **T**axpayer or **S**pouse and Dollar amount.
- Did you receive any lump sum distributions? Yes No
- Did you contribute to your pension plan? Yes No
- Did you contribute to your IRA? Yes No
- Did you contribute to a ROTH IRA? Yes No
- Did you have any casualty or theft losses during the year? Yes No
- Did you or your spouse or dependents have any educational expenses during the year? Yes No
- Did you make any contributions to an educational IRA in 20____? Yes No
- Did you make any withdrawals from an educational savings IRA in 20____? Yes No
- Will you or your dependents have any expenses for higher educations during 20____? Yes No
- Did you have any loans for higher education or plan to get any? Yes No
- Did you have any expenses in relation to seeking a new job? Yes No
- Did you move in 20____ because of a job change? Yes No

Provide Details: _____

- Did you adopt a child or have adoption expenses in 20____? Yes No
- During the tax year, did you make a gift of \$12,000 or more to any individual? Yes No
- Did you sell exchange or purchase any real estate in 20____? Yes No
- Please bring copies of all documents relating to the property.
- Were any of the sales installment sales? Yes No
- Was your personal residence involved? Yes No
- Please bring copies of the closing statements Yes No
- Did you pay interest on more than two home loans? Yes No
- Did you acquire, sell or trade any other assets in 20____? Yes No
- Please bring whatever records you have concerning the assets, if not previously furnished.
- Did you start a new business, partnership, etc. in 20____? Yes No
- If yes, please bring copies of all pertinent documents.
- Did you buy special fuels, lubricating oil or gasoline for non-highway use in 20____? Yes No
- For example: farm, construction equipment or airplanes.
- Did you purchase a hybrid vehicle in 20____? Yes No
- If yes, please bring a copy of your invoice.

Did you make energy saving improvements to your home? [] Yes [] No
If yes, please bring a copy of your invoice (insulation, windows, doors, metal roof, qualified heating units, qualified furnaces and ceiling fans).

Are you a National Guard or an Armed Forces reservist? [] Yes [] No
If so, did you travel more than 100 miles and stay overnight to fulfill duty?
If yes, please provide details:

Miles Traveled? _____

Lodging, Meals and Travel Expenses (provide receipts with dates)?

Please use additional sheet to record any questions or concerns you would like to discuss:

Please consider the need for Financial and Estate Planning. If your net worth is equal to or greater than \$2,500,000.00, estate planning is definitely needed.

Please call us for assistance and tax appointment! We accept Referrals!

Toll Free: (855) PHILUSA

Thank you so much for taking the time to complete this questionnaire.
It helps our tax center to do the best job possible for you.

“Maximizing Your Tax Refunds by Minimizing Your Tax Liabilities by Maximizing Your Deductions”

I (We, if Married Filing Jointly) acknowledge that the information provided by me/us is/are true and accurate to the best of my/our knowledge. I/we hereby relieve The Biggest In Tax Savings Company, A Division of: Philusa Incorporated, its agents and affiliates, from any liability whatsoever, regarding the preparation of my/our income tax returns, and agree to hold them harmless from damages I/we may suffer and understand that my/our sole relief is/are limited to the return of any fee paid for the preparation of my/our tax documents. I/we guarantee payment of the preparation fee and any related charges.

$\frac{1}{2}$ _____
Primary Taxpayer's Signature over Printed Name

_____ Date

$\frac{1}{2}$ _____
Spouse's Signature over Printed Name

_____ Date

Tax Offices of Mr. Edwin B. Blanco

Panorama ~ North Hills ~ Cerritos ~ Rancho Cucamonga ~ Eagle Rock ~ Carson ~ West Covina
KingOfTaxes.com • TheBiggestInTaxSavings.com • TheBiggestAndFastestTaxRefunds.com • BiggestInTaxSavings.com
DiscountedTaxServices.com • PaylessTaxServices.com • PaylessIncomeTaxServices.com

www. King Of Terms .com

HBW Los Angeles Agency Development Division is now Hiring Licensed Agent & Unlicensed

Let's have a Cup of Coffee and Get a Free Products Training & Business Overview
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- Professional Engagement Tax Letter - Individual Income Tax Returns Preparation Service

Dear Client:

Thank you for the privilege of allowing us to provide you with year-round tax services. We are committed to providing you the highest quality of tax preparation and excellent service. This engagement letter expresses the terms and conditions under which we will provide you with tax services and it outline responsibilities from each of us.

We will prepare your federal income tax return (and any state returns you may require) from information you provide. In preparing your return(s), we will not audit or verify the data you submit (although we may ask for clarification). We will use our judgment in resolving questions where the tax law is unclear or where there may be different interpretations of the law. We will resolve such questions in your favor whenever possible.

We will furnish a [questionnaire/interviewer/organizer](#) to help you gather the necessary information. You will provide us with all the information required to prepare your return(s) representing that the information is accurate and complete to the best of your knowledge. You also represent that the income and expense items you claim on your return(s) are substantiated by proper records and receipts. **You are ultimately responsible for the accuracy of your return(s) and should review all returns carefully before signing.** Mailing your tax return is your responsibility. We provide pre-addressed envelopes, but no postage is included.

Your returns, of course, are subject to review by the taxing authorities. However, just because you receive a letter from the IRS or your return is selected for audit does not mean there is a problem. In your interest, it is advisable to contact this office immediately upon receiving correspondence from the Internal Revenue Service. We will be available to assist you and/or represent you at our current rate of \$150.00 an hour.

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original return(s), and any interest and penalties. We will not pay interest or any additional tax due since the tax would have been payable had the return been correctly prepared, and you have had use of such monies in the interim.

Fees for individual income tax returns will be computed according to our current fee schedule, plus any out of pocket expenses. Organizing records and compiling figures for entry on the tax return will be billed at our consulting rate of \$150.00 an hour. Such charges are billed in addition to the fee schedule. **Full payment of your tax preparation fee is required before we will electronically file your return or release the paper return to you.** We reserve the right to ask for retainer fees to be paid in advance of work done from new clients and any client with whom we have experienced payment problems. Rates are subject to change and are usually updated in our website each year. A tax folder with a copy of your tax return will be provided to you for your files. Additional copies at the time your return is printed are \$10.00 each. Copies of your return at any time after tax season are \$25.00 each. We can email you a PDF copy of your tax return for you to save in your computer for \$5.00 only.

Extension requests: Please contact us if you would like to request an extension of time to file your return. This may be necessary if you do not submit all of your tax information to us by April 1. Even if you file an extension request, you may be assessed penalties and interest if you have paid less than 100% of your current tax liability by April 15. **We do not automatically file extensions.**

This engagement letter will apply for all future years unless the agreement is terminated or amended in writing by you or the preparer. Please sign this letter and send it to us via e-mail, fax, or bring it with you to your tax appointment. A copy will be given for your records.

Privacy Statement: We maintain a file of tax returns as required by law which we have prepared and/or electronically filed. We do not share your information with anyone else, except as required by law, without your written permission.

Taxpayer Signature

Spouse Signature

Date

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Complete Income Tax Questionnaires docs

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