

THE BIGGEST IN TAX SAVINGS COMPANY®

A Division Of: Los Angeles Business Services, Inc.
2750 Colorado Blvd., Suite 2
Los Angeles, CA 90041-1063

Income Tax Questionnaires

Toll Free Tel.: 1-800-532-4667
Toll Free Fax: 1-866-585-2682
Income Tax Center: 1-818-263-4623

Due to electronic filing no original documents are now required from you to file your return. We have a new system, the **Tax-By-Fax™ 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-Mailbox™ Service** use our **2750 Colorado Blvd., Suite 2, Los Angeles, CA 90041-1063**. We mail it back to you via Priority Mail (much safer if it's via Priority Mail).

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 support 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-Fax™) or enclosed (if prepared Tax-By-Mailbox™) 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 1sttaxus@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
 [] Yelp [] Facebook [] Other _____

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

E-mail: philusa@mail.com

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 _____



"Maximizing Your Tax Refunds by Minimizing Your Tax Liabilities by Maximizing Your Deductions"

E-mail: philusa@mail.com

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Complete Income Tax Questionnaires docs

THE BIGGEST IN TAX SAVINGS COMPANY

www.TheBiggestInTaxSavings.com • www.KingOfTaxes.com • Income Tax Center: 1-818-263-4623 • Fax: 1-866-585-2682

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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

FOR FORM 1040 / SCH. A - ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES:

Medical Expenses must total more than 7½ 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, RV's, 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.). Total donation of \$500 or more 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 Tuition 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					

FOR FORM 1040 / SCH. C - BUSINESS INCOME OR (LOSS)

(NOTE: IF YOU HAVE MULTIPLE BUSINESSES, PLEASE PRINT A COUPLE OF THIS PAGE, ONE PAGE FOR ONE BUSINESS)

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, Independent Contractor, Internet Businesses, etc.)

Advertising \$ _____
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?	seY <input type="checkbox"/> oN <input type="checkbox"/>	seY <input type="checkbox"/> oN <input type="checkbox"/>
Was your vehicle available for personal use during off duty hours?	oN <input type="checkbox"/> seY <input type="checkbox"/>	oN <input type="checkbox"/> seY <input type="checkbox"/>
Do you have evidence to support your deduction?	oN <input type="checkbox"/> seY <input type="checkbox"/>	oN <input type="checkbox"/> seY <input type="checkbox"/>
If yes, is this evidence written?	oN <input type="checkbox"/> seY <input type="checkbox"/>	oN <input type="checkbox"/> seY <input type="checkbox"/>

EXPENSES OF HOME OFFICE

Do you use your home for business?

If YES, please provide the following information:

	<u>Taxpayer</u>	<u>Spouse</u>
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		\$ _____

E-mail: philusa@mail.com

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:			

"Maximizing Your Tax Refunds by Minimizing Your Tax Liabilities by Maximizing Your Deductions"

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 Taxpayer or Spouse 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: (800) 532-4667

Thank you so much for taking the time to complete this income tax 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 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.

√

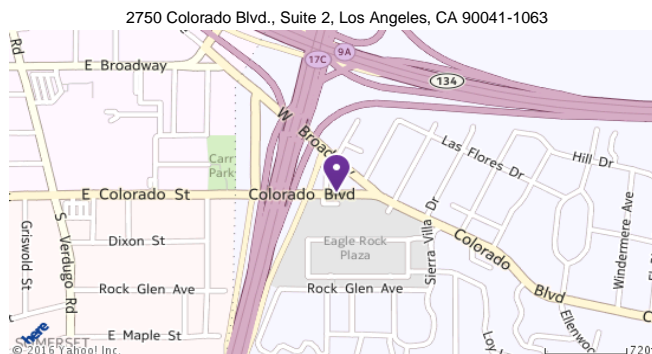
Primary Taxpayer's Signature over Printed Name

Date

√

(If, MFJ) Spouse's Signature over Printed Name

Date



E-mail: philusa@mail.com