



# TTS 2018 Tax Organizer

## Personal Organizer

Please fill out the following as completely as possible

### Personal Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ School District \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

### Exemption and Dependent Information

Name	Social Security #	Birth Date	Relationship & months lived w/taxpayer

### Marital Status as of Dec 31 of tax year:

Single \_\_\_ Married \_\_\_ \*Separated \_\_\_ (date of separation) \_\_\_\_\_  
\*If legally separated and filing separately, both spouses must file Married Filing Separate.

Taxpayer occupation \_\_\_\_\_ Spouse occupation \_\_\_\_\_

Taxpayer drivers license# \_\_\_\_\_ Spouse drivers license# \_\_\_\_\_

Issue date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issue date \_\_\_\_\_ Exp. Date \_\_\_\_\_

State of issue \_\_\_\_\_ State of issue \_\_\_\_\_



**Per Diem Information**

**NEW TAX LAW DOES NOT PERMIT COMPANY DRIVERS TO DEDUCT PER DIEM**

Owner/Operator

<u>Nights in Truck</u>	<u>Days returning home</u>	<u>Days off</u>	= 365 Total Days
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**You must have paper copies of your logs. If you are audited, the IRS will want to see those**

Did you receive reimbursement for any of the expenses on page 3?

Yearly reimbursement \_\_\_\_\_

**Truck Information**

Leased Truck - Yearly Total Payment \_\_\_\_\_

Leased Trailer - Yearly Total Payment \_\_\_\_\_

Purchased Truck/Trailer - Yearly Total of Loan Interest Paid \_\_\_\_\_

Did you purchase a new truck, or trade for a new truck in 2018? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the bill of sale for that purchase.

**If equipment costing over \$500 was purchased in the current year, please list the following information (including; TV, Radio, GPS System, etc.):**

Description	Vendor	Purchase Date	Cost



**NEW TAX LAW DOES NOT PERMIT COMPANY DRIVERS TO DEDUCT EXPENSES**

If you are a member of TAP or TAPApp, you do not have to fill out the deductible amounts on the next page.

Below is a suggested list of deductible trucking items:

Item	Year Total
Accounting Fees	
Air Freshener	
Alarm Clock	
Antennas	
ArmorAll	
Atlas	
Bank/ATM Fee	
Batteries	
Briefcase	
Broom/Dust Pan	
Buffer	
Bunk Heater	
Cab Curtains	
Cab/Bus Fare	
Calculator	
Camera	
CB Radio	
CDL	
Cell Phone Bill	
% Business Use	
Check Cashing Fee	
Cigarette Plug-In	
Circuit Tester	
Cleaning Supplies	
Clipboard	
ComCheck Fees	
Copies	
Crowbar	
De-Icer	
Disinfectant	
Duct Tape	
Electrical Tape	
Ether	
Factoring Fees	
Fax	
First Aid Supplies	

Flashlight	
Floor Mats	
Form 2290 Tax Pd	
Fuel	
Fuel Tax Paid	
Fumigate Trailer	
Gloves – work	
GPS	
Hand Cleaner	
Hangers	
Hard Hat	
Hotel Expense	
Insurance – Health	
Insurance - Trailer	
Insurance - Truck	
Insurance – W/C	
Internet Fees	
Jack Strap	
Lap Desk	
Laundry Bag	
Laundry Expense	
Lease Equip. APU, etc.	
Legal Expense (do not include fines)	
Licenses/Plates	
Load Locks	
Lock	
Log Book/Cover	
Lumper Fees	
Magnifying Glass	
Map Light	
Maps	
Money Order Exp.	
Office Supplies	
Oil Additives	
Paper Towels	
Parking	
Permits	
Physical (DOT)	
Pillow	
Postage	

Power Booster	
Power Cord	
PrePass	
Qualcomm	
Radio (Sirius, XM)	
Rain Gear	
Receipt Book	
Safety Boots	
Safety Clothing	
Safety Glasses	
Scale Tickets	
Seat Covers	
Sheets	
Shift Grip	
Showers	
Sleeping Bag	
Sleeping Fan	
Sunglasses	
Thermal Underwear	
Tie Downs	
Toiletries	
Tolls	
Tools/Equip (under \$500)	
Towels	
Towing	
Trash Bags	
Travel Bag	
Trip Charges	
Truck Cables	
Truck Magazines	
Truck Maint/Repair	
Truck /Trailer Storage	
Truck Washes	
Uniforms (if required)	
Vacuum (portable)	
WD-40	
Window Screen	
Miscellaneous	



- 1 Did you receive any unemployment compensation in 2018? Include 1099-G
- 2 Did you receive any additional misc income (gambling, jury duty, prizes)? Include form
- 3 Did you receive distributions from pensions or a retirement fund? Include 1099-R
- 4 Did you sell any stocks or investments in 2018? Include brokerage statement
- 5 Did you or your spouse receive any social security benefits? Include 1099-R
- 6 If you are a partner or shareholder in any entity, please include the K-1.
- 7 Did you or your spouse pay any student loan interest? Include 1098-E
- 8 Did you pay tuition for you or a dependent in 2018? Include 1098-T
- 9 Did you make a contribution to a Traditional IRA? \$ \_\_\_\_\_
- 10 Amount of unreimbursed medical bills payments. \$ \_\_\_\_\_
- 11 Amount, if any, of health insurance premiums paid by you. \$ \_\_\_\_\_
- 12 Amount of sales tax on any large purchases in 2018. \$ \_\_\_\_\_
- 13 Amount of vehicle registration paid in 2018 for your personal auto. \$ \_\_\_\_\_
- 14 Do you own a home? If yes, please include the mortgage interest statement. \$ \_\_\_\_\_
- 15 Amount of any real estate taxes for your home. \$ \_\_\_\_\_
- 16 Did you donate any cash or goods to charity? Cash \$ \_\_\_\_\_ Goods \$ \_\_\_\_\_
- 17 What did you pay for tax preparation in 2018? \$ \_\_\_\_\_
- 18 Any child care expenses in 2018? Name of provider \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_ SSN/EIN \_\_\_\_\_
- 19 Did you buy a new home in 2018? If yes, please include the settlement statement.
- 20 Did you rent a home or apartment in 2018? (MAY pertain to your state tax return)  
Amount of rent paid \$ \_\_\_\_\_  
 Name & address of landlord \_\_\_\_\_





**2018 Engagement Letter**

Dear Client:

We would like to thank you for this opportunity to work with you. This letter is to confirm and specify terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2018 federal and state income tax returns from information you furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask your clarification of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

The standard tax preparation fee is strictly for tax return(s) preparation. If we need to organize individual receipts, or provide any extra service, this will be charged at our normal billing rate of \$75 per hour.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, would any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Trucker Tax Service, Inc. may, at its option, for any reason, automatically file for an extension on behalf of Client to extend the tax return filing deadline. If Client has not provided all documentation necessary by April 1st for the preceding tax year, Trucker Tax Service, Inc. will most likely file an extension on behalf of Client.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you. You may be charged our normal billing rate of \$75 per hour, and expenses incurred.

Upon your understanding and agreement of this engagement letter, please sign below and return it to our office promptly.

Very truly yours,

James K. O'Donnell  
Trucker Tax Service, Inc.

**Client Acceptance Signature:**

(Taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

(Spouse) \_\_\_\_\_ Date: \_\_\_\_\_