

Personal Information

888.799.1099 Phone 888.750.7557 Fax www.truckertaxservice.com

TTS 2019 Tax Organizer Worksheet

Personal Organizer for Company Drivers

Name	Email Address				
Street Address	Contact Phone	Contact Phone Number			
City, State, Zip	Social Security	Social Security Number			
County of Residence	Birth Date				
School District					
Exemption	and Dependent Information	on			
Name	Social Security #	Birth Date	Relationship & months lived w/taxpayer		
Marital Status as of Dec 31 of tax year:					
Single Married *Separated *If legally separated ar	(date of separation)nd filing separately, both spouses n				
Taxpayer occupation	Spouse occupation				
Taxpayer drivers license#	_ Spouse drivers license#_				
Issue dateExp. Date	_ Issue date	Exp. Date			
State of issue	State of issue				



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	Name & address of landlord				
	Amount of rent paid	\$			
20	Did you rent a home or apartment in 2019? (MAY pertain to your state tax return)				
L9	Did you buy a new home in 2019? If yes, please include the settlement statement.				
	AddressSSN/EIN	Y			
L8	Any childcare expenses in 2019? Name of provider				
L7	What did you pay for tax preparation in 2019?	\$			
L6	Did you donate any cash or goods to charity? Cash \$	Goods \$			
L5	Amount of any real estate taxes for your home.	\$			
L4	Do you own a home? If yes, please include the mortgage interest statement.	\$			
L3	Amount of vehicle registration paid in 2019 for your personal auto.	\$			
L2	Amount of sales tax on any large purchases in 2019.	\$			
L1	Amount, if any, of health insurance premiums paid by you.	\$			
LO	Amount of unreimbursed medical bills payments.	\$			
9	Did you make a contribution to a Traditional IRA?	\$			
8	Did you pay tuition for you or a dependent in 2019?	Include 1098-T			
7	Did you or your spouse pay any student loan interest?	Include 1098-E			
6	6 If you are a partner or shareholder in any entity, please include the K-1.				
5	Did you or your spouse receive any social security benefits?	Include 1099-R			
4	Did you sell any stocks or investments in 2019?	Include brokerage statement			
3	Did you receive distributions from pensions or a retirement fund?	Include 1099-R			
2	Did you receive any additional misc income (gambling, jury duty, prizes)?	Include form			
1	Did you receive any unemployment compensation in 2019?	Include 1099-G			



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21	If you made federal estimate	ates in 2019:	Date		Amount
			Date		Amount
			Date		
			Date		Amount
22	If you made state estimate	es in 2019 [.]	Date		Amount
	ii you made state estimat	2013.	Date		
			Date		
			Date		
23		our dependents have health insu employer provided coverage, Me		Yes_	No
24	Were you provided health	insurance through your employe	r?	Yes	No
	If yes, was the insurance				No
25	Díd you purchase health i	nsurance directly from an insuran	ice company?	Yes_	No
26	Did you purchase health in	nsurance through the Health Insu	rance Marketplace?	Yes_	No
	IT WILL BE A 109	A COPY OF THE 1095 FORM THAT DS-A, 1095-B, OR A 1095-C. THIS direct deposited into your bank a	IS NEEDED TO COMPLETE	E THE TA	X RETURN.
	would like your tax refund of Client name: Bank Name:	5-A, 1095-B, OR A 1095-C. THIS	ccount, please provide th	e followi	X RETURN.
	would like your tax refund of Client name: Bank Name: Routing number:	direct deposited into your bank a	ccount, please provide th	e followi	X RETURN.
	would like your tax refund of Client name: Bank Name: Routing number:	direct deposited into your bank a	ccount, please provide th	e followi	X RETURN.
Jpon forwar f you [] P	would like your tax refund of Client name:	Checking [] Checking [] n, a copy will be sent to your currive the e-file authorization forms ax return(s) mailed to you, please ria the United States Postal Service ferent than tax return: REIN IS, TO THE BEST OF MY KNOWL IS MY TAX RETURN UNTIL THIS FORM	Savings [] rent email address. The ear, we will e-file the tax returned the check the box. te (USPS).	e following e file signaturn(s).	ng:
Jpon forwar f you [] P	would like your tax refund of Client name: Bank Name: Routing number: Account Number: Type of Account: completion of the tax returned of the tax returned to you. When we recentled to you. When we recentled to you and tax package was address if different of the tax returned to you. The tax returned to you. FORMATION CONTAINED HERE INC. WILL NOT COMPILEMENTS. THERE ARE NO EXCEPTIONS.	Checking [] Checking [] n, a copy will be sent to your currive the e-file authorization forms ax return(s) mailed to you, please ria the United States Postal Service ferent than tax return: REIN IS, TO THE BEST OF MY KNOWL IS MY TAX RETURN UNTIL THIS FORM	Savings [] rent email address. The ear, we will e-file the tax returned the check the box. te (USPS).	e following e foll	NDERSTAND THAT TRUCK



2019 Engagement Letter

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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 2019 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 Accepta	nce Signature:
(Taxpayer)	Date:
(Spouse)	Date:

Vary truly yours