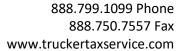


TTS 2016 Tax Organizer

Personal Organizer

Please fill out the following as <u>completely</u> as possible.

Name	Personal Information		
Street Address			_
City, State, Zip			_
County of Residence			-
Email Address			_
Contact Phone Number			_
Social Security Number	Birth Date		_
E	exemption and Dependent Information	n	
Name	Social Security #	Birth Date	Relationship & months lived w/taxpayer
Marital Status as of Dec 31 of tax year:			
Single Married *Separat	ed (date of separation) If legally separated and filing separately, bo		Married Filing Separate.
Taxpayer signature	Spouse signature		
Taxpayer occupation	Spouse occupation		
Taxpayer Drivers License #	Spouse Drivers License #		
Issue Date Expiration Date	Issue Date Expiration	Date	
State of Issue	State of Issue		

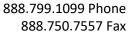




Per Diem Information

Company Driver

	Nights in Truck	Days returning home	Days off	= 366 Total Days			
Owner/Operator							
	Nights in Truck	Days returning home	Days off	= 366 Total Days			
	Yearly total Per Diem paid by employer <u>not</u> included in W-2 Box 1 Wages Yearly total Reimbursements received from employer						
		Truck Informa	ation				
Lease	ed Truck - Yearly Total Paymo	ent	_				
Lease	ed Trailer - Yearly Total Paym	nent	_				
Purchased Truck/Trailer - Yearly Total of Loan Interest Paid							
Did you purchase a new truck, or trade for a new truck in 2016? 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; Computer, TV, Radio, GPS System, etc.):							
	Description	Vendor	Purchase Date	Cost			





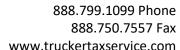
Below is a suggested list of deductible trucking items:

Item	Year
	Total
Accounting Fees	
Administrative 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	

	<u> </u>
Floor Mats	
Form 2290 Tax Pd	
Fuel Expense	
Fuel Tax Paid	
Fumigate Trailer	
Gloves – work	
GPS	
Hand Cleaner	
Hangers	
Hard Hat	
Hotel/Motel 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 and/or Additives	
Paper Towels	
Parking	
Permits	
Physical (DOT)	
Pillow	
Postage	
Power Booster	
Power Cord	
PrePass	

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Qualcomm	
Radio (Sirius, XM)	
Rain Gear	
Receipt Book	
Safety Boots	
Safety Clothing	
Safety Glasses	
Scale Tickets	
Seat Covers	
Security (dog, alarms etc)	
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 Washes	
Uniforms (if required)	
Vacuum (portable)	
WD-40	
Window Screen	
Miscellaneous	





2016 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 2016 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)		



PER IRS GUIDELINES, WE ARE NOT ABLE TO COLLECT OUR FEE FROM YOUR REFUND. THEREFORE, ALL FEES WILL NEED TO BE PAID PRIOR TO THE TAX RETURN(S) BEING PROCESSED.

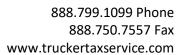
If you would like your refund direct	deposited into your bank account	t, please provide the following:	
Client name:			
Bank Name:			
Routing number:			
Account Number:			
Type of Account:	Checking []	Savings []	
Your federal and state tax return wi	ll be e-filed upon completion and	receipt of Form 8879 and the ap	propriate state
e-file authorization form.			
Delivery method for completed tax	return package:		
[] Please mail my tax package via t	he United States Postal Service (L	JSPS).	
Address if different than tax ret	urn:		
[] Please E-Mail my tax package sa	ving me a week or more of waitin	g. (See note below.)	
THE INFORMATION CONTAINED HEREIN I TAX SERVICE, INC. WILL NOT COMPILE MY STATEMENTS. <u>THERE ARE NO EXCEPTION</u>	TAX RETURN UNTIL THIS FORM IS CON		
Signature		Date	
NOTE: If you choose to have your tax packag addresses and instructions. Simply print it, si address is current and usable, and your print	gn it, and file for your records. Before sele		
Only one delivery method should be checked Federal return and send the State return via			ıple, e-mail the
Your federal and state tax return will be elec	tronically signed and e-filed.		



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	Address SSN/EIN	
20	Any child care expenses in 2016? Name Address SSN/EIN	\$
19	What did you pay for tax preparation in 2016?	\$
18	Did you donate any cash or goods to charity? Cash \$	Goods \$
17	Amount of any real estate taxes for your home.	\$
16	Do you own a home? If yes, please include the mortgage interest statement.	\$
15	Amount of vehicle registration paid in 2016 for your personal auto.	\$
14	Amount of sales tax on any large purchases in 2016.	\$
13	Amount, if any, of health insurance premiums paid by you.	\$
12	Amount of unreimbursed medical bills payments.	\$
11	Did you make a contribution to a Traditional IRA?	\$
10	Did you pay tuition for you or a dependent in 2016?	Include 1098-T
9	Did you or your spouse pay any student loan interest?	Include 1098-E
8	Amount of state tax refund <u>received</u> or amount of state taxes <u>paid</u> in 2016? Please circle if received or paid.	\$
7	If you are a partner or shareholder in any entity, please include the K-1.	
	Spouse's SSN:	
6	Did you pay or receive alimony (not child support)? If yes, amount paid. Spouse's name:	\$
5	Did you or your spouse receive any social security benefits?	Include 1099-R
4	Did you sell any stocks or investments in 2016?	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 2016?	Include 1099-G

21 Did you buy a new home in 2016? If yes, please include the settlement statement.





	MAY pertain to your state tax return:								
22	Did you rent	a home or apar	rtment in 201	6? Amount of r	ent paid.		\$		
		Name of land	llord						
23		ederal estimate	es in 2016?	_				No	
	If yes:	Date		Amount					
				Amount					
				Amount					
		Date		Amount					
24	Did you pay s	tate estimates	in 2016?			Yes		No	
	If yes:	Data		Amount					
	•	Data		Amount					
		D-4-		Amount					
		Date		Amount					
		YOUR TAX R	ETURN CAN N	NOT BE COMPLE	TED AND FILED	WITHOUT THIS	S INFORMATION	l	
1	Did you you	course and ve	ur danandan	ts have health i	ncuranco covor	220			
-				coverage inclu		age			
		•		nedicare, Medic		Vec		No	
	provided cov	erage, persona	i ilisurance, iv	riedicare, iviedic	aiu, v.A., etc.	163		110	
2	Were you pro	ovided health in	nsurance thro	ough your emplo	over?	Yes		No	
_		the insurance o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No	
	n yes, was	the mountainee t	acaaction pro	. cax.		163			
3	Did you purc	hase health ins	urance on you	ur own, directly	from an insura	nce			
	company?					Yes		No	
4			urance throน _ใ	gh the Health In	surance				
	Marketplace ²	?				Yes		No	
		If vou were not	covered for t	the entire vear.	please check th	ne months vou	DID have covera	ige:	
		,		,	•	,		0-	
		Taxpayer	Spouse	1 st Depen.	2 nd Depen.	3 rd Depen.	4 th Depen.		
	January								
	February								
	March								
	April								
	May								
	June								
	July								
	August								
	September								
	October								
	November								
	December								

If you received a 1095-A, a 1095-B or a 1095-C, we will need it to provide the correct information to the IRS. Please include a copy.