



TTS 2016 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 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

<u>Nights in Truck</u>	<u>Days returning home</u>	<u>Days off</u>	= 366 Total Days
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Owner/Operator

<u>Nights in Truck</u>	<u>Days returning home</u>	<u>Days off</u>	= 366 Total Days
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Yearly total Per Diem paid by employer not included in W-2 Box 1 Wages _____

Yearly total Reimbursements received from employer _____

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 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



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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	

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	

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	



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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) _____



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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, please provide the following:

Client name: _____

Bank Name: _____

Routing number: _____

Account Number: _____

Type of Account: Checking ☐ Savings ☐

Your federal and state tax return will be e-filed upon completion and receipt of Form 8879 and the appropriate state e-file authorization form.

Delivery method for completed tax return package:

☐ Please mail my tax package via the United States Postal Service (USPS).

Address if different than tax return: _____

☐ Please E-Mail my tax package saving me a week or more of waiting. (See note below.)

THE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE. I UNDERSTAND THAT TRUCKER TAX SERVICE, INC. WILL NOT COMPILE MY TAX RETURN UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED WITH ALL MY INCOME STATEMENTS. THERE ARE NO EXCEPTIONS TO THIS POLICY.

Signature _____

Date _____

NOTE: If you choose to have your tax package e-mailed, it will be sent immediately upon completion along with all of the necessary mailing addresses and instructions. Simply print it, sign it, and file for your records. Before selecting this delivery method, be certain that your e-mail address is current and usable, and your printer is capable of quality printing.

Only one delivery method should be checked as we are not permitted to both e-mail AND send a copy via the USPS, or for example, e-mail the Federal return and send the State return via USPS. The same delivery method will apply to both returns.

Your federal and state tax return will be electronically signed and e-filed.



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Include 1099-G

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

Name of landlord _____

Address of landlord _____

23 Did you pay federal estimates in 2016? Yes _____ No _____

If yes: Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____

24 Did you pay state estimates in 2016? Yes _____ No _____

If yes: Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____
 Date _____ Amount _____

YOUR TAX RETURN CAN NOT BE COMPLETED AND FILED WITHOUT THIS INFORMATION

1 Did you, your spouse and your dependents have health insurance coverage all 12 months of 2016? (Health insurance coverage includes employer provided coverage, personal insurance, Medicare, Medicaid, V.A., etc. Yes _____ No _____

2 Were you provided health insurance through your employer? Yes _____ No _____
If yes, was the insurance deduction pre-tax? Yes _____ No _____

3 Did you purchase health insurance on your own, directly from an insurance company? Yes _____ No _____

4 Did you purchase health insurance through the Health Insurance Marketplace? Yes _____ No _____

If you were not covered for the entire year, please check the months you DID have coverage:

	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.