

## TTS 2016 Tax Organizer

**Corporate Organizer** 

7327 W Jefferson Blvd. Fort Wayne, Indiana 46804

Please fill out the following as <u>completely</u> 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 31st of t	ax year:	
Single Married *	Separated (date of separation)	
*If legally separated and filing s	eparately, both spouses must file Married Filing Separate	
Taxpayer signature	Spouse signature	
Taxpayer occupation	Spouse occupation	
Trucker Tax Service	TTS Corporate Tax Organizer	<b>1  </b> P a g e



## 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 not included in W-2 Box 1 Wages \_\_\_\_\_

Yearly total Reimbursements received from employer \_\_\_\_\_

Truck Information

Leased Truck - Yearly Total Payment	
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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



## Below is a suggested list of deductible trucking items:

ltem	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-lcer	
Disinfectant	
Duct Tape	
Electrical Tape	
Ether	
Factoring Fees	
Fax	
First Aid Supplies	
Flashlight	
Floor Mats	
Form 2290 Tax Pd	
Fuel Expense	

Fumigate TrailerGloves - workGPSHand CleanerHangersHard HatHotel/Motel ExpenseInsurance - HealthInsurance - TrailerInsurance - TruckInsurance - W/CInternet FeesJack StrapLap DeskLaundry BagLaundry ExpenseLease Equip. APU, etc.Legal Expense (notfines)Licenses/PlatesLoad LocksLog Book/CoverLumper FeesMagnifying GlassMap LightMapsOffice SuppliesOil and/or AdditivesPaper Towels
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B 11
Parking
Permits
Physical (DOT)
Pillow
Postage
Power Booster
Power Cord
PrePass
Qualcomm
Radio (Sirius, XM)

Rain GearReceipt BookSafety BootsSafety ClothingSafety GlassesScale TicketsSeat CoversSeat CoversSecurity (dog, alarms, etc.)SheetsShift GripShowersSleeping BagSleeping FanSunglassesThermal UnderwearTie DownsToiletriesTollsTools/Equip (under \$500)TowelsTowingTrash Bags
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Travel Bag
Trip Charges
Truck Cables
Truck Magazines
Truck Maint/Repair
Truck Washes
Uniforms (if required)
Vacuum (portable)
WD-40
Window Screen
Miscellaneous



#### 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:** 

Date:

(Taxpayer)	

(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, 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 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.



		888.799.1099 Phone 888.750.7557 Fax
1	Did you receive any unemployment compensation in 2016?	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 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 <u>received</u> or amount of state taxes <u>paid</u> 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? In yes, please include the settlement statement.

					888.799.1099 Phone 888.750.7557 Fax
	MAY perta	in to your stat	e tax return:		
22 Did you rent a home or apartment in 2016? Amount of rent paid. Name of landlord					\$
		Address o	f landlord		
23	Did you pa	y federal estin	nates in 2016?	Yes	No
	If yes:	Date	Amount		
		Date	Amount		
		Date	Amount		
		Date	Amount		
24	Did you pa	y state estima	tes 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 <sup>st</sup> Depen.	2 <sup>nd</sup> Depen.	3 <sup>rd</sup> Depen.	4 <sup>th</sup> 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.



#### **BUSINESS INFORMATION:**

DEC 31, 2015 CHECKBOOK BALANCE	Ξ.	
2016 INCOME	+ .	
2016 TOTAL EXPENSES		***
2016 ASSET PAYMENTS		Total amount of payment, including interest
SHAREHOLDER DISTRIBUTIONS		
DEC 31, 2016 CHECKBOOK BALANCE	= _	###
DECEMBER 31, 2016 BANK BALANC	E _	
OUTSTANDING CHECKS		
OUTSTANDING DEPOSITS	+ _	
DEC 31, 2016 CHECKBOOK BALANCE	= _	###
LOAN BALANCES AS OF 12/31/16		
ASSET	LOAN BALAN	
LIST ANY ASSETS THAT WERE DISPO	ISED OF IN 2016:	DATE OF DISPOSAL

\*\*\* This should equal the total of your expenses on page 3; the detail/breakdown of expenses. ### These two amounts should be the same.