



TTS 2016 Tax Organizer

Corporate Organizer

7327 W Jefferson Blvd.
Fort Wayne, Indiana 46804

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 31st 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 _____



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



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) _____



888.799.1099 Phone

888.750.7557 Fax

Include 1099-G

Include form

Include 1099-R

Include brokerage statement

Include 1099-R

\$ _____

\$ _____

Include 1098-E

Include 1098-T

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Cash \$ _____

Goods \$ _____

\$ _____

\$ _____



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.



BUSINESS INFORMATION:

DEC 31, 2015 CHECKBOOK BALANCE		_____	
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 BALANCE		_____	
OUTSTANDING CHECKS	-	_____	
OUTSTANDING DEPOSITS	+	_____	
DEC 31, 2016 CHECKBOOK BALANCE	=	_____	###

LOAN BALANCES AS OF 12/31/16

<u>ASSET</u>	<u>LOAN BALANCE</u>
_____	_____
_____	_____
_____	_____
_____	_____

LIST ANY ASSETS THAT WERE DISPOSED 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.