



# TTS 2019 Tax Organizer Worksheet

## Personal Organizer for Company Drivers

### Personal Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Social Security Number \_\_\_\_\_  
County of Residence \_\_\_\_\_ Birth Date \_\_\_\_\_  
School District \_\_\_\_\_

### 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 occupation \_\_\_\_\_ Spouse occupation \_\_\_\_\_

Taxpayer drivers license# \_\_\_\_\_ Spouse drivers license# \_\_\_\_\_

Issue date \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issue date \_\_\_\_\_ Exp. Date \_\_\_\_\_

State of issue \_\_\_\_\_ State of issue \_\_\_\_\_



- 1 Did you receive any unemployment compensation in 2019? 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 2019? Include brokerage statement
- 5 Did you or your spouse receive any social security benefits? Include 1099-R
- 6 If you are a partner or shareholder in any entity, please include the K-1.
- 7 Did you or your spouse pay any student loan interest? Include 1098-E
- 8 Did you pay tuition for you or a dependent in 2019? Include 1098-T
- 9 Did you make a contribution to a Traditional IRA? \$ \_\_\_\_\_
- 10 Amount of unreimbursed medical bills payments. \$ \_\_\_\_\_
- 11 Amount, if any, of health insurance premiums paid by you. \$ \_\_\_\_\_
- 12 Amount of sales tax on any large purchases in 2019. \$ \_\_\_\_\_
- 13 Amount of vehicle registration paid in 2019 for your personal auto. \$ \_\_\_\_\_
- 14 Do you own a home? If yes, please include the mortgage interest statement. \$ \_\_\_\_\_
- 15 Amount of any real estate taxes for your home. \$ \_\_\_\_\_
- 16 Did you donate any cash or goods to charity? Cash \$ \_\_\_\_\_ Goods \$ \_\_\_\_\_
- 17 What did you pay for tax preparation in 2019? \$ \_\_\_\_\_
- 18 Any childcare expenses in 2019? Name of provider \_\_\_\_\_ \$ \_\_\_\_\_  
Address \_\_\_\_\_ SSN/EIN \_\_\_\_\_
- 19 Did you buy a new home in 2019? If yes, please include the settlement statement.
- 20 Did you rent a home or apartment in 2019? (MAY pertain to your state tax return)  
Name & address of landlord \_\_\_\_\_ Amount of rent paid \$ \_\_\_\_\_



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- 21 If you made federal estimates in 2019:
 

Date _____	Amount _____	
Date _____	Amount _____	
Date _____	Amount _____	
Date _____	Amount _____	
  
- 22 If you made state estimates in 2019:
 

Date _____	Amount _____	
Date _____	Amount _____	
Date _____	Amount _____	
Date _____	Amount _____	
  
- 23 Did you, your spouse and your dependents have health insurance coverage all 12 months of 2019? (includes employer provided coverage, Medicare, Medicaid, VA)
 

	Yes _____	No _____
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- 24 Were you provided health insurance through your employer?
 

	Yes _____	No _____
If yes, was the insurance deduction pre-tax?	Yes _____	No _____
  
- 25 Did you purchase health insurance directly from an insurance company?
 

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

	Yes _____	No _____
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**WE WILL NEED A COPY OF THE 1095 FORM THAT YOU RECEIVED AS PROOF OF INSURANCE. IT WILL BE A 1095-A, 1095-B, OR A 1095-C. THIS IS NEEDED TO COMPLETE THE TAX RETURN.**

If you would like your tax refund direct deposited into your bank account, please provide the following:

Client name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:                      Checking [  ]                      Savings [  ]

Upon completion of the tax return, a copy will be sent to your current email address. The e-file signature forms will also be forwarded to you. When we receive the e-file authorization forms, we will e-file the tax return(s).

If you need a paper copy of the tax return(s) mailed to you, please check the box.

[  ] Please mail my tax package via the United States Postal Service (USPS).  
 Address if different than tax return: \_\_\_\_\_

**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** \_\_\_\_\_



**2019 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 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 Acceptance Signature:**

(Taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

(Spouse) \_\_\_\_\_ Date: \_\_\_\_\_