

TTS 2017 Tax Organizer

Corporate Organizer

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	n and Dependent Informatio	n	
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 s	pouses must file Married Fil	ing Separate.	
Taxpayer signature	Spouse signature		
Taxpayer occupation	Spouse occupation		



888.799.1099 Phone 888.750.7557 Fax www.truckertaxservice.com

Per Diem Information

Co	m	n	a n		ח	ri	.,,	٦r
CU	•••	P١	411	y	_	••	v	-

Owner/Operator Nights in Truck		Nights in Truck	Days returning home	<u>Days off</u>	= 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 Purchased Truck/Trailer - Yearly Total of Loan Interest Paid Did you purchase a new truck, or trade for a new truck in 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):	Own	er/Operator			
Yearly total Reimbursements received from employer		Nights in Truck	Days returning home	Days off	= 366 Total Days
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 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):	Yearl	y total Per Diem paid by em	ployer <u>not</u> included in W-2 Box	1 Wages	
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 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):	Yearl	y total Reimbursements reco	eived from employer		
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 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):			Truck Informa	<u>tion</u>	
Purchased Truck/Trailer - Yearly Total of Loan Interest Paid Did you purchase a new truck, or trade for a new truck in 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):	Lease	ed Truck - Yearly Total Paymo	ent	_	
Did you purchase a new truck, or trade for a new truck in 2017? 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 (includ Computer, TV, Radio, GPS System, etc.):	Lease	ed Trailer - Yearly Total Payn	nent	_	
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 (includ Computer, TV, Radio, GPS System, etc.):	Purch	nased Truck/Trailer - Yearly 1	Total of Loan Interest Paid		
If equipment costing over \$500 was purchased in the current year, please list the following information (includ Computer, TV, Radio, GPS System, etc.):	Did y	ou purchase a new truck, or	trade for a new truck in 2017?	Yes No	
Computer, TV, Radio, GPS System, etc.):	If yes	s, please provide the bill of sa	ale for that purchase.		
Description Vendor Purchase Date Cost	-	•	-	ır, please list the followi	ng information (including;
		Description	Vendor	Purchase Date	Cost

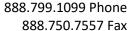


Below is a suggested list of deductible trucking items:

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	
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 (not	
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	





Dear Client:

Very truly yours

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 2017 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)		



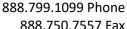
PER IRS GUIDELINES, WE ARE NOT ABLE TO COLLECT OUR FEE FROM YOUR REFUND. THEREFORE, ALL FEES WILL NEED TO BE PAID PRIOR TO THE TAX RETURN(S) BEING PROCESSED.

If you would like your refund direct do	eposited into your bank accour	nt, please provide the following	:
Client name:			
Bank Name:			_
Routing number:			-
Account Number:			
Type of Account:	Checking []	Savings []	
Your federal and state tax return will e-file authorization form.	be e-filed upon completion and	d receipt of Form 8879 and the	appropriate state
Delivery method for completed tax re	eturn package:		
[] Please mail my tax package via the	e United States Postal Service (USPS).	
Address if different than tax retur	n:		_
[] Please E-Mail my tax package savi	ing me a week or more of waiti	ng. (See note below.)	
THE INFORMATION CONTAINED HEREIN IS, TAX SERVICE, INC. WILL NOT COMPILE MY T STATEMENTS. THERE ARE NO EXCEPTIONS 1	AX RETURN UNTIL THIS FORM IS CO		
Signature		Date	_
NOTE: If you choose to have your tax package of and instructions. Simply print it, sign it, and file current and usable, and your printer is capable	for your records. Before selecting this		
Only one delivery method should be checked a Federal return and send the State return via US	•	• • •	xample, e-mail the
Your federal and state tax return will be electron	onically signed and e-filed.		



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1	Did you receive any unemployment compensation in 2017?	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 2017?	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 2017? 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 2017?	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 2017.	\$
15	Amount of vehicle registration paid in 2017 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 2017?	\$
20	Any child care expenses in 2017? Name Address SSN/EIN	\$
21	Did you buy a new home in 2017? In yes, please include the settlement statement.	

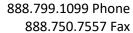




888.750.7557 Fax MAY pertain to your state tax return: 22 Did you rent a home or apartment in 2017? Amount of rent paid. Name of landlord _ Address of landlord 23 Did you pay federal estimates in 2017? Yes _____ No____ If yes: **Date Amount** Date **Amount Date Amount Date Amount** Did you pay state estimates in 2017? No _____ Yes _____ If yes: Date **Amount Date** Amount **Date Amount Date Amount** YOUR TAX RETURN CAN NOT BE COMPLETED AND FILED WITHOUT THIS INFORMATION Did you, your spouse and your dependents have health insurance coverage all 12 months of 2017? (Health insurance coverage includes employer provided coverage, personal insurance, Medicare, Medicaid, V.A., etc. Yes _____ No_____ No _____ Were you provided health insurance through your employer? Yes _____ No _____ Yes ____ If yes, was the insurance deduction pre-tax? Did you purchase health insurance on your own, directly from an insurance company? Yes No Did you purchase health insurance through the Health Insurance Marketplace? No _____ Yes _____ If you were not covered for the entire year, please check the months you DID have coverage: 3rd Depen. 2nd Depen. Taxpayer Spouse 1st Depen. 4th Depen. January **February** March April May June

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.

July August September October November December





BUSINESS INFORMATION:

DEC 31, 2016 CHECKBOOK BALANCE				
2017 INCOME	+			
2017 TOTAL EXPENSES	-		***	
2017 ASSET PAYMENTS	-		Total amount of payment	, including interest
SHAREHOLDER DISTRIBUTIONS	-			
DEC 31, 2017 CHECKBOOK BALANCE	=		###	
DECEMBER 31, 2017 BANK BALANCE				
OUTSTANDING CHECKS	-			
OUTSTANDING DEPOSITS	+			
DEC 31, 2017 CHECKBOOK BALANCE	=		###	
LOAN BALANCES AS OF 12/31/17				
<u>ASSET</u>	LOAN BALAI	NCE		
LIST ANY ASSETS THAT WERE DISPOS	FD OF IN 2017:		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.