



# **TTS 2019 Tax Organizer Worksheet**

# **Personal Organizer**

This worksheet is help you prepare to fill out our online Tax Organizer.

Personal information			
Name	Email Addres	S	
Street Address	Contact Phon	ne Number	
City, State, Zip	Social Securit	y Number	
County of Residence	Birth Date	Birth Date	
School District			
Exer	mption and Dependent Informat	ion	
Name	Social Security #	Birth Date	Relationship & months lived w/taxpayer
Marital Status as of Dec 31 of tax year:  Single Married *Separated	(date of congration)		
	parated and filing separately, both spouses		 Separate.
Taxpayer occupation	Spouse occupation		
Taxpayer drivers license#	Spouse drivers license#		
Issue dateExp. Date	Issue date	Exp. Date	
State of issue	State of issue		



## **Per Diem Information**

#### NEW TAX LAW DOES NOT PERMIT COMPANY DRIVERS TO DEDUCT PER DIEM

	Nights in Truck	Days returning home	Days off	= 365 Total Days
You m	ust have paper co	pies of your logs. If you a	e audited, the II	RS will want to see thos
Did you re	eceive reimhursement	for any of the expenses on page	. <b>.</b>	
,	mbursement		. 3:	

## **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 2019	? Yes	No

If equipment costing over \$500 was purchased in the current year, please list the following information (including; TV, Radio, GPS System, etc.):

Description	Vendor	Purchase Date	Cost

If yes, please provide the bill of sale for that purchase.



#### NEW TAX LAW DOES NOT PERMIT COMPANY DRIVERS TO DEDUCT EXPENSES

If you are a member of TAP or TAPApp, you do not have to fill out the deductible amounts on the next page.

Below is a suggested list of deductible trucking items:

Item	Year
	Total
Accounting 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	
Fuel Tax Paid	
Fumigate Trailer	
Gloves – work	
GPS	
Hand Cleaner	
Hangers	
Hard Hat	
Hotel 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 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	
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 /Trailer Storage	
Truck Washes	
Uniforms (if required)	
Vacuum (portable)	
WD-40	
Window Screen	
Miscellaneous	



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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 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)	
	Amount of rent paid  Name & address of landlord	\$



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Jpon forwa f you [ ] F THE IN	Bank Name: Routing number: Account Number: Type of Account:  completion of the tax return rded to you. When we receined a paper copy of the tax lease mail my tax package via Address if different contained HERI	e, a copy will be sent to your currence the e-file authorization forms or return(s) mailed to you, please as the United States Postal Service erent than tax return:  EIN IS, TO THE BEST OF MY KNOWING THE BEST OF MY KNOWING THE STORING UNTIL THIS FORI	Savings [ ] rent email address. The e- s, we will e-file the tax retu check the box. ce (USPS).	file signatu ırn(s).	ERSTAND THAT TRUCK
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f you	Bank Name:  Routing number:  Account Number:				
f you	Bank Name:				
f you	Bank Name:				
f you					
f you	Client name:				
	would like your tax refund d	irect deposited into your bank a	account, please provide the	e following:	
	IT WILL BE A 1099	COPY OF THE 1095 FORM THA 5-A, 1095-B, OR A 1095-C. THIS	IS NEEDED TO COMPLETE	THE TAX R	ETURN.
26	, ,	surance through the Health Insu	·	Yes	
25		surance directly from an insurar		Yes	
25	·	·	aca company?		
24	Were you provided health i	nsurance through your employed	er?	Yes Yes	
23		our dependents have health insu employer provided coverage, Mo		Yes	No
			Date		mount
			Date		mount
22	If you made state estimate	s in 2019:	Date Date		.mount .mount
22			<u> </u>		
22			Date Date		lmount lmount
22			Date		mount
22				A	mount



2019 Engagement Letter

888.799.1099 Phone 888.750.7557 Fax www.truckertaxservice.com

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 Sign	ature:
(Taxpayer)	Date:
(Spouse)	Date:

Vory truly yours