

888.799.1099 Phone 888.750.7557 Fax www.truckertaxservice.com

TTS 2019 Tax Organizer Worksheet

Personal Organizer

This worksheet will help you prepare for our online Tax Organizer.

Personal Information			
Name	Email Address	5	
Street Address	Contact Phone	e Number	
City, State, Zip	Social Security	y Number	
County of Residence	Birth Date		
School District			
Exempt	ion and Dependent Informati	on	
Name	Social Security #	Birth Date	Relationship & months lived w/taxpayer
Marital Status as of Dec 31 of tax year:			
Single Married *Separated _ *If legally separat	(date of separation)ed and filing separately, both spouses	must file Married Filing S	_ 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 must have paper copies of your logs. If you are audited, the IRS will want to see thos				
Did yo	ou receive reimbursement f	or any of the expenses on page	e 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 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; TV, Radio, GPS System, etc.):

Description	Vendor	Purchase Date	Cost

Yearly reimbursement ______



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
Tee	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	

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?	\$
LO	Amount of unreimbursed medical bills payments.	\$
l1	Amount, if any, of health insurance premiums paid by you.	\$
L2	Amount of sales tax on any large purchases in 2019.	\$
L3	Amount of vehicle registration paid in 2019 for your personal auto.	\$
L4	Do you own a home? If yes, please include the mortgage interest statement.	\$
L5	Amount of any real estate taxes for your home.	\$
L6	Did you donate any cash or goods to charity? Cash \$	Goods \$
L7	What did you pay for tax preparation in 2019?	\$
L8	Any childcare expenses in 2019? Name of provider SSN/EIN	\$
L9	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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21	If you made federal estim	ates in 2019:	Date		Amount
			Date		Amount
			Date		Amount
			Date		Amount
22	If you made state estimat	es in 2019:	Date		Amount
	,		Date		Amount
			Date		Amount
			Date		Amount
23		our dependents have health insu employer provided coverage, Me	_	Yes	No
24	Were you provided health	insurance through your employe	r?	Yes	No
	If yes, was the insurance				No
25	Did you purchase health in	nsurance directly from an insuran	ce company?	Yes	No
26	Did you purchase health in	nsurance through the Health Insu	rance Marketplace?	Yes	No
,	Client name: Bank Name: Routing number:	direct deposited into your bank a			
	Account Number:				
	Type of Account:	Checking []	Savings []		
forward forwar	rded to you. When we rece need a paper copy of the ta Please mail my tax package v Address if diff IFORMATION CONTAINED HER ERVICE, INC. WILL NOT COMPIL MENTS. THERE ARE NO EXCEP		, we will e-file the tax retucheck the box. e (USPS). EDGE, CORRECT AND COMP	urn(s). PLETE. I UN ND RETURI	 DERSTAND THAT TRUCKER
Signa	ture		Date		



2019 Engagement Letter

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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:

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