PBS TAX & BOOKKEEPING SERVICE
18757 Burbank Blvd., Suite 216
Tarzana, California 91356
800-697-5153

Tired of automated phone systems? Call PBS and talk to a real person!

INCOME TAX ORGANIZER
INSTRUCTIONS

Income Tax Specialists for Truckers

Our Tax Organizer is designed to help you gather the proper tax information required to prepare your tax return. Please fill out completely all areas that pertain to you. If you have part of the year as Company Driver and part Owner-Operator you will need to fill out all 3 pages.

In addition, please also send the following:

[ ] A copy of your most recent Federal, State and Local tax returns if not prepared by PBS **(This information is mandatory as it gives us an idea of your tax history and tax requirements)**.
[ ] Detailed depreciation schedule on any equipment purchased, including depreciation, cost, accumulated depreciation, method and useful life **(new clients only)**.
[ ] All wage/earning statements W-2's, 1099's, K-1's, etc.
[ ] Form(s) 1098 (mortgage interest) and property tax statements.
[ ] Year-end stock brokerage tax summary (1099) (including purchase price and dates acquired for items sold) from stock, bond or other investment transactions.
[ ] Closing statements pertaining to real estate transactions.
[ ] Any tax notices received from the IRS or other taxing authorities.
[ ] Information on any equipment **sold** or **traded**.
[ ] A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired.
[ ] A $250 deposit toward the preparation of your tax return. When your return is completed you will be notified of the results and **balance due** to PBS.
[ ] If you anticipate a refund and want direct deposit, please include a voided check for the account you want the deposit made to.

Please be sure to provide all the information listed. It is imperative we receive all information if we are to maximize your tax savings. Please send your **completed** Tax Organizer along with the tax materials mentioned above to our office as soon as possible.

If you need help filling out the Tax Organizer or have any questions at all please don't hesitate to give us a call at: 800-697-5153

Income Tax Specialists for the Trucking Industry Since 1974

2011

P B S T A X & B O O K K E E P I N G S E R V I C E

YOUR SPECIALISTS IN TRUCKERS INCOME TAX PREPARATION • WWW.PBSTAX.COM

INCOME TAX ORGANIZER

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2011

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: ______ Date: ______ Date of Birth: ______

Social Security #: ______ Occupation: ______ ☐ BLIND ☐ OVER 65

Home Phone: ( ) ______

Cell Phone: ( ) ______ Fax: ( ) ______

E-mail Address: ______

Filing Status: ☐ Single ☐ Head of Household
☐ Married ☐ Married Filing Separately (Need Spouse Name & SS#)
Did Your Marital Status Change?______
If Divorced, Date Final in 2011 ______

SPOUSE

Name: ______

Date of Birth: ______ Social Security #: ______

Occupation: ______

☐ BLIND ☐ OVER 65 Business Phone: ( ) ______

Did You Live at The Same Address all Year Y / N ______

HOME

Residence Address: ______

City ______ State ______ Zip ______

County ______

School District: Name ______ Number______

If You Moved to Another State, Provide State & Date You Moved. ______

Mailing Address: ______

DEPENDENTS

Names of Dependents Claimed As Exemptions (Name: First, Initial, and Last Name)	Date Of Birth	Dependents Social Security Number	Relationship	Number of Months Lived AT Home	College	Y/N Full Time Student

SECTION 2: MISC.

CURRENT YEAR CONTRIBUTIONS

Attach Year End Retirement Statement

	IRA	KEOGH	SEP	ROTH IRA
You	$	$	$	$
Spouse	$	$	$	$

	SIMPLE	UNI-K
You	$	$
Spouse	$	$

Do either you or your spouse participate in a pension, profit sharing or 401K plan?
YES ☐ NO ☐

ESTIMATED TAXES PAID AND CREDITS

Check Box If No Estimates Paid ☐
Don't include 2010 Overpayment in 1st Quarter

	DUE DATE	DATE PAID	FEDERAL	STATE
First Quarter due 4/15/11	April		$	$
Second Quarter due 6/15/11	June		$	$
Third Quarter due 9/15/11	Sept.		$	$
Fourth Quarter due 1/17/12	This Jan.		$	$

Amount paid with extension by 4-17-12 $______

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Attach Copies Of 1099s (1099-INT)

______ $
______ $
______ $
______ $
______ $
______ $

DIVIDEND INCOME: PAYOR

Attach Copies Of 1099s And Year-End Broker Statements (1099-DIV)

______ $
______ $
______ $

INCOME FROM K-1's

Attach K-1 Form

______
______

SALE OF STOCKS & BONDS

ATTACH YEAR END BROKER STATEMENTS AND 1099 B'S.
INCLUDE DATE ACQUIRED & AMOUNT YOU PAID FOR EACH STOCK SOLD.

Gambling Income - W2G $ ______
Gambling Losses $ ______

RENTAL PROPERTY

Attach The Following:

(1) Escrow Closing Statements For Purchases, Sales, Or Refinances
(2) Schedule Of Income And Expenses For Each Property
(3) Year-End Mortgage Interest Statement (Form 1098)
(4) Property Tax Bill - If Property Purchased in 2011

OTHER INCOME

Wages: (Attach Original W-2's) Number of W-2's______ Alimony Received: $______ Pension or Annuity (Attach W-2 P's or 1099 R's) $______

ATTACH (1099-MISC) Other Income______ ATTACH (1099-G) Unemployment Compensation______ ATTACH (1099-SSA) Social Security Income______ ATTACH (1099-G) State Tax Refund______

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SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums $____
(Don't Duplicate in Section 8 under Health Insurance)

Long Term Care Insurance Premiums - Taxpayer $____ / Spouse $____

Drugs and Medicines $____ Doctors, Hospitals, Etc $____

Medical Miles Driven ____

CHILD & DEPENDENT CARE CREDIT

Names of Dependents Cared For 1)____

2)____ 3)____

Amount Paid for Each Dependent $ 1)____

2)____ 3)____

Name of Dependent Care Provider ____

Provider ID Number (ssn or EIN) ____

Street Address, City, State, Zip Code ____

Telephone# ____

HOME MORTGAGE INTEREST

Mtge. Loans Paid to Fin. Institution ____ $____
(Attach Copies of Form 1098)
(List Lenders Names)
____ $____
____ $____

Mortgage Interest Paid to Individual ____ $____
(List Name, Address, and SS#)

Student Loan Interest ____ $____
(1098-E)

TAXES

Real Estate Taxes ____ $____

Personal property taxes (including automobile fees) $____

Sales Taxes (Boat, CAR, RV) ____ $____
(attach contract)

Paid with 2010 state extension ____ $____

Paid with 2010 state return ____ $____

CONTRIBUTIONS

(You Must Have Cancelled Checks or Proof From Charity)

Total Cash Contributions $____

Non-Cash Contributions (Attach Receipts if over $250.)

Name ____ $____

Name ____ $____

COMPANY DRIVER BUSINESS EXPENSES

Not Reimbursed

If Self-Employed: Do Not Use This Section. Use Section 8.

No. of Overnights ____ Motels $____

Trucking Publications $____ Union & Professional Dues $____

Telephone/Cell Phone $____ CB $____ Scales/Tolls $____

Gloves $____ Weather Gear $____ Flashlight $____

Laundry/Uniforms $____ Tools $____ Work Boots $____

Maps $____ Fire Extinguisher $____ First Aid Kit $____

Other $____ Other $____ Other $____

OTHER

Total Casualty Loss $____ Attach Documentation

Moving Expenses (Work Related) $____ Attach Documentation

Miles From Old Home To New Home____ Date Moved____

Safety Deposit Box $____

Adoption Expense (per child or effort) $____

Income Tax Preparation $____

HSA Health Saving Accounts: ATTACH FORMS 1099-SA & 5498-SA

Coverage: Self____ Family____ Contributions made: Taxpayer $____

Spouse ____

SECTION 5: CHECK LIST ITEMS

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU THIS PAST YEAR, PLEASE CHECK THE BOX AND ATTACH ALL PERTINENT DETAILS AND STATEMENTS.

Do you wish to give $3.00 of your taxes to the Presidential Campaign Fund? ☐

Did you refinance your residence? How long is new loan for?____
(If yes, submit closing papers)

Did you purchase or sell your personal residence? Y ☐ N ☐
(If yes, submit closing papers. In addition, if sold need closing papers when it was originally purchased)

Did you add any energy efficient improvements (insulation systems, exterior windows, and doors, metal roofs) to your home? Y ☐ N ☐

Did you purchase a new car or hybrid vehicle? Y ☐ N ☐

Did you have any debts cancelled or forgiven? Y ☐ N ☐
ATTACH FORM 1099C & 1099-A

Attach Documents

Has there been an IRS audit? (If yes, send audit report within the last three years) ☐

Did you have any worthless securities or non-business uncollectible debts? ☐

Did you make withdrawals from a Retirement Plan ☐

Amount withdrawn $____ Amount rolled over $____
(Attach form #1099-R)

COLLEGE TUITION - Taxpayer ☐ Spouse ☐ Child ☐

Year of College (circle one): ☐☐☐☐ or ☐ Amount Paid $____
(Attach form #1098-T)

TAX LAW AND IRS REGULATIONS ALLOW A DEDUCTION FOR EXPENDITURES WITH RESPECT TO TRAVEL AWAY FROM HOME, MEALS AND LODGING, ENTERTAINMENT, AND CERTAIN BUSINESS GIFTS ONLY IF SUBSTANTIATION OF THE ITEM CAN BE PROVIDED BY ADEQUATE RECORDS.

INFORMATION THAT MUST BE AVAILABLE INCLUDES:

- Amount
- Time and Place of Travel or Entertainment
- Date and Description of a Gift
- Business Purpose and Business Relationship to the Person being Entertained or Receiving a Gift

SECTION 6: HOME OFFICE

Date Acquired ____

Total Square Feet: Home____ Business Use Room____

Cost of Residence____ $____
(Please send copy of Property Tax Bill)

Insurance____ $____

Repairs & Maintenance____ $____

Utilities____ $____

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SECTION 7: QUESTIONS

1. NUMBER OF OVERNIGHTS ____________
   (For Per Diem Computation count from log books)

2. PERSONAL VEHICLE MILEAGE: (NOT TRUCK)
   TOTAL MILES USED ____________
   TOTAL BUSINESS MILES ____________

3. EQUIPMENT PURCHASED: ____________
   Attach Copy of Purchase and Financing Contract
   A. DATE ____________
   COST $ ____________
   DESCRIPTION ____________
   ORIGINAL LENGTH OF CONTRACT IN MONTHS ____________
   MONTHLY PAYMENT $ ____________
   B. DATE ____________
   COST $ ____________
   DESCRIPTION ____________
   ORIGINAL LENGTH OF CONTRACT IN MONTHS ____________
   MONTHLY PAYMENT $ ____________

4. EQUIPMENT SOLD: Attach Copy of Contract
   (Don't List Trade-Ins as Equipment Sold)
   A. DATE ____________
   SALE PRICE $ ____________
   DESCRIPTION ____________
   B. DATE ____________
   SALE PRICE $ ____________
   DESCRIPTION ____________

5. OFF HIGHWAY FUEL (REEFER FUEL)
   NO. OF GALLONS ____________

6. BUSINESS NAME
   LIST DBA'S ____________

7. FEDERAL TAX ID # ____________

8. SELF EMPLOYED HEALTH INSURANCE
   $ ____________

***DESCRIPTION OF EQUIPMENT RENTED

____________ $ ____________
____________ $ ____________
____________ $ ____________

SECTION 8: BUSINESS INCOME & EXPENSES

PLEASE ENTER YOUR BUSINESS INCOME AND EXPENSES IF NOT PREPARED BY PBS TAX AND BOOKKEEPING SERVICE OR ATTACH SCHEDULE.

(DO NOT INCLUDE W-2 INCOME)

GROSS INCOME $ ____________
(Submit all 1099's)
(Include Fuel Surchareges) ____________

EXPENSES:

Administrative Fees (ATM, Bank Service Charges)	$
Advertising	$
Broker Fees	$
Casual Labor	$
Claims & Damages	$
Comdata/Comcheck Fees	$
**Communication Fees	$
Dues & Subscriptions	$
Entertainment & Promotion	$
***Equipment Rental	$
Fuel & Oil	$
Insurance - Health (Employees Only)	$
Insurance - Truck, Cargo Physical Damage, Etc.	$
Insurance - Worker's Comp	$
Interest (Attach Year End Statement)	$
Laundry & Uniforms	$
Licenses, Plates & Permits	$
Loading & Unloading (Lumpers)	$
Medical (D.O.T. Physical, Drug Testing)	$
Motels	$
Office Supplies & Expense	$
*Office Equipment (Home or Truck)	$
Parts	$
Postage	$
Professional Fees	$
Repairs & Maintenance	$
Salaries (Attach Form W-3)	$
Subhaul/Contract Labor (Attach Form 1099)	$
Supplies	$
TAXES - IFTA / Fuel	$
TAXES - Hwy Use (2290)	$
TAXES - Payroll	$
Telephone	$
Tires	$
Tolls/Scales/Prepass	$
Tools	$
Washes & Lubes	$
Yard Rental/Yard Parking	$

* Phone, Fax, Computer, Copier, Cell Phone, Pager, Laptop, Etc. (Include Description, Amount & Dates Acquired.)

**Qualcomm, Satellite, Internet Service

SECTION 9: LIST NOTES AND ADDITIONAL DEDUCTIONS

BUSINESS ENTITY

DATE BUSINESS STARTED(MO.YR) ____________

ARE YOU OPERATING YOUR BUSINESS AS:

- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ LIMITED LIABILITY CO., (LLC) - LIST MEMBERS (PCT)
- ☐ CORPORATION ☐ (S) ☐ (C)

IF CORPORATION OR LLC, SEND ARTICLES

SECTION 10: REMINDERS ATTACH THE FOLLOWING

- ☐ COPY OF 2010 TAX RETURNS – FEDERAL, STATE & LOCAL (IF NOT PREPARED BY PBS)
- ☐ COPY OF CONTRACTS AND LEASES FOR ANY EQUIPMENT BOUGHT, SOLD, TRADED OR RENTED.
- ☐ ALL WAGE AND EARNINGS STATEMENTS W2s, 1099s, K-1s, 1098's
- ☐ $250 DEPOSIT FOR PREPARATION OF TAX RETURN
- ☐ ESCROW CLOSING STATEMENT FOR PURCHASE, SALE OR REFINANCE OF HOME

SECTION 11: NAME

THE INFORMATION CONTAINED HEREIN IS TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE.

NAME(S):

X ____________

X ____________

DATE ____________

CHECK IF YOU DO NOT WANT TO E-FILE ☐