

LAWRENCE S. RACHMEL, C.P.A.  
6345 Balboa Blvd, Bldg. 4, Suite 382  
Encino, CA 91316  
800-697-5153

**Tired of automated phone systems? Call Lawrence S. Rachmel, C.P.A. and talk to a real person!**

---

INCOME TAX ORGANIZER  
INSTRUCTIONS  
**Income Taxes for Truckers**

**MUST ANSWER QUESTIONS ON HEALTH INSURANCE AND RETURN TO US WITH DOCUMENTS AND / OR CERTIFICATES**

---

Our Tax Organizer is designed to help you gather the proper tax information required to prepare your tax return. Please fill out 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.

**HEALTH INSURANCE COVERAGE – NEED FOR 2015 – PLEASE CHECK BOX**

- Did you and your dependents have health care coverage for the full-year?  
Yes [ ] or No [ ]
- Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach.  
Yes [ ] or No [ ]
- If you or your dependents did not have health care coverage and received an exemption certificate, please attach.  
Yes [ ] or No [ ]
- A copy of your most recent Federal, State and Local tax returns if not prepared by us. **(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)**.
- Any tax notices received from the IRS or other taxing authorities.
- 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 Lawrence S. Rachmel, C.P.A.
- 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 do not hesitate to give us a call at: **800-697-5153**

*Income Taxes for the Trucking Industry Since 1974*

2015

PBS TAX & BOOKKEEPING SERVICE

TRUCKERS INCOME TAX PREPARATION • WWW.PBSTAX.COM

INCOME TAX ORGANIZER

6345 Balboa Blvd. • Bldg. 4, Suite 382 • Encino, CA 91316 • (800) 697-5153 (818) 776-0606 Fax: (818) 774-1631

2015

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Social Security #: \_\_\_\_\_ Occupation: \_\_\_\_\_
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 \_\_\_\_\_

SPOUSE

Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Occupation: \_\_\_\_\_
[ ] BLIND [ ] OVER 65 Business Phone: ( ) \_\_\_\_\_
Did You Live at The Same Address all Year Y / N \_\_\_\_\_
Mailing Address: \_\_\_\_\_

HOME

Residence Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
County \_\_\_\_\_
School District: Name \_\_\_\_\_ Number \_\_\_\_\_
If You Moved to Another State, Provide State & Date You Moved. \_\_\_\_\_

DEPENDENTS

Table with 6 columns: Names of Dependents Claimed As Exemptions, 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

Table for IRA, KEOGH, SEP, ROTH IRA contributions for You and Spouse. Includes SIMPLE and UNI-401K options.

ESTIMATED TAXES PAID

Check Box If No Estimates Paid [ ]
Table for Overpayment Applied From 2014 with columns for DATE DUE, DATE PAID, FEDERAL, STATE.

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-1s

Attach K-1 Form
\$ \_\_\_\_\_
\$ \_\_\_\_\_

SALE OF STOCKS & BONDS

ATTACH YEAR END BROKER STATEMENTS AND 1099-Bs.
INCLUDE DATE ACQUIRED & AMOUNT YOU PAID FOR EACH STOCK SOLD.
Gambling Income - W2G \$ \_\_\_\_\_
Gambling Losses \$ \_\_\_\_\_

RENTAL PROPERTY

Rental [ ] or Farm [ ]
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

OTHER INCOME

Wages: (Attach Original W-2s) Number of W-2s \_\_\_\_\_ Alimony Received: \$ \_\_\_\_\_ Pension or Annuity (Attach W-2 Ps or 1099-Rs) \$ \_\_\_\_\_
ATTACH (1099-MISC) Other Income \_\_\_\_\_ ATTACH (1099-G) Unemployment Compensation \_\_\_\_\_ ATTACH (1099-SSA) Social Security Income \_\_\_\_\_ ATTACH (1099-G) State Tax Refund \_\_\_\_\_

2015

PBS TAX & BOOKKEEPING SERVICE

TRUCKERS INCOME TAX PREPARATION • WWW.PBSTAX.COM

INCOME TAX ORGANIZER

6345 Balboa Blvd. • Bldg. 4, Suite 382 • Encino, CA 91316 • (800) 697-5153 (818) 776-0606 Fax: (818) 774-1631

2015

SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums \$
Long Term Care Insurance Premiums - Taxpayer \$ / Spouse \$
Drugs and Medicines \$ Doctors, Hospitals, Etc \$
Medical Miles Driven
Did you & your dependents have health insurance coverage for the full year? Y N
Yourself (list date of coverage and attach FORMS 1095-A, B or C)
Spouse (list date of coverage and attach FORMS 1095-A, B or C)
Dependents (list all and date of coverage and attach FORMS 1095-A, B, or C)

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. Int Paid to Fin. Institution \$
(Attach Copies of Form 1098)
(List Lenders Names)
Mortgage Insurance \$

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?
Did you purchase or sell your personal residence?
Did you make any residential energy improvements or purchases involving solar, wind, geothermal, or fuel cell energy sources?
Did you purchase a new car or hybrid vehicle?
Did you have any debts cancelled or forgiven? ATTACH FORM 1099-C OR 1099-A
Do you have a foreign bank account?

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): 1 2 3 4 or Beyond Amount Paid \$ (Attach form #1098-T)
Student Loan Interest Y N \$ ATTACH FORM #1098-E
Books and Supplies Expense \$

TAXES

Real Estate Taxes \$
Personal property taxes (including automobile fees) \$
Sales Taxes (Boat, CAR, RV) \$ (attach contract)
Paid with state extension \$
Paid with 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 1-1-15 to 9-30-15
No. of Overnights 10-1-15 to 12-31-15
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 \$
Motels \$ Other \$ Other \$

OTHER

Total Casualty Loss \$ Attach Documentation
Moving Expenses (Work Related) \$ Attach Documentation
Miles From Old Home to New Workplace Date Moved
Miles From Old Home to Old Workplace Date Moved
Safety Deposit Box \$
Adoption Expense (per child or effort) \$
Income Tax Preparation \$
HSA Health Savings Account: ATTACH FORMS 1099-SA & 5498-SA
Coverage: Self Family Contributions made: Taxpayer \$ Spouse \$

TAX LAW AND IRS REGULATIONS ALLOW A DEDUCTION FOR EXPENDITURES WITH RESPECT TO TRAVEL AWAY FROM HOME IF NOT REIMBURSED BY EMPLOYER.

INFORMATION THAT MUST BE AVAILABLE INCLUDES:

- Amount
Time and Place of Travel or Entertainment
Business Purpose and Business Relationship to the Person being Entertained.

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 \$

SECTION 5: CHECK LIST ITEMS

2015

PBS TAX & BOOKKEEPING SERVICE

TRUCKERS INCOME TAX PREPARATION • WWW.PBSTAX.COM

INCOME TAX ORGANIZER

6345 Balboa Blvd. • Bldg. 4, Suite 382 • Encino, CA 91316 • (800) 697-5153 (818) 776-0606 Fax: (818) 774-1631

2015

SECTION 7: QUESTIONS

- 1. NUMBER OF OVERNIGHTS: (For Per Diem Computation count from log books)
1-1-15 TO 9-30-15
10-1-15 TO 12-31-15
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
A. DATE
SALE PRICE \$
DESCRIPTION
B. DATE
SALE PRICE \$
DESCRIPTION
5. OFF HIGHWAY FUEL (REEFER FUEL)
NO. OF GALLONS
6. BUSINESS NAME
LIST DBAs
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 1099s) (Include Fuel Surcharges)
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 2014 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, 1098s
\$250 DEPOSIT FOR PREPARATION OF TAX RETURN
ESCROW CLOSING STATEMENT FOR PURCHASE, SALE, OR REFINANCE OF HOME
FORM 1095-A, B, C

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