

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!**

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

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

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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 4 pages.

**HEALTH INSURANCE COVERAGE – NEED FOR 2020 – PLEASE CHECK BOX**

- Did you and your dependents have health care coverage for the full-year?  
Yes  or No
- Did you receive Form 1095-A (Health Insurance Marketplace Statement) if so, please attach.
- If you or your dependents did not have health care coverage and received an exemption certificate, please attach.

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**

- Did you receive an economic impact payment? If so, how much?  
Yes  or No  Amount: \$ \_\_\_\_\_
- Did your business have any PPP loan amounts forgiven?  
Yes  or No
- Did you receive a distribution from your retirement plan because of COVID?  
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*

2020

LAWRENCE S. RACHMEL, CPA

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2020

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 Current Year Contributions with columns for IRA, KEOGH, SEP, ROTH IRA, SIMPLE, UNI-401K.

ESTIMATED TAXES PAID

Table for Estimated Taxes Paid with columns for DATE DUE, DATE PAID, FEDERAL, STATE.

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Form for Interest Income: Payor with multiple dollar amount input lines.

DIVIDEND INCOME: PAYOR

Form for Dividend Income: Payor with multiple dollar amount input lines.

INCOME FROM K-1s

Form for Income from K-1s with multiple dollar amount input lines.

SALE OF STOCKS & BONDS

Form for Sale of Stocks & Bonds with instructions and input fields for Gambling Income - W2G and Gambling Losses.

RENTAL PROPERTY

Form for Rental Property with instructions and a list of documents to attach.

OTHER INCOME

Form for Other Income with input fields for Wages, Alimony Received, Pension or Annuity, and other income types.

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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
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 \$

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?
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?
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 (Attach form #1099-R)
Amount withdrawn \$ Amount rolled over \$
Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?
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
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

SOME STATES MAY 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 \$

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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
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 \$
\*\*\*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

Blank lines for listing 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 2019 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