

PBS TAX & BOOKKEEPING SERVICE

6345 Balboa Blvd, Bldg 4, Suite 382

Encino, CA 91316

800-697-5153

INCOME TAX ORGANIZER INSTRUCTIONS

Our Tax Organizer is designed to help you gather the proper tax information required to prepare your tax returns. In addition, please also include the following:

- A copy of your 1999 tax return if not prepared by PBS (this information is important and gives us an idea of your tax history).
- All wage/earning statements W -2's, 1099's, K-1's, etc.
- Information on any equipment **sold** or **traded** in 2000
- A copy of the lease or purchase agreement including financial arrangements on any new or used equipment acquired in 2000.
- If you have any equipment purchased before 2000 currently being depreciated you must provide us with a description of equipment, date purchased, amount paid, and amount of depreciation previously claimed.
- A \$200 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. (Fees average \$350 -\$500 depending on complexity).
- If you have only W -2's call to find out the preparation fee (fees range from \$75 -\$250 depending on complexity). Full payment should be sent with Tax Organizer.

Please send your completed Tax Organizer along with the tax materials mentioned above

to our office as soon as possible. If you should need help filling out the Tax Organizer or have any questions at all please don't hesitate to give us a call.

PBS TAX & BOOKKEEPING SERVICE

2000

PBS TAX & BOOKKEEPING SERVICE

YOUR SPECIALISTS IN 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

2000

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: _____ Date: _____
 Date of Birth: _____ Social Security #: _____
 Occupation: _____
 BLIND OVER 65 Business Phone: () Home Phone: ()

SPOUSE

Name: _____ Home Address: _____
 Date of Birth: _____ Social Security #: _____ County: _____
 Occupation: _____ Mailing Address: _____
 BLIND OVER 65 Business Phone: _____ School District: Name _____ Number _____

HOME

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 in Your Home This Year

SECTION 2: MISC.

CURRENT YEAR CONTRIBUTIONS

	IRA	KEOGH	SEP	ROTH IRA*
You	\$	\$	\$	\$
Spouse	\$	\$	\$	\$

*Non-Deductible

DO EITHER YOU OR YOUR SPOUSE PARTICIPATE IN A PENSION, PROFIT SHARING OR 401 K PLAN?

YES NO

ESTIMATED TAXES PAID AND CREDITS

Check Box If No Estimates Paid

	DUE DATE	DATE PAID	FEDERAL	STATE
Prior Yr. 4th Qtr.	Last Jan.		\$	\$
First Quarter	April		\$	\$
Second Quarter	June		\$	\$
Third Quarter	Sept.		\$	\$
Fourth Quarter	This Jan.		\$	\$

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Attach Copies Of 1099s

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

DIVIDEND INCOME: PAYOR

Attach Copies Of 1099s And Year-End Broker Statements

\$ _____
 \$ _____
 \$ _____
 \$ _____

PARTNERSHIP INCOME

Attach K-1 Form

SALE OF STOCKS & BONDS

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

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
- (4) Property Tax Bill
- (5) Form 1098

OTHER INCOME

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

Other Income:
(Attach Copies Of 1099s)

UNEMPLOYMENT COMPENSATION TAXPAYER:	UNEMPLOYMENT COMPENSATION SPOUSE:	SOCIAL SECURITY INCOME - TAXPAYER	SOCIAL SECURITY INCOME - SPOUSE	STATE TAX REFUND:
\$	\$	\$	\$	\$

2000

PBS TAX & BOOKKEEPING SERVICE

YOUR SPECIALISTS IN 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

2000

SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums \$
Long Term Care Insurance Premiums \$
Drugs and Medicines \$ Doctors, Hospitals, Etc \$
Insurance Reimbursements \$

CHILD & DEPENDENT CARE CREDIT

Names of Dependents Cared For
Amount Paid for Each Dependent \$
Name of Dependent Care Provider
Provider ID Number (ssn or EIN)
Street Address, City, State, Zip Code

HOME MORTGAGE INTEREST

Mtge. Loans Paid to Fin. Institution
Mortgage Interest Paid to Individual
Student Loan Interest

TAXES

Real Estate/Property Tax
Auto License
Income Tax Preparation
Others \$

CONTRIBUTIONS

You Must Have Receipts For All Contributions Of \$250 Or More

Total Cash Contributions \$
Non-Cash Contributions
Salvation Army/Goodwill Industries \$
Other \$

COMPANY DRIVER BUSINESS EXPENSES

If Self-Employed: Do Not Use This Section. Use Section 9.

No. of Overnights Motels \$ Auto Expenses \$
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
Moving Expenses
Moving Expenses (Home)
Safety Deposit Box \$
Adoption Expense

SECTION 5: CHECK LIST ITEMS

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU FOR THE YEAR 2000, 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?
Did you purchase or sell your personal residence?
Residential Renters Credit:
Name of Landlord (s):
Address of Landlord (s):
Amount of Rent Paid \$
Dates Rented
Has there been an IRS audit?
Did you have any worthless securities or non-business uncollectible debts?
Did you make withdrawals from a Self-Employed Retirement Plan (Keogh), an IRA, or a SEP?
Amount withdrawn \$
Amount rolled over \$
COLLEGE TUITION - Taxpayer Spouse Child
Year of College
Amount Paid

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
Cost of Residence
Insurance
Repairs & Maintenance
Utilities

Note: Deductible Amounts are Subject To Recapture Tax When House Is Sold

2000

PBS TAX & BOOKKEEPING SERVICE

YOUR SPECIALISTS IN 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

2000

SECTION 7: REMINDERS ATTACH THE FOLLOWING

- COPY OF 1999 TAX RETURN (IF NOT PREPARED BY PBS)
COPY OF CONTRACTS FOR ANY EQUIPMENT BOUGHT OR SOLD IN 2000.
ALL WAGE AND EARNINGS STATEMENTS W2s, 1099s, K-1s
\$200 DEPOSIT FOR PREPARATION OF TAX RETURN
ESCROW CLOSING STATEMENT FOR PURCHASE, SALE OR REFINANCE OF HOME

SECTION 8: QUESTIONS

- 1. NUMBER OF OVERNIGHTS
2. BACK UP VEHICLE MILEAGE: (NOT TRUCK) TOTAL MILES USED TOTAL BUSINESS MILES
3. EQUIPMENT PURCHASED: Attach Copy of Contract
A. DATE COST DESCRIPTION
B. DATE COST DESCRIPTION
4. EQUIPMENT SOLD: Attach Copy of Contract (Don't List Trade-Ins)
A. DATE SALE PRICE DESCRIPTION
B. DATE SALE PRICE DESCRIPTION
5. OFF HIGHWAY FUEL NO. OF GALLONS

SECTION 9: 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 \$
EXPENSES:
Administrative Fees \$
Advertising \$
Auto Lease \$
Broker Fees \$
Business Promotion \$
Claims & Damages \$
Casual Labor \$
Comdata/Comcheck Fees \$
Dues & Subscriptions \$
Equipment Rental \$
Fuel & Oil \$
Insurance - Truck, Cargo Physical Damage, Etc.\$
Insurance - Worker's Comp \$
Interest \$
Laundry & Uniforms \$
Licenses, Plates & Permits \$
Loading & Unloading \$
Medical (D.O.T. Physical, Drug Testing) \$
Motels \$
Office Supplies & Expense \$
*Office Equipment \$
Parts \$
Postage \$
Professional Fees \$
Repairs & Maintenance \$
Salaries \$
Storage \$
Subhaul \$
TAXES - Fuel \$
TAXES - Hwy Use (2290) \$
TAXES - Payroll \$
Telephone \$
Tires \$
Tolls & Scales \$
Tools & Supplies \$
Washes & Lubes \$
Yard Rental \$

SECTION 10: LIST NOTES AND ADDITIONAL DEDUCTIONS

Blank lines for notes and deductions.

SECTION 11: NAME

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

NAME(S):
X
X
DATE

* Phone, Fax, Computer, Copier, Cell Phone, Pager, Laptop, Etc.