2002

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

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

2002

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: ______ Date: ______ Date of Birth: ______

Social Security #: ______ Occupation: ______

Home Phone: ( ) ______

☐ BLIND ☐ OVER 65 Business Phone: ( ) ______

Filing Status: ☐ Single ☐ Head of Household ☐ Married ☐ Married Filing Separately

SPOUSE

Name: ______

Date of Birth: ______ Social Security #: ______

Occupation: ______

☐ BLIND ☐ OVER 65 Business Phone: ( ) ______

HOME

Resident Address: ______

______ County: ______

Mailing Address: ______

School District: Name ______ Number ______

Locality ______ **(Attach Prior Tax Return)**

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

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 ☐

	DUE DATE	DATE PAID	FEDERAL	STATE
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

______ $
______ $
______ $

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 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 (Attach SSA-1099)	SOCIAL SECURITY INCOME - SPOUSE (Attach SSA-1099)	STATE TAX REFUND:
$	$	$	$	$

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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 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 ________________

HOME MORTGAGE INTEREST

Mtge. Loans Paid to Fin. Institution ________ $________
(Attach Copies of Form 1098)

________ $________

________ $________

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

Student Loan Interest ________ $________

TAXES

Real Estate/Property Tax ________ $________

Auto License ________ $________

State Income Tax (paid prior year) ________ $________

Local Income Tax (paid prior year) ________ $________

Others ________ $________

CONTRIBUTIONS

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

Total Cash Contributions $________

Non-Cash Contributions (Attach Receipts) $________

Salvation Army/Goodwill Industries $________

Other $________

COMPANY DRIVER BUSINESS EXPENSES

Not Reimbursed

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 $________ 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 $________

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? ☐
(If yes, submit closing papers. In addition, if sold need closing papers when it was originally purchased)

Residential Renters Credit:

Name of Landlord (s): ________________

Address of Landlord (s): ________________

Amount of Rent Paid $______ Dates Rented______

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 Self-Employed Retirement Plan (Keogh), an IRA, or a SEP? ☐

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)

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______ $______
(Please send copy of Property Tax Bill)

Insurance______ $______

Repairs & Maintenance______ $______

Utilities______ $______

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

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SECTION 7: 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 ____________________

____

MONTHLY PAYMENT $ ____________________

B. DATE ____________________

COST $ ____________________

DESCRIPTION ____________________

____

MONTHLY PAYMENT $ ____________________

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 (REEFER FUEL)

NO. OF GALLONS ____________________

____

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)

EXPENSES:

Administrative Fees $ ____________________
(ATM, Bank Service Charges)

Advertising $ ____________________

Auto Lease $ ____________________
(Attach Copy)

Broker Fees $ ____________________

Entertainment & Promotion $ ____________________

Claims & Damages $ ____________________

Casual Labor $ ____________________

Comdata/Comcheck 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 $ ____________________
(Attach Form 1099)

Supplies $ ____________________

TAXES - Fuel $ ____________________

TAXES - Hwy Use (2290) $ ____________________

TAXES - Payroll $ ____________________

Telephone $ ____________________

Tires $ ____________________

Tolls & Scales $ ____________________

Tools $ ____________________

Washes & Lubes $ ____________________

Yard Rental $ ____________________

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

SECTION 9: LIST NOTES AND ADDITIONAL DEDUCTIONS

____

____

____

____

____

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SECTION 10: REMINDERS ATTACH THE FOLLOWING

- ☐ COPY OF 2001 TAX RETURNS – FEDERAL, STATE & LOCAL (IF NOT PREPARED BY PBS)
- ☐ COPY OF CONTRACTS FOR ANY EQUIPMENT BOUGHT, SOLD, OR TRADED.
- ☐ 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 11: NAME

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

NAME(S):

X ____________________

X ____________________

DATE ____________________

PBS TAX & BOOKKEEPING SERVICE
6345 Balboa Blvd, Bldg 4, Suite 382
Encino, CA 91316
800-697-5153

2002 INCOME TAX ORGANIZER INSTRUCTIONS

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. Company Drivers fill out pages 1 and 2 only, Owner -Operators, Independent Contractors fill out pages 1 through 3. 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 2001 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 requirements)**.
[ ] All wage/earning statements W-2's, 1099's, K-1's, etc.
[ ] Information on any equipment **sold** or **traded** in 2002
[ ] A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired in 2002.
[ ] If you have any equipment purchased before 2002, please provide the depreciation schedule showing a description of equipment, date purchased, amount paid, amount of depreciation previously claimed, and the method & life.
[ ] 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.
[ ] If you have only W-2's call to find out the preparation fee or check our website (fees range from $75 -$250 depending on complexity). Full payment should be sent with Tax Organizer.

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

Tax Specialists for the Trucking Industry Since 1974