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

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

2005 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. 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 2004 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)**.
[ ] All wage/earning statements W-2's, 1099's, K-1's, etc.
[ ] Form(s) 1098 (mortgage interest) and property tax statements
[ ] Brokerage statements (including purchase price and dates acquired for items sold in 2005) 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
[ ] A depreciation schedule and/or Form 4562 from your Federal return for the year your equipment was acquired so we know how to compute the depreciation expense
[ ] Information on any equipment **sold** or **traded** in 2005
[ ] A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired in 2005.
[ ] 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.

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

2005

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

2005

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name:______________________ Date:____________ Date of Birth:____________

Social Security #:____________________ Occupation:____________________

Home Phone: ( )____________________

Cell Phone: ( ) Fax: ( )

☐ BLIND ☐ OVER 65

Filing Status: ☐ Single ☐ Head of Household
☐ Married ☐ Married Filing Separately (Need Spouse Name & SS#)
Did Your Marital Status Change?____________________
If Divorced, Date Final in 2005 ____________________

SPOUSE

Name:____________________

Date of Birth: ____________Social Security #: ____________

Occupation: ____________________

☐ BLIND ☐ OVER 65 Business Phone: ( )____________

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

Were you located in the Hurricane Katrina disaster area? Yes _____

HOME

Residence Address: ____________________

City ____________State ________ Zip ________

County ____________________

School District: Name ____________ Number________

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

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 2004 Overpayment in 1st Quarter

	DUE DATE	DATE PAID	FEDERAL	STATE
First Quarter due 4/15/05	April		$	$
Second Quarter due 6/15/05	June		$	$
Third Quarter due 9/15/05	Sept.		$	$
Fourth Quarter due 1/16/06	This Jan.		$	$

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

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) $__________

(1099s) Other Income________________ (1099-G) Unemployment Compensation________________ (1099-SSA) Social Security Income________________ (1099-G) State Tax Refund________________

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

2005

SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

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

Long Term Care Insurance Premiums $ ____________________

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 ____________________

____

____

____

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 __________ $__________
(1098-E)

TAXES

Real Estate Taxes __________ $__________

Personal property taxes (including automobile fees) __________ $__________

Sales Taxes (Boat, CAR, RV) __________ $__________

Payment on 01/04 state estimate __________ $__________

Paid with 2004 state extension __________ $__________

Paid with 2004 state return __________ $__________

CONTRIBUTIONS

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

Total Cash Contributions $__________

Non-Cash Contributions (Attach Receipts if over $500.)

Name __________ $__________

Name __________ $__________

COMPANY DRIVER BUSINESS EXPENSES

Not Reimbursed

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

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 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)

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__________ $__________

2005

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

2005

SECTION 7: QUESTIONS

1. NUMBER OF OVERNIGHTS______________________
   (Count from log books)

2. BACK UP 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)
   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

______________________$______________
______________________$______________
______________________$______________

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 $______________
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 $______________

* 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
ARE YOU OPERATING YOUR BUSINESS AS:
____SOLE PROPRIETOR
____PARTNERSHIP
____LIMITED LIABILITY CO., (LLC)
____CORPORATION ___(S) ___(C)
IF CORPORATION OR LLC, SEND ARTICLES

SECTION 10: REMINDERS ATTACH THE FOLLOWING

- ☐ COPY OF 2004 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
- ☐ $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 ______________________________

CHECK IF YOU DO NOT WANT TO E-FILE ☐