

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!

2006 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 2005 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 2006) 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 2006.
- A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired in 2006.
- 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 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 don't hesitate to give us a call at: 800-697-5153

Tax Specialists for the Trucking Industry Since 1974

2006

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2006

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 in 2006 _____

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, Wilma or Rita disaster areas? Yes _____

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 5 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

Attach Year End Retirement Statement

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

ESTIMATED TAXES PAID AND CREDITS

Check Box If No Estimates Paid []
Don't include 2005 Overpayment in 1st Quarter

Table for Estimated Taxes Paid and Credits with columns for Due Date, Date Paid, Federal, and State.

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Attach Copies Of 1099s (1099-INT)

Form for Interest Income: Payor with multiple lines for reporting interest income.

DIVIDEND INCOME: PAYOR

Attach Copies Of 1099s And Year-End Broker Statements (1099-DIV)

Form for Dividend Income: Payor with multiple lines for reporting dividend income.

INCOME FROM K-1's

Attach K-1 Form

Form for Income from K-1's with multiple lines for reporting income.

SALE OF STOCKS & BONDS

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

Form for Sale of Stocks & Bonds with fields for Gambling Income - W2G and 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

Form for Other Income with fields for Wages, Alimony Received, Pension or Annuity, and Other Income.

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SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums \$
(Long Term Care Insurance Premiums \$
Drugs and Medicines \$ Doctors, Hospitals, Etc \$
Medical Miles Driven

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
Telephone#

HOME MORTGAGE INTEREST

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

TAXES

Real Estate Taxes
Personal property taxes (including automobile fees)
Sales Taxes (Boat, CAR, RV)
1/06 Payment on 2005 State Estimate
Paid with 2005 state extension
Paid with 2005 state return

CONTRIBUTIONS

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

COMPANY DRIVER BUSINESS EXPENSES

No. of Overnights
Trucking Publications \$
Telephone/Cell Phone \$
Gloves \$
Weather Gear \$
Flashlight \$
Laundry/Uniforms \$
Tools \$
Work Boots \$
Maps \$
Fire Extinguisher \$
First Aid Kit \$
Other \$
Other \$
Other \$

OTHER

Total Casualty Loss \$
Moving Expenses (Work Related) \$
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?
Did you purchase or sell your personal residence?
Did you add any energy efficient improvements...
Did you purchase a new hybrid vehicle in 2006?
Did you have long-distance telephone service after February 28, 2003 and before August 1, 2006?

Has there been an IRS audit?
Did you have any worthless securities or non-business uncollectible debts?
Did you make withdrawals from a Retirement Plan

COLLEGE TUITION - Taxpayer Spouse Child

Year of College (circle one): 1 2 3 4 or Beyond 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 Room
Cost of Residence
Insurance
Repairs & Maintenance
Utilities

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SECTION 7: QUESTIONS

- 1. NUMBER OF OVERNIGHTS
2. BACK UP VEHICLE MILEAGE: (NOT TRUCK)
3. EQUIPMENT PURCHASED:
4. EQUIPMENT SOLD:
5. OFF HIGHWAY FUEL (REEFER FUEL)
6. BUSINESS NAME
7. FEDERAL TAX ID #
8. SELF EMPLOYED HEALTH INSURANCE

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 \$
EXPENSES:
Administrative Fees \$
Advertising \$
Broker Fees \$
Casual Labor \$
Claims & Damages \$
Comdata/Comcheck Fees \$
Communication Fees \$
Dues & Subscriptions \$
Entertainment & Promotion \$
Equipment Rental \$
Fuel & Oil \$
Insurance - Health \$
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 \$
Subhaul/Contract Labor \$
Supplies \$
TAXES - IFTA / Fuel \$
TAXES - Hwy Use (2290) \$
TAXES - Payroll \$
Telephone \$
Tires \$
Tolls/Scales/Prepass \$
Tools \$
Truck Parking \$
Washes & Lubes \$
Yard Rental \$

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)
CORPORATION (S) (C)
IF CORPORATION OR LLC, SEND ARTICLES

SECTION 10: REMINDERS ATTACH THE FOLLOWING

- COPY OF 2005 TAX RETURNS - FEDERAL, STATE & LOCAL
COPY OF CONTRACTS AND LEASES FOR ANY EQUIPMENT BOUGHT, SOLD, TRADED OR RENTED.
ALL WAGE AND EARNINGS STATEMENTS W2s, 1099s, K-1s, 1098's
\$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

* Phone, Fax, Computer, Copier, Cell Phone, Pager, Laptop, Etc.
**Qualcomm, Satellite, Internet Service