

# 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!**

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## INCOME TAX ORGANIZER INSTRUCTIONS

### Income Tax Specialists for Truckers

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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 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 most recent 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)**.
- Detailed depreciation schedule on any equipment purchased, including depreciation, cost, accumulated depreciation, method and useful life **(new clients only)**.
- All wage/earning statements W-2's, 1099's, K-1's, etc.
- Form(s) 1098 (mortgage interest) and property tax statements.
- Year-end stock brokerage tax summary (1099) (including purchase price and dates acquired for items sold) 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.
- Information on any equipment **sold** or **traded**.
- A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired.
- 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 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

*Income Tax Specialists for the Trucking Industry Since 1974*

2009

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YOUR SPECIALISTS IN TRUCKERS INCOME TAX PREPARATION • WWW.PBSTAX.COM

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2009

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: Date: Date of Birth: Social Security #: Occupation: Filing Status: Did Your Marital Status Change? If Divorced, Date Final in 2009

SPOUSE

Name: Date of Birth: Social Security #: Occupation: 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 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 IRA, KEOGH, SEP, ROTH IRA, SIMPLE, UNI-K contributions for You and Spouse

ESTIMATED TAXES PAID AND CREDITS

Check Box If No Estimates Paid Don't include 2008 Overpayment in 1st Quarter Table with columns: DUE DATE, DATE PAID, FEDERAL, STATE

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 - If Property Purchased in 2009

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) Other Income Unemployment Compensation Social Security Income State Tax Refund

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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

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. Loans Paid to Fin. Institution (Attach Copies of Form 1098) (List Lenders Names)
Mortgage Interest Paid to Individual (List Name, Address, and SS#)
Student Loan Interest (1098-E)

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 buy a main home before December 1, 2009 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
Did you add any energy efficient improvements (insulation systems, exterior windows, and doors, metal roofs) to your home in 2009?
Did you purchase a new car or hybrid vehicle in 2009?
Did you have any debts cancelled or forgiven? ATTACH FORM 1099C & 1099-A
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)

TAXES

Real Estate Taxes \$
Personal property taxes (including automobile fees) \$
Sales Taxes (Boat, CAR, RV) \$ (attach contract)
1/09 Payment on 2008 State Estimate \$
Paid with 2008 state extension \$
Paid with 2008 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 Motels \$
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 \$

HSA Health Saving Accounts: ATTACH FORMS 1099-SA & 5498-SA
Coverage: Self Family Contributions made: Taxpayer Spouse

Did you or your spouse receive a \$250 economic recovery payment in 2009 that was made to social security, railroad retirement recipients and certain veterans? Taxpayer Spouse

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 \$

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SECTION 7: QUESTIONS

- 1. NUMBER OF OVERNIGHTS
2. PERSONAL 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
\*\*\*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 \$
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 \$
Washes & Lubes \$
Yard Rental/Yard Parking \$
\* Phone, Fax, Computer, Copier, Cell Phone, Pager, Laptop, Etc.
\*\*Qualcomm, Satellite, Internet Service

SECTION 9: LIST 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 2008 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, 1098's
\$250 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