

PBS TAX & BOOKKEEPING SERVICE

18757 Burbank Blvd., Suite 216

Tarzana, California 91356

800-697-5153

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

INCOME TAX ORGANIZER INSTRUCTIONS

Income Tax Specialists for Truckers

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

2013

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

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2013

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 _____

SPOUSE

Name: _____
Date of Birth: _____ Social Security #: _____
Occupation: _____
[] BLIND [] OVER 65 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 6 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 IRA, KEOGH, SEP, ROTH IRA contributions for You and Spouse. Includes SIMPLE and UNI-401K options.

ESTIMATED TAXES PAID AND CREDITS

Check Box If No Estimates Paid []

Don't include 2012 Overpayment in 1st Quarter

Table with 4 columns: DUE DATE, DATE PAID, FEDERAL, STATE. Rows for First, Second, Third, and Fourth Quarter.

Amount paid with extension by 4-15-14 \$ _____

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Attach Copies Of 1099s (1099-INT)

Table for Interest Income with 2 columns: Description, Amount (\$).

DIVIDEND INCOME: PAYOR

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

Table for Dividend Income with 2 columns: Description, Amount (\$).

INCOME FROM K-1's

Attach K-1 Form

Table for Income from K-1's with 2 columns: Description, Amount (\$).

SALE OF STOCKS & BONDS

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

Table for Sale of Stocks & Bonds with 2 columns: Description, Amount (\$).

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

Table for Other Income with 4 columns: Wages, Alimony Received, Pension or Annuity, Other Income. Includes sub-table for 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)

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 add any energy efficient improvements...
Did you purchase a new car or hybrid vehicle?
Did you have any debts cancelled or forgiven? ATTACH FORM 1099C & 1099-A
Do you have a foreign bank account?
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 \$

SECTION 5: CHECK LIST ITEMS

TAXES

Real Estate Taxes \$
Personal property taxes (including automobile fees) \$
Sales Taxes (Boat, CAR, RV) (attach contract) \$
Paid with state extension \$
Paid with 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 \$

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 2011 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