

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!

INCOME TAX ORGANIZER

INSTRUCTIONS

Income Tax Specialists for Truckers

**MUST ANSWER QUESTIONS ON HEALTH INSURANCE AND RETURN TO US
WITH DOCUMENTS AND / OR CERTIFICATES**

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.

HEALTH INSURANCE COVERAGE – NEED FOR 2014 – PLEASE CHECK BOX

- Did you and your dependents have health care coverage for the full-year?
Yes or No
- Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach.
Yes or No
- If you or your dependents did not have health care coverage and received an exemption certificate, please attach.

- 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).**
- Any tax notices received from the IRS or other taxing authorities.
- 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

2014

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

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2014

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

Table for Current Year Contributions with columns: IRA, KEOGH, SEP, ROTH IRA, SIMPLE, UNI-401K. Includes text: Do either you or your spouse participate in a pension, profit sharing or 401K plan? YES [] NO []

ESTIMATED TAXES PAID

Check Box If No Estimates Paid []
Overpayment Applied From 2013
Table with columns: DATE DUE, DATE PAID, FEDERAL, STATE. Rows for First Quarter, Second Quarter, Third Quarter, Fourth Quarter, Amount paid with extension.

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) \$ _____
ATTACH (1099-MISC) Other Income _____ ATTACH (1099-G) Unemployment Compensation _____ ATTACH (1099-SSA) Social Security Income _____ ATTACH (1099-G) State Tax Refund _____

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SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums \$
(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
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

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 make any residential energy improvements...
Did you purchase a new car or hybrid vehicle?
Did you have any debts cancelled or forgiven?
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 \$

TAXES

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

CONTRIBUTIONS

Total Cash Contributions
Non-Cash Contributions (Attach Receipts if over \$250.)
Name
Name

COMPANY DRIVER BUSINESS EXPENSES

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 \$
Moving Expenses (Work Related) \$
Miles From Old Home to New Workplace Date Moved
Miles From Old Home to Old Workplace 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 \$
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 \$

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) - LIST MEMBERS (PCT)
CORPORATION (S) (C)
IF CORPORATION OR LLC, SEND ARTICLES

SECTION 10: REMINDERS ATTACH THE FOLLOWING

- COPY OF 2013 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
\$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

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