

Tax Organizer for Tax Year _____

**Fill in year*

Dear ATBS Client:

Thank you for choosing ATBS as your accounting and tax service provider. This package contains your Tax Organizer [TO]. There are **3 easy steps** to **completing** the TO:

Step 1: Compile all business-related income and expenses for the tax year and send copies to ATBS as soon as possible. These documents may be: 1) mailed using the enclosed envelope, 2) scanned and emailed to fleet1@ATBSshow.com, or 3) faxed to 720-212-0919. We need all of your income and expenses to begin your tax prep, so don't delay!

Step 2: Read through the TO to fully understand everything needed to file your taxes.

Step 3: Send copies of tax documents - W-2s, 1099s, 2013 TO, etc. - to ATBS.

If you need any assistance filling out your TO, please contact your ATBS Business Consultant.

Some points to remember:

- If ATBS does not receive all business income and expense documents this may delay completion of the return.
- Send your tax documents with your TO. Tax documents include but are not limited to, your TO, 1099 Forms, K-1, etc. ATBS will scan your documents. A disc containing images of your documents will be provided to you upon completion of your tax return; originals will not be returned. If you want to retain original documents, please send copies to ATBS.
- As a reminder, your account must be paid in full in order for ATBS to release your tax return. Additionally, your account balance must be \$200 or less for ATBS to begin work on your tax return.
- The returns may be filed electronically according to IRS and state guidelines. ATBS will provide you with the appropriate federal and state e-file forms if e-filing is available.

If you have any questions, please do not hesitate to call your Business Consultant or e-mail us at tax@atbsshow.com.

Very truly yours,
ATBS
www.ATBSshow.com

CLIENT ENGAGEMENT LETTER – STANDARD BUSINESS SERVICES



This letter confirms the understanding between the parties ("Agreement") that the undersigned ("Client") has engaged American Truck Business Services, LLC ("ATBS") to provide Business Services for the benefit of Client on the terms and conditions contained in this letter. Business Services may include: profit/business planning, bookkeeping, monthly income statements, quarterly tax estimates, federal, state and local income tax return preparation and business consulting.

Fees and Charges. ATBS' standard fees for Business Services (current monthly fee charges applicable to Client and referred to herein as "Standard Fees") are based on performance in accordance with ATBS' normal operating procedures. ATBS reserves the right to revise its Standard Fees at any time upon 30 days written or electronic notice to Client. If any additional work is required on Client's behalf, ATBS will notify and collect directly from Client (in a manner pre-established by the parties, or as otherwise mutually agreed-upon) additional fees at ATBS' then current rates.

Payment of Fees and Charges; Term and Termination. Standard Fees will be owed and paid to ATBS by the Client beginning with the month of engagement. If Client's fees have been paid through a third party for a specified term, after the expiration of this initial term, the Client will be responsible for paying ATBS such fees directly. If Client pays ATBS through an arrangement with the company the Client is contracted with ("Company") or through an arrangement with some other third party, ATBS has no responsibility for the funds collected or the provision of Business Services until the funds are remitted to ATBS. Client will ensure full payment of fees prior to Client receiving final tax returns. Client authorizes all amounts owing to ATBS to be deducted from compensation due and owing by Company to Client. Client agrees to pay any amounts due and owing to ATBS that have not been remitted to ATBS on client's behalf by any third party, or deducted from compensation and remitted to ATBS on client's behalf by Company. Client shall pay interest on any invoice balance unpaid after forty-five (45) days from invoice date at a rate of 1.5% per month, or if such interest rate is higher than permitted by law, Client shall pay interest at the highest rate permitted by law, plus ATBS' reasonable attorneys fees and costs of collection. ATBS will provide Business Services on a month to month basis. This Agreement may be terminated by the Client upon ATBS' receipt of 30 days written notice. ATBS may terminate this Agreement at any time for any reason, including Client's non-payment of fees. If this Agreement is terminated by either party, ATBS shall be entitled to retain any and all funds previously paid by Client to ATBS for client acquisition costs, setup or any one or more Business Services.

Information Provided to ATBS. Client represents that all information provided to ATBS for the performance of Business Services is and will be accurate and complete to the best of Client's knowledge. Client agrees to provide ATBS such additional information necessary for the performance of Business Services as ATBS shall require or request, including records indicating the amount, time, place and business purpose necessary to substantiate the deductibility of business expenses as required by applicable law. Client agrees to allow ATBS to gather settlement, tax and any other relevant information from the Company. In addition, Client agrees to allow ATBS to share all information, including monthly income statements and any other financial or other relevant data regarding the Client, with the Company and or third party.


Record Retention. Client agrees to maintain originals of all paperwork submitted to ATBS, or copies thereof, necessary for its own records, acknowledging ATBS does not require original copies of any information to be provided to ATBS hereunder. ATBS will for its own purposes maintain all client information and paperwork related to this engagement that it determines in the exercise of its reasonable discretion is necessary for performance of Business Services. All information and paperwork submitted by the client will be converted by ATBS to electronic images and saved in a secure system folder, with physical copies provided to ATBS by Client to be destroyed. At any time during this engagement and up to one year after the engagement ends, Client may request copies of any electronic images at ATBS' then standard rates. After the date of the last bill to Client for Business Services, ATBS will maintain or destroy files in accordance with its then-existing records retention policy.

Tax Return Services. ATBS will use commercially reasonable efforts to resolve tax questions applicable to the Business Services. ATBS will resolve such questions in Client's favor when legally and reasonably possible. ATBS may at its option for any reason automatically file for an extension on behalf of Client to extend the tax return filing deadline. Client must provide all documentation necessary for the preparation of the income tax returns for the preceding tax year by January 31. The Client is ultimately solely responsible for the accuracy of all information reported on all tax returns, including but not limited to any penalties imposed if Client makes any underpayment of tax liability, and agrees to review all tax documentation and returns carefully prior to signing and filing them. Should Client's income tax returns be selected for examination by any taxing authority, ATBS will to the extent allowed by law, upon written request, represent Client before that authority and prepare legally valid refund claims or protests that may be necessary to obtain a final determination of Client's income tax liability. Client agrees to pay ATBS its then current fees and rates for these services.

Limitation of Liability. CLIENT AGREES THAT IN NO EVENT SHALL ATBS' LIABILITY TO CLIENT FOR DAMAGES, REGARDLESS OF THE FORM OF ACTION OR NATURE THEREOF, EXCEED THE TOTAL OF ALL AMOUNTS PAID BY CLIENT TO ATBS FOR BUSINESS SERVICES HEREUNDER. RECOVERY OF SUCH AMOUNTS SHALL BE CLIENT'S SOLE AND EXCLUSIVE REMEDY.

Governing Law. This Agreement and all acts and transactions pursuant hereto and rights and obligations of the parties hereto shall be governed, construed and interpreted in accordance with the laws of the State of Colorado. This Agreement constitutes the sole agreement of the parties and supersedes any prior understandings or written or oral agreements between the parties respecting the subject matter hereof. No modification of this Agreement shall be effective unless in writing and signed by ATBS. The parties agree that fax or other electronic signatures are legally binding in accordance with this Agreement. If any of the provisions of this Agreement are prohibited by or held invalid under applicable laws or regulations of any jurisdiction in which Agreement is sought to be enforced, then that provision shall be considered inapplicable and omitted but shall not invalidate the remaining provisions.

AGREED TO AND ACCEPTED: The foregoing is in accordance with Client's understanding of ATBS' engagement to provide Business Services. By providing information to ATBS, you accept the terms of our engagement outlined in this letter. **ATBS appreciates this opportunity to serve you.**

 BY: _____
(Signature of Client or Authorized Representative) (Client Name, include business name if applicable) (Title)

E-MAIL: _____ DATE: _____, 20____

MAILING ADDRESS: _____
(Street Address) (City) (State) (Zip)

HOME PHONE: (____) _____ CELL PHONE: (____) _____ SSN/FEIN: _____
(Last 4 digits of SSN or FEIN)

COMPANY: _____ FINANCE COMPANY: _____ UNIT#: _____ CONTRACTOR ID: _____
(Company Contracted With)

Referred By: _____

 _____ By signing this form and affixing its initials in the space provided, Client authorizes and instructs Company to provide ATBS with Client's settlement information; deduct ATBS' standard fees from Client's settlement statement; and remit such funds to ATBS on Client's behalf.

TO BEGIN BENEFITING FROM ATBS' SERVICES, PLEASE COMPLETE THIS FORM & FAX TO: 888-207-1425 OR EMAIL: enrollment@ATBSshow.com

ATBS Tax Inventory

Please fill out the following pages in their entirety. Include copies of all tax docs. **If ATBS did not do your prior year's tax return, please enclose a copy of the previous year's return.**

Indicate the dates you were a Company Driver and/or an Owner Operator:

Company Driver From: ___/___/___ To: ___/___/___
 Owner Operator From: ___/___/___ To: ___/___/___

1. Are you a Sole Proprietor? [You have not created a business entity] yes no
or

Have you created a business entity? [If yes, check the type of entity below] yes no

- S-Corporation
- C-Corporation
- Partnership

If you checked any of these boxes, you will need to complete an Entity Tax Organizer.

If Partnership checked, please include partner's name: _____

2. Did you or your Spouse have any W-2 income? yes no } If yes, complete page 7
- 3a. Did you **own or purchase** a truck/trailer at any time this year? yes no } If yes, complete page 5
- Please enclose a copy of your Bill of Sale or Lease Agreement for your truck or trailer if acquired during the year.*
- 3b. Did you **lease** a truck/trailer at any time during the year? yes no
- 3c. Did you exercise an **option to purchase** a leased truck or trailer during the year? yes no
4. Did you use your personal vehicle for business use? yes no

Total Miles _____ Business Miles _____

You must have documented evidence of miles driven – you do not need to send this evidence to ATBS

Do not include commuting miles with your business miles

5. Did you pay anyone \$600 or more to work for you? yes no } If yes, complete page 4
[If yes, please refer to page 4 and include a copy of 1099-MISC issued]

6. Did you receive any Interest or Dividend payments? yes no } If yes, complete page 8
[You should have received a 1099-INT or 1099-DIV]

7. Did you sell any stock? [If yes, please include brokerage statement] yes no

8. Did you receive and/or pay for any of the following?

- Pension / Annuity / Retirement Pay yes no
- IRA, SEP, or Keogh Withdrawals yes no
- Unemployment Pay yes no
- Social Security Benefits yes no
- Gambling Wins/Gambling Losses yes no
- State or Local Tax Refund yes no
- Student Loan Interest yes no
- Tuition Expense yes no
- Alimony Paid or Received yes no
- Other Investment Income [such as Partnership, S-Corp, etc] yes no
- Cancellation of Debt yes no

If yes, complete page 8

9. Did you or your Spouse have a second business or farm? yes no

If yes, please go to the ATBS secure client portal to fill out a Schedule C/F or provide profit and loss. Please do not mail in receipts.

10. Did you receive any Rental Property or Royalty Income? yes no

If yes, please go to the ATBS secure client portal to fill out a Schedule E or provide profit and loss. Please do not mail in receipts.

ATBS Tax Inventory [continued]

- | | | |
|--|--|---------------------------|
| 11. Did you have any unreimbursed medical expenses? | <input type="checkbox"/> yes <input type="checkbox"/> no | } If yes, complete page 8 |
| 12. Did you pay for Health Insurance? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 13. Did you purchase, refinance, or sell a home? <i>[If yes, please include copy of HUD statement]</i> | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 14. Did you pay any Mortgage Interest? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 15. Did you pay any Property Taxes? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 16. Did you make any contributions to a Church/Charity? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 17. Did you make any contributions to an IRA, SEP, or SIMPLE plan? | <input type="checkbox"/> yes <input type="checkbox"/> no | } If yes, complete page 7 |
| 18. Did you pay for a Health Savings Account? <i>[If yes, include 1099 SA or account statement]</i> | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 19. Did you incur any unreimbursed employee expenses? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 20. Do you have a financial interest or signature authority over a foreign financial account? | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 21. Did you suffer a casualty loss or theft? | <input type="checkbox"/> yes <input type="checkbox"/> no | |

Describe the loss/theft: _____

If you answered yes, please include police and/or insurance report.

22. Did you install any energy efficient improvements or any alternative energy equipment in your home? [i.e., solar water heaters, exterior doors, or window insulation] yes no

Description: _____ Amount: _____ **Please include receipts.**

23. Did you pay any Dependent Childcare? **If yes, please fill out the following:** yes no

Childcare provider's name _____ Provider's address _____

Provider's Employer Identification Number or Social Security Number _____

Amount of Childcare expense _____ Name of child provided for _____

24. Did you move more than 50 miles? yes no

If yes, was the move for business reasons? **If yes, please fill out the following:** yes no

How many miles from Old Home to New Workplace? _____ miles

How many miles from Old Home to Old Workplace? _____ miles

Total dollar amount of Moving Expenses: \$ _____

23. If you are due a refund, do you want it direct deposited? yes no

If you want direct deposit of your refund, please tape a voided check below. *If unable to provide a check, please include your:*

Bank Name: _____ Routing #: _____ Account #: _____

Please tape a voided check here.

Personal Income Tax Organizer for _____ (fill in year)

Tell us about you and your family

Self _____ - ____ - ____ / ____ / ____
 First M.I. Last SSN Date of Birth

Spouse _____ - ____ - ____ / ____ / ____
 First M.I. Last SSN Date of Birth

Occupation Self: _____ Spouse: _____

Current Address _____
 Street City State Zip

Contact Info [_____] - [_____] - [_____] _____
 Home Phone Cell Phone Alternate Contact: [Name] Phone Number

 Primary E-Mail Address County School Dist or Number

Do you want the above contact information reflected on your ATBS account? yes no

Did you live at this address the entire year? yes no

If no, did you move from one state to another state? yes no

If you moved from one state to another, please provide the following information:

State you moved from _____ Date you moved ____/____/____ | State you moved to _____ Date you arrived ____/____/____

Presidential Election Campaign: Do you want \$3 to go to the presidential campaign fund? [This will not affect your tax or refund]

Self: yes no Spouse: yes no

Filing Status, please choose one:

Note: If you are married and unsure whether to file Joint or Separate, please provide all tax information for both spouses and ATBS will determine which option is most advantageous for you.

- Single
- Married Filing Jointly
- Married Filing Separately -- *If checked, my Spouse:* Itemized Did not itemize [EIC is not allowed for this status]
- Head of Household [qualified dependent required]
- Qualifying Widow[er] [qualified dependent required]
- Not sure - please call me to discuss

If claiming Injured Spouse, who is filing as an Injured Spouse? self spouse

Please answer the following:

I was legally married as of Dec. 31st of the tax year yes no

I was legally divorced as of Dec. 31st of the tax year yes no

I was legally married, but did not live with Spouse after June 30th of the tax year yes no

My Spouse passed away during the tax year yes no Date ____/____/____

Dependents [do not list self or Spouse here] – *You must include an accurate Social Security Number for each dependent:*

| First Name | M.I. | Last Name | SSN | DOB | Relationship to you [son, mom, etc] | Full-Time College Student? ** | # of mos. Living in Your Home / College ** | % of Support From: You/Others * |
|------------|-------|-----------|----------------|----------------|-------------------------------------|-------------------------------|--|---------------------------------|
| _____ | _____ | _____ | ____-____-____ | ____/____/____ | _____ | Y / N | ____/____ | ____% ____% |
| _____ | _____ | _____ | ____-____-____ | ____/____/____ | _____ | Y / N | ____/____ | ____% ____% |
| _____ | _____ | _____ | ____-____-____ | ____/____/____ | _____ | Y / N | ____/____ | ____% ____% |
| _____ | _____ | _____ | ____-____-____ | ____/____/____ | _____ | Y / N | ____/____ | ____% ____% |

If you have more dependents, please attach a separate sheet of paper with the above information.

* If you have an agreement with a former Spouse to claim children who do not live with you, please provide Form 8332 signed by your former Spouse.

** To be a full-time student, your child must have been in school for any five calendar months during the year, whether consecutive or not.

Owner-Operator Information [1099-MISC]

Note: Please list your W-2 income on page 7

Number of 1099-MISC you received _____ Number of 1099-MISC you have enclosed _____

Name of company on 1099-MISC: _____ Amount on 1099-MISC: \$ _____ Dates worked for this company: ____/____/____ to ____/____/____ Self or Spouse: _____

_____ \$ _____ ____/____/____ to ____/____/____ _____

_____ \$ _____ ____/____/____ to ____/____/____ _____

Important: You Must Enclose Form 1099-MISC; Failure to provide this may delay the processing of your tax return. Thank you.

Do you have a team driver? yes no Is the team driver your Spouse? yes no

If so, please tell us how you divide the income between you and your team driver [for example 50/50]:

Your %: _____ Team Driver %: _____ My Spouse has a CDL? yes no

If you have a team driver who is not your Spouse, please tell us the name of your team driver: _____

Team Driver ATBS Code _____ Did you pay someone else to work for you? yes no

How much did you pay them? \$ _____ Did you issue them a 1099? yes no

Let's calculate all Owner-Operator days on the road during the year: [Please enter company driver days on page 7]

Self: _____ Team Driver / Ride Along: _____

Full Days: U.S. _____ Canada _____ U.S. _____ Canada _____

* Partial Days: U.S. _____ Canada _____ U.S. _____ Canada _____

For this section, please review the difference between a Partial Day and a Full Day. **Partial days** would be any day of departure from your home and day of arrival at your home. **Full days** would be any full day in between these partial days that you spend away from home.

Note: Driver logs must be retained by the driver; no need to send them to ATBS – simply keep copies of all Settlements and/or Logbooks. They are the only source for per diem verification in the event of an audit.

Tax Payments

Check this box if you made no estimated tax payments during the year:

Please list any estimated tax payments made for the tax year. **Please do not include:**

- 1) 4th Quarter estimates paid in January of the following year
- 2) Previous year's refund you applied to the tax return
- 3) W-2 withholding
- 4) Balance owed and paid for prior year's returns

| Quarter | Date Paid | Federal Amount | State Amount | City Amount |
|--|-----------|----------------|--------------|-------------|
| 1 st Quarter Due 04/15/____ | | | | |
| 2 nd Quarter Due 06/15/____ | | | | |
| 3 rd Quarter Due 09/15/____ | | | | |
| 4 th Quarter Due 01/15/____ | | | | |

Truck, Trailer, and APU Asset Information

Please enclose copies of every Bill of Sale or Lease Agreement for all assets acquired, sold, or otherwise disposed of during the year.

TRUCK Information:

| | <u>Date Acquired</u> | <u>Own/Lease</u> | <u>Year and Model</u> | <u>Purchase Price</u> | <u>Interest paid on Truck Loan</u> |
|---|--|----------------------------|---|--|------------------------------------|
| TRUCK #1* | ___/___/___ | _____ | _____ | \$ _____ | \$ _____ |
| If <u>leased</u> , amount of down payment you paid on the lease | | | | \$ _____ | |
| If <u>leased</u> , what is the balloon payment due at end of lease if you keep the truck? | | | | \$ _____ Do not include down payments on purchased trucks. | |
| If <u>leased</u> , did you exercise option to buy vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | If yes, date? ___/___/___ Balloon Payment Amt? \$ _____ | |
| If lease truck turned in, amount of security deposit lost: | | | | \$ _____ | |
| I disposed of this truck during the year <input type="checkbox"/> yes <input type="checkbox"/> no | | | | If yes, provide us with the following information: | |
| Truck sold? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Sold ___/___/___ | Money received for truck | \$ _____ | |
| Truck traded in on another truck? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Traded ___/___/___ | Trade in value | \$ _____ | |
| Truck turned in? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Traded In ___/___/___ | <input type="checkbox"/> voluntary <input type="checkbox"/> involuntary | | |
| Sales price: if not known, FMV | \$ _____ | | Was truck paid off during the year? | <input type="checkbox"/> yes <input type="checkbox"/> no | |

* **Important:** If you have more than one truck, please attach a separate sheet of paper with all of the above information.

TRAILER Information:

| | <u>Date Acquired</u> | <u>Own/Lease</u> | <u>Year and Model</u> | <u>Purchase Price</u> | <u>Interest paid on Trailer Loan</u> |
|---|--|----------------------------|---|--|--------------------------------------|
| TRAILER #1* | ___/___/___ | _____ | _____ | \$ _____ | \$ _____ |
| If <u>leased</u> , amount of down payment you paid on the lease during the year. | | | | \$ _____ | |
| If <u>leased</u> , balloon payment due at end of lease if you want to keep the trailer? | | | | \$ _____ Do not include down payments on purchased trailers. | |
| I disposed of this trailer during the year <input type="checkbox"/> yes <input type="checkbox"/> no | | | | If yes, provide us with the following information: | |
| Trailer sold? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Sold ___/___/___ | Money received for trailer | \$ _____ | |
| Trailer traded in on other trailer? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Traded ___/___/___ | Trade in value | \$ _____ | |
| Trailer turned in? | <input type="checkbox"/> yes <input type="checkbox"/> no | Date Turned In ___/___/___ | <input type="checkbox"/> voluntary <input type="checkbox"/> involuntary | | |
| Sales price: if not known, FMV | \$ _____ | | Was trailer paid off during the year? | <input type="checkbox"/> yes <input type="checkbox"/> no | |

* **Important:** If you have more than one trailer, please attach a separate sheet of paper with all of the above information.

APU Information:

| | <u>Date Acquired</u> | <u>Own/Lease</u> | <u>Year and Model</u> | <u>Purchase Price</u> | <u>Interest paid on APU Loan</u> |
|--|----------------------|------------------|-----------------------|-----------------------|----------------------------------|
| APU Unit | ___/___/___ | _____ | _____ | \$ _____ | \$ _____ |
| Did you use fuel to cool a refrigerated trailer or operate an auxiliary power unit? <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | |
| If answered yes above, please list the number of gallons or hours used during the year: _____ Gallons or Hours [circle one] | | | | | |

Independent Contractor Income and Expenses Affidavit

Use this form if: 1) you have additional income and/or expenses that you did not provide during the year or 2) ATBS did not do your bookkeeping during the year. **Please do not send receipts for any information provided below.**

Please ATBS prepared my bookkeeping but I've listed totals for some expenses I did not provide. check **one**

box. ATBS did not prepare my bookkeeping. I've listed YTD totals for all my business expenses.

Income Total - GROSS RECEIPTS [1099-MISC]: _____

| EXPENSES | TOTAL YTD | EXPENSES | TOTAL YTD |
|--|-----------|--|-----------|
| Commission and Fees: | | Repairs and Maintenance: | |
| Broker Fees | | Repairs and Parts | |
| Wages and Contract Labor: | | Washes | |
| Wages [employee] | | Oil, Antifreeze, Additives, etc. | |
| Contract Labor [Driver] | | Tires | |
| Loading & Unloading [Lumper] | | Towing and Other Maintenance | |
| Insurance: | | Supplies: | |
| Bobtail/Deadhead | | Small Tools | |
| Physical Damage Insurance | | Truck Supplies | |
| Worker's Comp. | | Other Supplies: _____ | |
| Cargo Insurance/Claims Insurance | | Fuel and Road Tax: | |
| Liability Insurance | | FHUT [2290] | |
| Interest: | | Fuel Tax | |
| Truck Interest | | Other Tax: _____ | |
| Trailer Interest | | Travel: | |
| Other Business Interest: _____ | | Hotel | |
| Legal and Professional Fees: | | Rental Car and Cab Fare | |
| Accounting Fees | | Plane Tickets | |
| Bus. Legal Fees | | Other Travel: _____ | |
| Office Expenses: | | Communication: | |
| Office Supplies | | Cell Phone | |
| ATM and Bank Fees | | Satellite Radio | |
| Shipping, Fax Charges, etc. | | Qualcomm | |
| Software/Internet Charges | | Other Communication: _____ | |
| Other Office: _____ | | Fuel Expense: | |
| Lease Payments - not loan payments: | | Total Fuel | |
| Truck Lease Payments | | Tolls, Scales, Parking and Truck License: | |
| Trailer Lease Payments | | Permits, Truck License, and Base Plates | |
| Other Lease Payments: _____ | | Tolls and Parking | |
| Computer: Date Purchased: / / | | Scales and Prepass Fees | |
| Computer Price: | | Other Expenses: _____ | |

I request that the totals above be used to prepare my tax return or added to expenses you already have. I have in my possession receipts and/or documentation to support these totals. The information provided above is accurate and complete to the best of my knowledge.

Signature [Only required if providing any information above]

Date

W-2, Wages, and Salaries

W-2, Wages and Salaries – Please tell us about all W-2 income for you and/or your Spouse.

Note: Please list your 1099-MISC income on page 4.

| | | | |
|-----------------------------------|--|--------------------------------------|-----------------------|
| Number of W-2s you received _____ | Number of W-2s you have enclosed _____ | | |
| Employer's Name: _____ | Taxable Wages: \$ _____ | Dates worked for this company: _____ | Self or Spouse: _____ |
| _____ | _____ / ____ / ____ to _____ | | |
| _____ | \$ _____ | _____ / ____ / ____ to _____ | _____ |

For this section, please review the difference between a Partial Day and a Full Day. **Partial days** would be any day of departure from your home and day of arrival at your home. **Full days** would be any full day in between these partial days that you spend away from home. **Note: Driver logs** must be retained by the driver; no need to send them to ATBS – simply keep copies of all Settlements and/or Logbooks. They are the only source for per diem verification in the event of an audit.

Let's calculate all Company Driver days on the road during the year:

| | | |
|---------------------------------------|--|-------------------------|
| Self: | | Team Driver / Spouse: |
| Full Days: U.S. _____ Canada _____ | | U.S. _____ Canada _____ |
| Partial Days: U.S. _____ Canada _____ | | U.S. _____ Canada _____ |

Unreimbursed Employee Business Expenses

Note: As an employee, you can deduct ordinary and necessary expenses attributable to your job, as long as your employer **does not** reimburse you. An ordinary expense is one that is common and accepted in your field of trade, business or profession. A necessary expense is one that is helpful and appropriate for your business.

| EXPENSE | TOTAL YTD | EXPENSE | TOTAL YTD |
|-----------------------------|-----------|-----------------|-----------|
| Tax Prep Fee | | Hotel | |
| Office Supplies | | Rental Car | |
| ATM and Bank Fees | | Plane Ticket | |
| Washes | | Cell Phone | |
| Small Tools | | Satellite Radio | |
| Truck Supplies | | Tolls/Scales | |
| Union and Professional Dues | | Uniforms | |
| Other: _____ | | Other: _____ | |
| Other: _____ | | Other: _____ | |

Miscellaneous Income, Adjustments and Alimony

Please enclose copies of Forms: W-2G, 1099-MISC, 1099-R, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G, and/or 1098-E

Income

| Type | Amount | Notes |
|--|--------|-------|
| Interest Income | | |
| Dividend Income | | |
| Taxable Pensions, IRA's, and Annuities Received | | |
| Unemployment Compensation Received | | |
| Social Security Benefits Received | | |
| Gambling Winnings | | |
| 1099-C Cancellation of Debt | | |
| Other Investment Income – K-1, Partnership, S-Corp, etc. | | |

State and Local Income Tax Refunds

| State | City | Tax Year | State Amount | Local Amount |
|-------|------|----------|--------------|--------------|
| | | | | |

Did you itemize your deductions on your previous year's Federal Tax Return? yes no

Alimony Received/Paid

| Recipient's/Payer's Name | Recipient's/Payer's SSN | Alimony Paid | Alimony Received |
|--------------------------|-------------------------|--------------|------------------|
| | - - | | |

Student Loan Interest / Tuition – Please enclose Form 1098-E and / or 1098-T

| Name of Financial Institution | Amount |
|-------------------------------|--------|
| | |

IRA, SEP, OR SIMPLE Contributions

| Plan Type | Date Paid | Taxpayer or Spouse | Amount |
|-----------|-----------|--------------------|--------|
| | | | |

Schedule A - Itemized Deductions

| Type | Amount | Notes |
|--|--------|-------|
| Total Medical Expenses [Please do not send receipts; retain medical records] | | |
| Self Employed Health Insurance | | |
| Total Mortgage Interest? * | | |
| Real Estate Taxes * | | |
| Personal Property Taxes * | | |
| Total Cash Charitable Contributions | | |
| Non-Cash Contributions [Totaling less than \$500] | | |
| Non-Cash Contributions [More than \$500, include contribution receipts] * | | |
| Safe Deposit Box | | |
| Gambling Losses | | |
| Other Schedule A Deductions | | |

* These deductions may require supporting tax documents or receipts such as Form 1098, property tax statement, and vehicle registration. Please enclose them with this TO.

Tax Organizer Check List

Before sending in your Tax Organizer, make sure that you:

- Sign the Client Engagement Letter
- Enclose copies of all tax-related documents [W-2's, 1099's, 1098's, etc.]
- Enclose a copy of previous year's tax return [if ATBS did not prepare]
- Enter your Per Diem days on Page 4 or 7
- Enter any tax estimates you paid on Page 4

Client Notes. Please use this area to notify ATBS of any special situations, provide additional information, or ask questions:
