
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 pages.

In addition, please also send the following:

- A copy of your most recent Federal, State and Local tax returns (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.
- 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.
- If you want direct deposit or direct debit, please include a voided check for that account.
- If your business is incorporated or LLC, include a copy of your Articles of Incorporation
- If you have an Operating Agreement

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 as soon as possible.

If you need help filling out the Tax Organizer or have any questions at all give us a call at: **(844) 762-1040**

Income Tax Specialists for the Trucking Industry for over 30 Years

SECTION 1: General Information

TAXPAYER

Name: _____ Date: _____ Date of Birth: _____

Social Security #: _____ Occupation: _____ BLIND ☐ OVER 65 ☐

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Fax: _____

Preferred Method of Contact: ☐ Home ☐ Cell ☐ E-mail

Filing Status: ☐ Single ☐ Head of Household ☐ Married ☐ Married Filing Separately (Need Spouse Name & SS#)

Did Your Marital Status Change? _____ If Divorced, Date Final _____ / _____ / _____ If Death, Date/Relationship: _____

SPOUSE

Name: _____ Date of Birth: _____

Social Security #: _____ Occupation: _____ BLIND ☐ OVER 65 ☐

Business Phone: _____ Mailing Address: _____

Did You Live at The Same Address all Year Y / N - If NO, which months (if any) did you live together? _____

HOME

Residence Address: _____

County _____ State _____

City _____ Zip _____

School District: Name _____ Number _____

If You Moved to Another State, Provide State & Date You Moved. _____

DEPENDENTS

Names of Dependents Claimed As Exemptions (Name: First, Initial, and Last Name)	Date Of Birth	Dependents SS#	Relationship	Number of Months Lived AT		Full Time Student	Disabled
				Home	College	Y / N	

May the IRS discuss the return with the preparer? YES ☐ NO ☐

Can you or your spouse be claimed as a dependent by another taxpayer? YES ☐ NO ☐

SECTION 2: Miscellaneous

CURRENT YEAR CONTRIBUTIONS

Attach Year End Retirement Statement

	IRA	KEOGH	SEP	ROTH IRA	SIMPLE	UNI-401K
You	\$	\$	\$	\$	\$	\$
Spouse	\$	\$	\$	\$	\$	\$

Do either you or your spouse participate in a pension, profit sharing or 401K plan? Yes ☐ No ☐

ESTIMATED TAXES PAID & CREDITS

Check Box If No Estimates Paid ☐

Don't include the previous year's overpayment in 1st Quarter

	DUE DATE	DATE PAID	FEDERAL	STATE	CITY
First Quarter			\$	\$	\$
Second Quarter			\$	\$	\$
Third Quarter			\$	\$	\$
Fourth Quarter			\$	\$	\$

Amount paid with extension by April 15th \$ _____

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 _____

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 _____ Health Insurance Reimbursements _____

CHILD & DEPENDENT CARE CREDIT

Names of Dependents Cared For Amount Paid for Each Dependent \$

1. _____ 1. _____

2. _____ 2. _____

3. _____ 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#) _____

_____ \$ _____

Mortgage Insurance Premiums _____ \$ _____

Student Loan Interest _____ \$ _____
(1098-E) _____

TAXES

Real Estate Taxes _____ \$ _____

Personal Property Taxes (attach receipts) _____ \$ _____

Sales Taxes (Boat, CAR, RV) (attach contract) _____ \$ _____

Paid with state extension _____ \$ _____

Paid with state return _____ \$ _____

MAIN (509)735-0379

FAX (509)735-0646

EMAIL office.mail@bmncpa.com

LET'S TRUCK (855) 800-FUEL

CONTRIBUTIONS

(You Must Have Cancelled Checks or Proof From Charity)

Total Cash Contributions \$ _____

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

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 \$ _____

Hobby Expenses \$ _____ Gambling Losses \$ _____

SECTION 5: Check List Items

MEDICAL EXPENSES

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? Y ☐ N ☐

Did you refinance your residence? Y ☐ N ☐

How long is new loan for? _____
(If yes, submit closing papers)

Did you purchase a home in 2008? Y ☐ N ☐
(If yes, did you receive up to \$7,500 First-Time Home Buyers Credit?)

Did you purchase or sell your personal residence? Y ☐ N ☐
(If yes, submit closing papers. In addition, if sold need closing papers when it was originally purchased)

Did you add any energy efficient improvements to your home? Y ☐ N ☐
(i.e. - insulation systems, exterior windows, and doors, metal roofs)

Did you purchase a new car or hybrid vehicle? Y ☐ N ☐
(Plug-in Hybrid or Fully electric car)

Did you have any debts cancelled or forgiven? Y ☐ N ☐
ATTACH FORM 1099C & 1099-A

Do you have a foreign bank account? Y ☐ N ☐
Including retirement accts. Highest balance during the year. _____

Has there been an IRS audit? Y ☐ N ☐
(If yes, send audit report within the last three years)

Did you have any worthless securities or non-business uncollectible debts? Y ☐ N ☐

Did you make withdrawals from a Retirement Plan? Y ☐ N ☐

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)

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.

ATTACH DOCUMENTS

SECTION 6: Home Office

Date Acquired _____

Total Square Feet: Home _____ Business Use Room _____

Cost of Residence _____ \$ _____ Insurance _____ \$ _____
(Please send copy of Property Tax Bill)

Repairs & Maintenance _____ \$ _____ Utilities _____ \$ _____

SECTION 7: Questions

1. NUMBER OF OVERNIGHTS (JAN - SEP) _____ (OCT - DEC) _____
(For Per Diem Computation count from log books)

2. PERSONAL VEHICLE MILEAGE: (NOT TRUCK)

TOTAL MILES USED _____ TOTAL BUSINESS MILES _____

3. EQUIPMENT PURCHASED: _____
Attach Copy of Purchase and Financing Contract

A. DATE _____ COST \$ _____ DESCRIPTION _____

ORIGINAL LENGTH OF CONTRACT IN MONTHS _____ MONTHLY PAYMENT \$ _____

B. DATE _____ COST \$ _____ DESCRIPTION _____

ORIGINAL LENGTH OF CONTRACT IN MONTHS _____ MONTHLY PAYMENT \$ _____

4. EQUIPMENT SOLD: Attach Copy of Contract (Don't List Trade-Ins as Equipment Sold)

A. DATE _____ SALE PRICE \$ _____ DESCRIPTION _____

B. DATE _____ SALE PRICE \$ _____ DESCRIPTION _____

5. OFF HIGHWAY FUEL (REEFER FUEL, APU, GENERATOR)

NO. OF GALLONS _____

6. BUSINESS NAME

LIST DBA'S _____

7. FEDERAL TAX ID # _____

***DESCRIPTION OF EQUIPMENT RENTED

_____ \$ _____
_____ \$ _____

SECTION 8: Business Income & Expenses

IF YOU USE **PROFITGAUGES** OR OUR **FULL SERVICE ACCOUNTING** YOU CAN SKIP THIS PAGE

(DO NOT INCLUDE W-2 INCOME)

GROSS INCOME \$ _____ (Include Fuel Surcharges) _____
(Submit all 1099's)

EXPENSES			
Administrative Fees (ATM, Bank Service Charges)	\$	Advertising	\$
Broker Fees	\$	Casual Labor	\$
Claims & Damages	\$	Comdata/Comcheck Fees	\$
**Communication Fees	\$	Dues & Subscriptions	\$
Entertainment & Promotion	\$	***Equipment Rental	\$
Fuel & Oil	\$	Insurance - Health (Employees Only)	\$
Insurance - Truck, Cargo Physical Damage, Etc.	\$	Interest (Attach Year End Statement)	\$
Insurance - Worker's Comp	\$	Licenses, Plates & Permits	\$
Laundry & Uniforms	\$	Medical (D.O.T. Physical, Drug Testing)	\$
Loading & Unloading (Lumpers)	\$	Office Supplies & Expense	\$
Motels	\$	Parts	\$
*Office Equipment (Home or Truck)	\$	Professional Fees	\$
Postage	\$	Salaries (Attach Form W-3)	\$
Repairs & Maintenance	\$	Supplies	\$
Subhaul/Contract Labor (Attach Form 1099)	\$	TAXES - Hwy Use (2290)	\$
TAXES - IFTA / Fuel	\$	Telephone	\$
TAXES - Payroll	\$	Tolls/Scales/Prepass	\$
Tires	\$	Washes & Lubes	\$
Tools	\$	Yard Rental/Yard Parking	\$

* Phone, Fax, Computer, Copier, Cell Phone, Pager, Laptop, Etc. (Include Description, Amount & Dates Acquired.)

** Qualcomm, Satellite, Internet Service

Fixed Asset Schedule on previous year's tax return

(Please attach supporting documents)

Yes ☐

SECTION 9: Commercial Motor Vehicle Operator (CMV)

☐ I OPERATE A COMMERCIAL MOTOR VEHICLE*

☐ I AM PAID BY A PRIVATE MOTOR CARRIER OR A USDOT REGISTERED MOTOR CARRIER**

Do you operate under a separate name other than your own? Y ☐ N ☐

If yes, please list name _____

Does your legal entity have any employees other than yourself? Y ☐ N ☐

Do you expect to earn income from sources other than the operation of the CMV? Y ☐ N ☐

If yes, please explain _____

* Has a gross vehicle weight rating or gross vehicle weight of at least ten thousand and one (10,001) pounds, whichever is greater or is used in transporting a quantity of materials requiring hazardous material signage by the U.S. Department of Transportation ("USDOT").

** These distinctions are critical to our ability to correctly evaluate how states are allowed to tax your compensation. For example, if a particular business paying you compensation for operating a CMV is regulated by USDOT as a "Broker" or a "Freight Forwarder," or is not regulated at all by the USDOT but is also not a Private Motor Carrier, the state income tax rules for taxing the compensation they pay you will be dramatically different than if the payor were a Private Motor Carrier or regulated by the USDOT as a Motor Carrier.

SECTION 10: Healthcare

Did you have health insurance for you, your spouse and any dependants? Y ☐ N ☐

If Yes, include all forms 1095-A, 1095-B, and 1095-C

Did you or your spouse receive any distributions from long-term care insurance contracts? Y ☐ N ☐

If Yes, include form 1099-LTC

If you or your spouse are self-employed are you eligible to be covered under an employers health or long-term care plan at another job? Y ☐ N ☐

If Yes, how many months were you covered _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? Y ☐ N ☐

SECTION 11: List Notes & 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)

SECTION 12: Reminders to Attach the Following

- ☐ COPY OF PREVIOUS YEAR'S 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
- ☐ ESCROW CLOSING STATEMENT FOR PURCHASE, SALE OR REFINANCE OF HOME

SECTION 13: Signature

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

SECTION 14: Refund Preference

IF YOU HAVE AN OVERPAYMENT OF TAXES, DO YOU WANT THE EXCESS:

☐ Refunded ☐ Applied to your next year's estimated tax liability