2008

LARSEN & ASSOCIATES TAX & BOOKKEEPING SERVICE

YOUR SPECIALISTS IN TRUCKERS INCOME TAX PREPARATION

WWW.TRUCKERPRO.COM

INCOME TAX ORGANIZER

10410 South 144th Street Suite 3, Omaha, NE 68138 (877) 892-9271 Fax (402) 861-0939

2008

SECTION 1: GENERAL INFORMATION

TAXPAYER

Name: ____________________ Date ____________

Date of Birth: __________ Social Security #: ____________________

Occupation: ______________________________

☐ BLIND ☐ OVER 65 Business Phone: _(_____)__________ Home Phone: _(_____)__________

SPOUSE

Name: ______________________

Date of birth: _________Social Security #: ____________

Occupation: ______________________

☐ BLIND ☐ OVER 65 Business Phone: ____________

HOME

Home Address: ______________________

______________________ County: ____________

Mailing address: ______________________

School District: Name ____________ Number: _______

DEPENDENTS

Names of Dependents Claimed As Exemptions (Name: First, Initial, and Last name)	Date of Birth	Dependents Social Security Number	Relationship	Number of Months Lived in Your Home This year

SECTION 2: MISC.

CURRENT YEAR CONTRIBUTIONS

	IRA	KEOGH	SEP	ROTH IRA*
You	$	$	$	$
Spouse	$	$	$	$

*Non-Deductible

DO EITHER YOU OR YOUR SPOUSE PARTICIPATE IN A PENSION, PROFIT SHARING OR 401K PLAN?

☐ YES ☐ NO

ESTIMATED TAXES PAID AND CREDITS

Check Box if No Estimates Paid ☐

	DUE DATE	DATE PAID	FEDERAL	STATE
Prior Yr. 4^{th} Qtr	Last Jan.		$	$
First Qtr.	April		$	$
Second Qtr.	June		$	$
Third Qtr.	Sept.		$	$
Fourth Qtr.	This Jan.		$	$

SECTION 3: INCOME

INTEREST INCOME: PAYOR

Attach Copies Of 1099s

	$
	$
	$
	$
	$
	$
	$

DIVIDEND INCOME: PAYOR

Attach Copies Of 1099s and Year-End Broker Statements

	$
	$
	$
	$

PARTNERSHIP INCOME (Attach K-1 Form)

SALE OF STOCKS AND BONDS

ATTACH YEAR END BROKER STATEMENTS AND 1099 B's INCLUDE DATE ACQUIRED AND AMOUNT YOU PAID FOR EACH SALE.

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
(4) Property tax Bill
(5) Form 1098

OTHER INCOME

Wages: (Attach W-2's) Number of W-2's _________ Alimony Received: $_________ Pension or Annuity (Attach W-2 P's or 1099 R's) $_________

Other Income: (Attach Copies Of 1099s)

UNEMPLOYMENT COMPENSATION TAXPAYER:	UNEMPLOYMENT COMPENSATION SPOUSE:	SOCIAL SECURITY INCOME – TAXPAYER	SOCIAL SECURITY INCOME – SPOUSE	STATE TAX REFUND:
$	$	$	$	$

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SECTION 4: DEDUCTIONS CLAIMED

MEDICAL EXPENSES

Insurance Premiums $____
Long Term Care Insurance Premiums $___________________________

Drugs and Medicines $__________ Doctors, Hospitals, Etc. $__________

Insurance Reimbursements $___________________________________

CHILD AND 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 ______________________
____
____
____

HOME MORTGAGE INTERESTS

Mtge. Loans Paid to Fin. Institution (Attach Copies of Form 1098)
$____
$____
$____
Mortgage interest Paid to Individual (List Name Address, and SS#)
$____
____
Student Loan Interest $____

TAXES

Real Estate/Property Tax $____________________________________
Auto License $____

Income Tax Preparation $______________________________________

Others $____

CONTRIBUTIONS

You Must have Receipts For All Contributions Of $250 Or More
Total Cash Contributions $ ____________________________________
Non-Cash Contributions (Attach Receipts) $______________________
Salvation Army/Goodwill Industries $___________________________
Other $____

COMPANY DRIVER BUSINESS EXPENSES

(Not Reimbursed)

If Self-Employed: Do Not Use This Section. Use Section 9.
No. of Overnights_______ Motels $________ Auto Expenses $_______
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) $_____________________________
Moving Expenses (Home) $______________ Date Moved _________
Safety Deposit Box $____
Adoption Expense (per child or effort) $__________________________

SECTION 5: CHECK LIST ITEMS

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU FOR THE YEAR 2008, 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? ________ ☐
(if yes, submit closing papers)

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

Residential renters credit:

Name of Landlord(s):____
Address of Landlord(s): _______________________________________
____

Amount of Rent Paid $ ______________ Dates Rented _______________

Has there been an IRS audit? (If yes, send audit report with the last 3 years) ☐

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

Did you make withdrawals from a Self-Employed Retirement Plan (Keogh), an IRA, or a SEP? ☐

Amount withdrawn $ __________ Amount rolled over $ __________
(attach form # 1099-R)

COLLEGE TUITION – Taxpayer ☐ Spouse ☐ Child ☐
Year of college ______________ 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, ENERTAINMENT, AND CERTAIN BUSINESS GIFTS ONLY IF SUBSTANTIATION OF THE ITEM CAN BE PROVED BY ADEQUATE RECORDS.
INFORMATION
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 ___________

Cost of Residence $ ____
(Please send copy of Property Tax Bill)

Insurance $ ____
Repairs and Maintenance $ ____________________________
Utilities $ ____

Note: Deductible Amounts are Subject to Recapture Tax When House is Sold

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SECTION 7: REMINDERS ATTACH THE FOLLOWING

☐ COPY OF THE TAX RETURN (IF NOT PREPARED BY US)

☐ COPY OF CONTRACTS FOR ANY EQUIPMENT BOUGHT OR SOLD IN 2008

☐ ALL WAGE AND EARNINGS STATEMENTS
W2s, 1099s, K-is

☐ ESCROW CLOSING STATEMENT FOR PURCHASE, SALE OR REFINANCE YOUR HOME

SECTION 8: QUESTIONS

1. Number overnights

2. Business VFE of personal vehicle: (not truck)
TOTAL MILES USED ______________________
TOTAL BUSINESS MILES____________________

3. Equipment purchased (attach copy of contract)
A. DATE ______________________________
COST ______________________________
DESCRIPTIONS__________________________
____
____
____

B. DATE ______________________________
COST ______________________________
DESCRIPTIONS__________________________
____
____
____

4. Equipment sold: (Attach copy of contract; do not list Trade-ins)

A. DATE ______________________________
SALE PRICE___________________________
DESCRIPTIONS__________________________
____
____
____

5. Off highway fuel (Unit fuel)
NO. OF GALLONS______________________

SECTION 9: BUSINESS INCOME & EXPENSES

PLEASE ENTER YOUR BUSINESS INCOME AND EXPENSES IF NOT PREPARED BY US OR ATTACH SCI IEDULE
(DO NOT INCLUDE W-2 INCOME)

GROSS INCOME $______________________
(Submit all 1099's)

EXPENSES:
Administrative fees $______________________
AM, bank service charges
Advertising $______________________
Broker fees/commissions $______________________
Contract labor (Attach 1096) $______________________
Comdata/comcheck/bank fees $______________________
Dues and subscriptions$______________________
Equipment rental $______________________
Fuel and oil $______________________
Insurance — truck, cargo:
Physical damage$______________________
Insurance — Workers Comp $______________________
Insurance — health $______________________
Interest $______________________
(Attach year end statement)
Laundry and uniforms $______________________
Licenses, plates & permits $______________________
Loading and unloading $______________________
(lumpers)
Medical (D.O.T. physical
drug testing) $______________________
Motels $______________________
Office supplies & expense $______________________
*Office equipment $______________________
(home or truck)
Postage $______________________
Professional fees $______________________
Repairs & maintenance $______________________
Salaries $______________________
(attach form W-3)
Satellite $______________________
Storage $______________________
TAXES - fuel $______________________
TAXES - highway use (2290) $______________________
TAXES—payroll $______________________
Telephone $______________________
Tires $______________________
Wrenches & tools $______________________
Tools & supplies $______________________
Truck wash $______________________
Yard rental $______________________
Other $______________________

____
____
____
____
____
____
____

Phone, fax, computer, copier, cell phone, pager, laptop, etc

SECTION 10: LIST NOTES AND ADDITIONAL DEDUCTIONS

SECTION 11: NAME

THIS INFORMATION CONTAIN HEREIN IS TO THF BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE

NAME(S):

X ______________________________

X ______________________________

DATE ______________________________