

TA TAX AND ACCOUNTING

Full Name		SSN		
Address		DOB		
City, State, Zip		Occupation		
Home phone		Owner Operator/Company Driver/ Lease Driver		
E-mail		Alt Phone		
Filing Status	Single Head of household Married Joint Married Separate			
Spouse Information				
Full name		SSN		
Address		DOB		
City, State, Zip		Occupation		
Dependent Information				
Full Name	SSN	DOB	Relationship	Months lived in your home
Please Answer all questions and provide all corresponding data				
Yes	No	Did you:	If yes please attach needed documents	
		Receive a wage or salary? Circle the ones that apply	W-2 or 1099	
		Use part of your home for business?	Complete home office section	
		Receive distributions from pension, annuities, retirement?	1099-R	

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		Receive any Social Security benefits?	SSA-1099
		Receive unemployment compensation?	1099-G
		Receive a state refund last year?	1099-G
		Receive non-employment compensation?	1099-MISC
		Received interest income?	1099-INT
		Received dividend income?	1099-DIV
		Make contributions to charities?	Please List
		Have expenses due to a move?	Please List
		Sell Stocks, securities, etc?	Please List
		Sell your home?	Please List
		Make contributions to an IRA, SEP or Keogh?	Please List
		Make tuition payments?	1098-T
		Pay alimony from a former spouse?	Please List
		Make estimated tax payments to IRS or state?	Please List
		Make estimated tax payments to the IRS or state?	Complete Section
		Have ownership in an S-corporation, partnership or trust?	K
		Pay a mortgage on your home	1098-IN

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		Own any rental property?	Please list
Income Information		Spouse Income Information	
Wages: (attach w-2)	\$	Wages: (attach w-2)	\$
# of W2s		# of W2s	
Alimony:	\$	Alimony:	\$
1099/ self-employed income:	\$	1099/ self-employed income:	\$
Unemployment Compensation	\$	Unemployment Compensation	\$
Social Security Income	\$	Social Security Income	\$
State Tax Refund	\$	State Tax Refund	\$
Other Revenue	\$	Other Revenue	\$
Income and Expenses From Business			
Fees		Maintenance	
Association Fees	\$	Parts	\$
ATM Charges	\$	Repairs	\$
Bank Fees	\$	Tires	\$
DOT Exam Fee	\$	Truck Washes	\$
Comcard Fees	\$	Other Maintenance	\$
IRA Custodial/ Investment Fees	\$	Taxes	
Licensing Fees	\$	Ad Valorem Taxes	\$
Safe Deposit Box Fees	\$	Fuel Tax	\$
Administrative Fees	\$	Heavy use Tax	\$
Wire Fees	\$	License Plate	\$
Brokerage Fee	\$	Other Tax	\$
Labor		Permits	\$

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Subcontract Labor	\$	Registration	\$
Lumpers	\$	Road Expenses	
Insurance		Laundry	\$
Bobtail Insurance	\$	Lodging	\$
PI & PD	\$	Parking	\$
Truck Insurance	\$	Showers	\$
Workman's Compensation	\$	Tolls	\$
ACC/OCC Insurance	\$	Truck Supplies	\$
Other Insurance	\$	Weight Fees/Scales	\$
Interest		Prepass	\$
Factoring Fees	\$	Meals	\$
Interest on advances	\$	Rental car	\$
Interest on credit card-bus:	\$	Airfare:	\$
Interest on truck loan	\$		
Other interest	\$	Days on the road (Jan-Sept)	
		Days on the road (Oct-Dec)	
Professional Fees			
Attorney and Accounting Fees			
Professional Fees		Fuel and Oil	
Tax Preparation fees		Fuel	\$
Office Expenses		Oil	\$
Computer Expenses		Reefer fuel:	\$
Tax		Telephone/Utilities	
Internet		Cell phone	\$

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Office Supplies- Business		Long dist (not including basic service)	\$
Postage and shipping		Pager	\$
Computer Purchase		Qualcomm	\$
Office Furniture		Satellite Dish	\$
Copies		XM Radio	\$
Rent & Leases		Business phone (separate from home)	\$
Truck Lease (not loan payment)			
Storage Lease			
Other rent or Lease Expense (List)			
Home Office (only complete if it applies)			
Date Residence Purchased:		Home insurance	\$
Total square footage of home		Rent (if you do not own your home)	\$
Total square footage of home office		Repairs to home (if you own home)	\$
Purchase price of home	\$	Repairs to office	\$
		Utilities	\$
		Security	\$
Business Use of Personal Vehicle		Taxes Personal	
Vehicle Information		Real Estate or Property Tax	\$
Date placed in service		Additional Real Estate Tax	\$
Make/Model		Ad Valorem- Personal Vehicles	\$
Total miles for the year		Other Taxes (list)	\$
Total business miles		Other Taxes (list)	\$
Is this vehicle leased		Other Taxes (list)	\$

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Lease Payment (only if leased)	\$		
Gas, Oil, Repairs, insurance, etc	\$		
Registration, License (do not include property tax)	\$		
Mortgage Interest			
Mortgage Loans paid to Financial Institutions	\$		
Attach copies of form 1098	\$		
Mortgage Interest paid to an Individual	\$		
List name, address and SSN	\$		
Student Loan Interest (college or other)	\$		
List all			
Child Care and Dependent Care (they must be willing to report income)			
Care Provider's Name		Names of Dependents	Amount Paid
Provider ID			\$
Provider Address			
Care Provider's Name			
Provider ID			
Provider Address			
Medical Expenses			
Health Insurance Premiums (His)	\$	Eyeglasses and Contacts	\$
Health Insurance Premiums (Hers)	\$	Medical Equipment & Supplies	\$
Prescription Medicines	\$	Medical Transportation Expenses	\$
Doctors and Dentist	\$	Other Medical	\$
Hospital & Clinics	\$	Miles for Medical Purposes	\$

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Dependent 1			
Dependent 2			
Dependent 3			
If you had Coverage for any part of the year:			
Where was the policy Obtained? Please circle: Employer/ medicare/ Medicaid/ Marketplace (Exchange)/ Other			
If you didn't have Coverage for part or all of the year:			
Please provide a brief description for reason or other contributing factors			
Additional Explanations (attach additional pages if necessary)			

If we did not prepare your prior year tax return, please include a copy.