

MBA TAX & BOOKKEEPING SERVICE

725 Box Canyon Road
West Hills, California 91304
888-407-1669

Instructions Trucking Organizer

Dear Trucking Clients:

In addition to our regular tax organizer please also complete our Trucking Tax Organizer page which is designed to help you gather the proper tax information needed to maximize deductions for your industry. Please fill out all areas that pertain to you.

In addition, please remember to also send the following:

- A copy of your 2010 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 prior to 2011, including depreciation, cost, accumulated depreciation, method and useful life **(new clients only)**.
- 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 in 2010) 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** in 2011
- A copy of the lease or purchase agreement including financing terms for any new or used equipment acquired in 2011 .
- 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 MBA.
- Company Drivers check fee sheet to determine cost and include check for full payment or provide credit card information.
- 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 any help filling out the Tax Organizer or have any questions at all please do not hesitate to give us a call at: 888-407-1669

Taking Care of You and Your Tax Needs

E1 – ADDITIONAL INFORMATION

1. NUMBER OF OVERNIGHTS

1/1/11-12/31/11

2. PERSONAL VEHICLE MILEAGE: (NOT TRUCK)

TOTAL MILES USED

TOTAL BUSINESS MILES

3. EQUIPMENT PURCHASED:

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 a Copy of Contract
(Don't list Trade-Ins as Equipment Sold)

A. DATE

SALE PRICE \$

DESCRIPTION

5. OFF HIGHWAY FUEL (REEFER FUEL)

NO. OF GALLONS

6. BUSINESS NAME

LIST DBA'S

7. FEDERAL TAX ID#

8. SELF EMPLOYED HEALTH INSURANCE

\$

***DESCRIPTION OF EQUIPMENT RENTED

\$

\$

\$

E2 – BUSINESS INCOME

Do Not Include W-2 Income

GROSS INCOME \$

(Include all 1099's)

(include Fuel Surcharges)

E3 – BUSINESS EXPENSES

Please enter your business expenses if bookkeeping not prepared by MBA

Administrative Fees: \$
(ATM, Bank Service Charges)

Advertising \$

Broker Fees \$

Casual Labor \$

Claims & Damages \$

Comdata/Comcheck Fees \$

** Communications Fees \$

Dues & Subscriptions \$

Entertainment & Promotion \$

***Equipment Rental \$

Fuel & Oil \$

Insurance – Health \$
(Employees only)Insurance – Truck, Cargo,
Physical Damage) \$

Insurance – Worker's Comp \$

Interest \$
(Attach Year End Statement)

Laundry & Uniforms \$

Licenses, Plates & Permits \$

Loading & Unloading \$
(Lumpers)Medical (D.O.T., Physical Drug
Testing)) \$

Motels \$

*Office Equipment \$
(Home or Truck)

Parts \$

Postage \$

Professional Fees \$

Repairs & Maintenance \$

Salaries \$
(Attach Form W-3)Sub haul/Contract Labor \$
(Attach Form 1099)

Supplies \$

TAXES – IFTA/Fuel \$

TAXES – Hwy Use (2290) \$

TAXES – Payroll \$

Telephone \$

Tires \$

Tolls/Prepass \$

Tools \$

Washes & Lubes \$

Yard Rental/Yard Parking \$

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

**Qualcomm, Satellite, Internet Service

E4 – 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

E5 - COMPANY DRIVER BUSINESS EXPENSES

Non Reimbursed

Do Not Use This Section if Self-Employed

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 \$

E6 – SIGNATURE

To the best of my knowledge all information contained within this document is true, correct and complete.