



2010 Tax Package

Use the Checklist as your guide for what documents we need from you.

Complete the appropriate forms:

Fee Schedule

Checklist

Yellow Tax Organizer – ALL

Blue Company Driver Tax Deductions – Company Driver

Pink Tax Deductions – Owner Operators / Independent Contractors

Insert the above information, with the proper payment, in the return envelope.

If you are not sure whether we need a particular document, send it.

All of your tax documents will be returned to you with your completed tax returns.

Help us work for you by providing your information to us as early as possible.

Incomplete or missing information will delay the preparation of your returns.

Please call with any questions. We are here throughout the year to serve you.

8383 Craig St. #260 Indianapolis, IN 46250

888-255-3939 (phone) / 317-813-1009 (fax)

www.cbsitax.net



Fee Schedule

If you are an active CBSi client and enrolled in a settlement deduction or automatic payment as of 12/31/10, your tax returns are prepaid. DO NOT include payment.

If you are not, complete the fee schedule below and include payment with your tax documents or complete payment options below.

Personal Tax Returns -- Federal & State LLC Single	\$ 225.00	\$ _____
Corporate Tax Returns -- Federal & State	\$ 500.00	\$ _____
Partnership/Multiple Member LLC Tax Returns -- Federal & State	\$ 300.00	\$ _____
Totaling Expense Receipts (Company Drivers ONLY)	\$ 125.00	\$ _____
Total Amount Enclosed:		\$ _____

CBSI reserves the right to alter the above fee schedule for exceptionally complex tax preparation. Any changes to this schedule will be communicated to you for approval prior to the work being completed.

PAYMENT INFORMATION --- Credit Card	
Master Card _____	Visa _____
Card Number: _____	Expires: _____
Signature: _____	Amount: \$ _____

PAYMENT INFORMATION --- Automatic Checking Account Withdrawl (ACH)	
Bank Name: _____	
Routing Number: _____	
Account Number: _____	Amount: _____
Signature: _____	Date: ___ / ___ / ___

Refund Direct Deposit (if applicable)	
Bank Name: _____	
Electronic Bank Routing Number: _____	Checking: _____
	Savings: _____
Account Number: _____	

***Enclose a VOIDED check if available (PLEASE DO NOT INCLUDE A DEPOSIT SLIP)**



Checklist of Required Information

COMPLETE THIS SECTION AND RETURN WITH OTHER DOCUMENTS

- 1 CLIENT TAX ORGANIZER: **YELLOW** for all clients
- 2 ADDITIONAL PAGES: **BLUE** for company drivers
PINK for Independent Contractors/Owner Operators
- 3 ORIGINAL W-2 FORMS FOR 2010 (YOU AND YOUR SPOUSE IF FILING JOINTLY)
- 4 ORIGINAL OR COPY OF ALL 1099 FORMS FOR 2010 (YOU AND YOUR SPOUSE IF FILING JOINTLY)
 - 1099 Miscellaneous 1099A 1099 C W-2 G
 - 1099 R 1099DIV 1099INT
 - If you sold any stock please include your year end brokerage statement
- 5 2010 INCOME/DEDUCTIONS: ENCLOSE ANY AND ALL DOCUMENTS THAT YOU HAVE RECEIVED
 - Mortgage Interest Statement State Unemployment Payments
 - Social Security Benefits State Tax Refunds
 - Form K-1 reporting partnership or S-Corporation profits
 - Property Tax Any other forms reporting income
- 6 IF YOU OWN ANY RENTAL PROPERTY (*NOT USED AS PRIMARY RESIDENCE*) , INCLUDE ALL INCOME AND EXPENSES RELATED TO THE RENTAL.
- 7 IF YOU OR YOUR SPOUSE HAD A NON-TRUCKING BUSINESS PLEASE ENCLOSE A LISTING OF YOUR TOTAL INCOME AND EXPENSES BY CATEGORY
- 8 COPY OF LAST YEAR'S TAX RETURN (STATE AND FEDERAL) - *IF PREPARED BY SOMEONE OTHER THAN CBSI*
- 9 PAYMENT AND COMPLETED FEE SCHEDULE (pg. 2)
- 10 IF E-FILING Pg 9 FORM 8879 (E-FILE AUTHORIZATION) **MUST BE SIGNED AND RETURNED**

NOTE: PROPER PAYMENT MUST BE RECEIVED TO BEGIN WORK ON YOUR TAX RETURNS.

MAILING INFORMATION

Where would you like your completed returns mailed? (*If other than home address*)

Street: _____ Apt / Unit # : _____

City: _____ State: _____ Zip: _____

Personal Information

Social Security Number **Date of Birth** **Occupation**

Name: _____ / ____ / ____

Spouse Name: (if filing jointly) _____ / ____ / ____

Address: _____ (street) _____ (city) _____ (state) _____ (zip)

Home Phone: (____) _____ - _____ County: _____

Cell Phone: (____) _____ - _____ School District: _____

E-MAIL Address: _____ Preferred Method of Communication: _____

IF YOU MOVED DURING 2010:

Prior Address: _____ Date Moved: ____ / ____ / ____

Filing Status

Single: Head of Household: Married Filing Jointly With Your Spouse:

Married Filing Separately From Your Spouse:

Note: if you are filing separately from your spouse, the IRS still requires your spouse's name and SSN.

Spouse Name: _____

Spouse Social Security Number: _____

If filing separately from your spouse:

1) Did your spouse itemize their personal tax deductions? _____ (Yes or No)

2) Did you and your spouse live together in 2010? _____ (Yes or No) If yes, did you live together after June 30? _____ (Yes or No)

Dependents- *NOTE-If your spouse or ex-spouse is claiming or has claimed one of your dependents listed then you can not claim them. Do not include your spouse*

NAME	Social Security Number	Date of Birth	Relationship	# months in your home	Income (if over 18)	Student
_____	____-____-____	__/__/____	_____	____	\$ _____	YES NO
_____	____-____-____	__/__/____	_____	____	\$ _____	YES NO
_____	____-____-____	__/__/____	_____	____	\$ _____	YES NO <small>(circle one)</small>

Child Care Expense *YOU MUST PROVIDE ALL INFORMATION BELOW*

Childs Name	Child Care Provider's Name and Address	Provider's Tax ID or SS#	Amount Paid
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Higher Education Expenses - AFTER HIGH SCHOOL (tuition, fees, etc.)

Student Name: _____ Name of School: _____

Year in School: (Sr. / Jr. / So. / Fr.): _____ Amount Paid for Tuition and Fees: \$ _____

Student Loan Interest Paid: \$ _____ Amount Paid for Books: \$ _____

***Driving School does not apply**



Personal Tax Deductible Expenses - ENTER AMOUNT AND/OR INCLUDE DOCUMENTATION

Medical

Medical Expenses Paid: \$ _____

Health Savings Accounts

HSA-SELF Family

Contribution Amount: \$ _____

Distribution Amount: \$ _____

Amount Spent for Qualified Medical Expenses: \$ _____

Taxes

Real Estate Taxes Paid (home): \$ _____

Real Estate Taxes Paid (other): \$ _____

Sales Tax on car or RV (purchased 2010): \$ _____

Purchase Date: ___ / ___ / _____

Excise Tax paid in 2010: \$ _____

State Income Tax Paid in 2010 for prior tax years \$ _____

Interest

Mortgage Interest Paid (home): \$ _____

Private Mortgage Insurance Paid-PMI (home): \$ _____

Points Paid: \$ _____

Insurance

Self Employed Health Insurance:

Dental: \$ _____ Vision: \$ _____

Health: \$ _____ Health Insurance Paid Out of Pocket: \$ _____

Gifts to Charity - *ALL GIFTS TO CHARITY MUST HAVE PROPER DOCUMENTATION*

Cash / Check

Organization: _____

Amount: \$ _____

Organization: _____

Amount: \$ _____

Non-Cash (Ex: Goodwill / Salvation Army / AmVets)

Organization: _____

Amount: \$ _____

Organization: _____

Amount: \$ _____

*** NOTE: If non-cash gifts exceed \$500, you MUST attach itemized list w/ value for each item. ***

Miscellaneous Deductible Expenses

Safe Deposit Box: \$ _____

Fees paid in 2010 for preparing 2009 taxes: \$ _____

Union Dues: \$ _____

Rent Paid (*certain states): \$ _____

*Only valid for California, Indiana, Maryland, Montana, New York and Washington D.C

Landlord: _____ (name)

_____ (address)

Home Purchase Information - ONLY FOR HOME PURCHASED IN 2010

1) Did you or your spouse purchase a primary residence in 2010? (Yes) (No)

* If Yes, what date? _____

* If yes, enclose copy of the HUD Statement received at closing with other documents to be mailed to CBSI.

2) Have you or your spouse owned a principal residence in the past 3 years? (Yes) (No)

3) Did you sell your principal residence in 2010? (Yes) (No)

* If yes, did you ever rent your principal residence that was sold? (Yes) (No)

Energy Tax Credit Information

Did you or your spouse purchase and install any qualifying items for your principal residence in 2010? (Yes) (No)

If yes please provide us with a copy of the qualifying document.

- Qualifying Items: - Energy-efficient exterior windows, doors and/or skylights - Insulation - Energy-efficient heating and air conditioning systems - Biomass stove - Water heater (natural gas, propane or oil)

E-FILE Election Information - OPTIONAL

If you are getting a refund would you like your tax returns to be E-Filed? (Yes) (No)

If you are not getting a refund would you like your tax returns to be E-Filed? (Yes) (No)

Signature(s) / Data Verification - REQUIRED

The information contained herein is, to the best of my/our knowledge, true and complete. Receipts and other supporting documentation will be made available to the tax preparer upon request.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

**** IF YOU WERE A COMPANY DRIVER
AT ANY TIME IN 2010 AND HAD TAXES
WITHHELD, YOU MUST FILL OUT THE
FOLLOWING BLUE FORM**

Food Per Diem Expense

Number of **NIGHTS** on the road **OVERNIGHT** as a company driver according to your log books: _____ days

If the company you drove for paid you a per diem in 2010, enter total amount paid. \$ _____

Was this PER DIEM AMOUNT included in your taxable income for 2010? (If you are unsure please enclose your last pay stub for 2010 or your employers phone number) **YES / NO (circle one)**

*** NOTE: We will calculate your tax deduction for meals***

Type of Vehicle Driven in 2010: (Ex: Straight Truck / Sprinter / Tractor Trailer)

Job Related Expenses

Total all **job related expense receipts for 2010** and provide the totals in the categories below. Remember, any job related expenses that were reimbursed by your carrier should NOT be included.

Parking Fees, Tolls / Scales, Local Transportation including taxi, bus, train, etc. (**DO NOT INCLUDE OVERNIGHT TRAVEL EXPENSES IN THIS CATEGORY**) \$ _____

Overnight Travel expenses including lodging, car rental, laundry showers, etc. (**DO NOT INCLUDE MEALS OR ENTERTAINMENT**) \$ _____

Other Business Expenses **NOT** included in the above categories. Include truck washes, business phone calls, business cell phone charges, fax, postage, permits, tolls, supplies, uniforms, etc. See page 8 for more detailed list of the most common deductible expenses for professional drivers. (**DO NOT INCLUDE MEALS OR ENTERTAINMENT**) \$ _____

Notes

- ~ Do Not Send in Food Receipts
- ~ You must have receipts for all expenses that are listed
- ~ Receipts do not need to be sent to CBSi unless you are having CBSi total them for an additional fee of \$125 (See fee schedule)

**** IF YOU WERE AN INDEPENDENT CONTRACTOR/OWNER OPERATOR AT ANY TIME IN 2010, YOU MUST FILL OUT THE FOLLOWING PINK FORMS**



Refund Information	
If you receive a refund , would you like your refund to go towards your 2011 Quarterly Estimated Tax Payments? If Yes , we will contact you	Yes or No (Circle One)

Partnership/Multiple Member LLC/S Corporation/C Corporation Information	
Date when Business was Formed: _____	State where Business was formed: _____
Partner, LLC or Corporation Member Name: _____	Percentage Owned: _____
Partner, LLC or Corporation Member Name: _____	Percentage Owned: _____
Partner, LLC or Corporation Member Name: _____	Percentage Owned: _____

Quarterly Estimated Tax Payments PAID			
	<u>Date Paid</u>	<u>Federal Payment Amount</u>	<u>State Payment Amount</u>
2009 tax refund applied to 2010:	\$ _____	\$ _____	\$ _____
April Payment: ___ / ___ / _____		\$ _____	\$ _____
June Payment: ___ / ___ / _____		\$ _____	\$ _____
September Payment: ___ / ___ / _____		\$ _____	\$ _____
January 2011 Payment: ___ / ___ / _____		\$ _____	\$ _____

Truck Information	
Truck PURCHASE Information	Truck LEASE Information
Did you BUY a Truck or Trailer in 2010? YES / NO (circle one) <i>* If yes, you MUST enclose a copy of your PURCHASE documents.</i>	Did you LEASE a Truck or Trailer in 2010? YES / NO (circle one) <i>*Include these documents when mailing organizer if you have not already submitted to CBSI.</i>
Did you have a trade-in on your new truck or trailer? YES / NO (circle one) <i>* If yes, you MUST complete the following:</i> Old truck make & model: _____ Date traded: ___ / ___ / _____ Loan balance on old truck or trailer at time of trade: \$ _____	Truck or Trailer SALE Information
	Did you sell your truck in 2010? YES / NO (circle one) <i>If yes, when? ___ / ___ / _____ Sale price \$ _____ . _____</i>
	Did you sell your trailer in 2010? YES / NO (circle one) <i>If yes, when? ___ / ___ / _____ Sale price \$ _____ . _____</i>

Personal Vehicle Mileage	
Number of miles driven on your personal vehicle for business purposes: (i.e. trips for parts, trips for supplies, etc.)	_____ Miles
<i>*NOTE: You MUST have written proof to substantiate the deduction</i>	

Home Office Expenses - MUST BE USED EXCLUSIVELY AND REGULARLY FOR BUSINESS USE			
Total Square Footage	Purchase Price of Home:	\$ _____	Year Purchased: _____
Home: _____	Property Taxes Paid:	\$ _____	Utilities Paid: \$ _____
Office: _____	Rent or Mortgage Interest Paid:	\$ _____	Insurance Paid: \$ _____
Maintenance / Repairs Paid: \$ _____	(ENTIRE HOME)	_____	(description of expense)
	(OFFICE ONLY)	_____	(description of expense)

Business Income and Expenses

-NOTE**Use this form ONLY to provide any additional income and/or expenses that have not already been submitted or provided to CBSI on a monthly basis.**

- You MUST have receipts for all expenses listed below - except for food. Keep your receipts and log books for your records in a safe place. They DO not have to be sent to us.
- Total any other income for 2010 and provide total below.
- Total any other business related expense receipts, INCLUDING SETTLEMENT STATEMENT DEDUCTIONS, for 2010 and provide the totals in the categories below. Remember, any business related expenses that were reimbursed by your carrier should NOT be included.

Total ADDITIONAL income earned as an Independent Contractor: \$ _____

Description: _____

Expenses:

Fuel	\$ _____	Heavy Hwy. Vehicle Use Tax (2290)	\$ _____
Tires	\$ _____	Motels and Showers	\$ _____
Repairs and Maintenance	\$ _____	Uniforms and Laundry	\$ _____
Truck Washes	\$ _____	Casual Labor	\$ _____
Insurance (not health)	\$ _____	Damage Claims	\$ _____
Licenses and Fuel Tax	\$ _____	Postage	\$ _____
Parking, Tolls, Scales	\$ _____	Idle-Aire / Cell Phone	\$ _____
Interest on Truck Loan	\$ _____	Percentage of Business Use	_____ %
Truck Lease Payments	\$ _____	Small Tools and Equipment	\$ _____
Supplies	\$ _____	Money Advance / ATM Fees	\$ _____
Internet Access Fees	\$ _____	Miscellaneous	\$ _____
Percentage of Business Use	_____ %	_____	\$ _____

Number of Days on the Road Overnight as an Independent Contractor/Owner Operator _____ days

*** NOTE: We will calculate your tax deduction for meals ***

Form **8879**

Department of the Treasury,
Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

2010

Declaration Control Number (DCN) |

Taxpayer's name

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2010 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3
4	Refund (Form 1040, line 74a; Form 1040A, line 48a; Form 1040EZ, line 12a; Form 1040 SS, Part I, line 12a)	4
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize _____ to enter or generate my PIN
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2010 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2010 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**



NOTE: Any of these expenses that are reimbursed are not deductible.

- ADMINISTRATIVE SUPPLIES
- AIR FRESHENER
- ANTENNAS
- ATM FEES
- BATTERIES
- BEDDING, ETC.
- BOOTS
- BUSINESS TELEPHONE CALLS
- CAB CURTAINS
- CASUAL LABOR
- CB
- CHAINS
- CIRCUIT TESTERS
- COMCHEK, EFS, ETC. FEES
- COMPUTER
- COOLER
- DOT PHYSICAL
- DUES OR TRUCKING PUBLICATIONS
- FILM FOR DAMAGE CLAIMS
- FLAGS
- FLASHLIGHTS
- FOOD (PER DIEM ALLOWANCE, NO RECEIPTS)
- FOUL WEATHER GEAR
- FUEL
- GLOVES
- HAND CLEANER
- HARD HAT
- WORK BOOTS
- IDLE AIRE
- INSURANCE (BUSINESS ONLY)
- INTERNET FEES
- LETTERING ON TRUCK
- LOCKS
- LODGING
- LOG BOOKS
- MAPS
- MICROWAVE
- PARKING FEES
- PERMITS
- POSTAGE
- POWER CORDS
- SAFETY GLASSES
- SEAT COVERS
- SECURITY DEVICES
- SHOWERS
- SLEEPING BAGS
- SMALL TOOLS AND EQUIPMENT
- STORAGE FEES FOR BUSINESS RELATED ITEMS
- TARP
- TAX AND BOOKKEEPING SERVICES
- TIE-DOWNS
- TOASTER
- TOLLS AND SCALES
- TOWELS
- TOWING CHARGES
- TRASH BAGS
- TRUCK EQUIPMENT
- TRUCK MAINTENANCE PARTS AND SERVICE
- TRUCK SUPPLIES (CLEANING, ETC.)
- TRUCK WASHES
- UNIFORMS (REQUIRED BY COMPANY)
- VACUUM
- XM RADIO SERVICE
- FLARES
- TIRES

***OTHER ORDINARY AND NECESSARY EXPENSES OF YOUR JOB OR BUSINESS.**