

Rule #1...you are running a business, not just driving a truck! At CBSI, our goal is to relieve you of the time consuming and often complex tasks associated with owning and operating your business.

- **Our responsibility** is to provide you with accurate and timely financial information to help you to manage your business properly and to keep you out of trouble with the IRS.
- **Your responsibility** is to provide us with the information to allow us to do our job for you.

Services Provided

Monthly:

- Bookkeeping (*YTD and Monthly P&L Statements*)
- Expense Transaction Summary
- Cost / Revenue Per Mile Analysis
- Quarterly Tax Projections

Annually:

- Personal Income Tax Return Preparation (*state and federal*)
- HVUT IRS Form 2290 / SS- 4 Filing (*as needed*)
- Business advice from TRUCKING PROFESSIONALS

Owner Operators

\$85.00 per month (*1 truck*)

**CBSI Fees are 100% Tax Deductible*



*Monthly Bookkeeping Service and
Annual Tax Return Preparation Instructions*

Monthly Bookkeeping Instructions:

At the end of each month, mail to CBSI in provided envelopes:

- **Settlement Statements / Pay Stubs**

NOTE: If your carrier has the capability, we will access your statements on line and print in our office. If not, include with your monthly receipts.

- **Business Expense Receipts** - All business expense receipts for prior month (*see tax deductions list on pg.4*).

Receipts will be returned with P&L Statements and Quarterly Tax Projections each month --- organized in the manner that the IRS will want them in the event of an audit. Additional mailing envelopes will be included for your use each month.

NOTE: You must provide the number of days away from home on top left corner of provided envelopes. This number will used to calculate your per diem tax deduction for food. You DO NOT need to send any food receipts. You MUST keep your log books.

Income Tax Return Preparation Instructions:

- 1) In January, all CBSI clients receive a Tax Organizer (*tax forms and instructions on what information needed to complete your return*) for the prior year.
- 2) Return completed Tax Organizer to CBSI in provided self addressed envelopes.
- 3) Completed return(s) will be mailed back to you for signature(s). Sign and mail to the IRS with provided self addressed envelopes (include payment, if necessary).

OR

Your returns will be E-FILED and copies mailed to you for your records.

---- CALL OUR OFFICE ANYTIME WITH QUESTIONS OR FOR ASSISTANCE ----



Registration Form

NAME: _____ MARRIED: _____ (YES) (NO)
HOME ADDRESS: _____ (STREET)
(CITY) (ST) (ZIP)
PHONE: (____) - _____ (HOME) (____) - _____ (CELLULAR)
EMAIL: _____ SOC. SEC. NUMBER: _____

MAILING ADDRESS

(IF DIFFERENT FROM ABOVE)

_____ (STREET)
(CITY) (ST) (ZIP)

COMPANY INFO

DOING BUSINESS AS: _____ CORPORATION _____ SOLE PROPRIETOR
(CHECK ONLY ONE)
_____ LLC - ONE OWNER _____ PARTNERSHIP
_____ LLC - MULTIPLE OWNERS

NAME OF COMPANY LEASED TO: _____

DATE STARTED (WITH THIS COMPANY): _____

TAX INFORMATION

ARE YOU LEASING OR BUYING YOUR VEHICLE? _____ (BUYING) (LEASING)

VERY IMPORTANT

NOTE: WE WILL NEED A COPY OF YOUR VEHICLE PURCHASE OR LEASE DOCUMENTS IN ORDER TO PROVIDE AN ACCURATE P&L AND TAX PROJECTIONS. WE WILL COPY AND RETURN THEM TO YOU.

IF MARRIED, DO YOU FILE YOUR TAXES JOINTLY? _____ (YES) (NO)

NUMBER OF DEPENDENTS YOU CLAIM ON YOUR TAX RETURN? _____ (DO NOT INCLUDE YOUR SPOUSE IN THIS NUMBER IF MARRIED)



Authorization for Automatic Payment (ACH / CC)

Client Name: _____

Payment Method: Debit/Credit Card: _____ Automatic Withdrawal: _____

PAYMENT INFORMATION:

I hereby authorize Central Business Services, Inc. (CBSI) to automatically withdraw or charge my debit/credit card for the following amount each month for accounting and tax services.

Amount: \$ 85.00 / month Day of Withdrawal/Charge: _____
(1st or 15th of month)

PLEASE FILL IN ONE

FOR DEBIT/CREDIT CARD CHARGES: (Visa or MC only)

Card #: _____ Expiration Date: _____

CVV Code (last 3 digits on back of card): _____

FOR AUTOMATIC WITHDRAWAL ONLY:

Bank Name: _____

Address: _____

Routing Number: _____ Account Number: _____

Type of Account (Checking or Savings): _____

I understand that it is my responsibility to notify CBSI in writing of any request to cancel automatic payment. Any collected fees are non-refundable.

Signature

Date



Tax Deductible Expenses for Drivers

FOOD (PER DIEM ALLOWANCE, NO RECEIPTS NEEDED)	AIR FRESHENER
LODGING / HOTELS / MOTELS	FOUL WEATHER GEAR
FUEL	BROKERAGE FEES
FACTORING FEES	SECURITY DEVICES
TRUCK MAINTENANCE PARTS OR SERVICES	ANTENNAS
TRUCK EQUIPMENT (EX: COOLER / MICROWAVE / BEDDING)	PARKING FEES
POWER CORDS	FUELTAX FEES
RAIN GEAR	CB
TRUCK WASHES	MAPS
TRUCK SUPPLIES (CLEANING, ETC)	SAFETY GLASSES
TOLLS AND SCALES	BATTERIES
INSURANCE (BUSINESS)	MONEY TRANSFER FEES/ATM
BUSINESS TELEPHONE CALLS OR FAXES	CIRCUIT TESTER
UNIFORMS	TRUCK STORAGE
CASUAL LABOR	FLASHLIGHT
DUES OR TRUCKING PUBLICATIONS	FILM FOR DAMAGE CLAIMS
TAX AND BOOKKEEPING SERVICES	HAND CLEANER
SMALL TOOLS AND EQUIPMENT	HARD HAT
SHOWERS	SEAT COVERS
WORK GLOVES, BOOTS	SLEEPING BAGS
ADMINISTRATIVE SUPPLIES (BRIEFCASE, ETC)	TOWELS / TRASH BAGS
DOT PHYSICAL	LICENSE TRANSFER FEES
COMCHEK FEES (OR EQUIVALENT)	VACUUM
PARKING FEES	TOWING CHARGES
TRUCK/TRAILER STORAGE	TIE-DOWNS
LOG BOOKS	LOCKS

NOTE: ANY OTHER ORDINARY AND NECESSARY EXPENSES OF YOUR BUSINESS/JOB