CBSI

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January 18, 2010

Dear Client,

Enclosed you will find the **2009 Income Tax Preparation Package**. For over two decades, we have specialized in helping professional drivers to operate their business profitably and pay the least amount of tax possible. This package will help you to assemble the information needed for the proper preparation of your returns.

Having CBSI prepare your income tax returns is as easy as 1-2-3:

1. Use the Checklist as your guide to what documents we need.

2. Complete the appropriate forms:

    Checklist
    Fee Schedule
    Yellow Tax Organizer – all clients
    Blue Company Driver Tax Deductions – company driver clients
    Pink Owner/Operator Tax Deductions – owner/operator clients

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

That's it! Your tax returns will be ready for your signature or E-Filing once completed and reviewed.

If you are not sure whether we need a particular document, send it. We will be returning all of your tax documents to you with your completed tax returns.

Please help us work for you by providing the most complete information to us as early as possible. Incomplete or missing information will delay the preparation of your returns.

Note: If you are operating your business as a Corporation or Partnership, two tax returns must be completed. One for your business and one for you personally.

Please do not hesitate to call with any questions. We are here throughout the year to serve your financial needs.

Regards,

Mark Bobilya
President

Checklist of Required Information

COMPLETE THIS SECTION AND RETURN WITH OTHER DOCUMENTS

1	☐	CLIENT TAX ORGANIZER:	**YELLOW** for all clients for all clients
2	☐	ADDITIONAL PAGES:	**BLUE** for company drivers **PINK** for company drivers
3	☐	ORIGINAL W-2 FORMS FOR 2009 (YOU AND YOUR SPOUSE)	
4	☐	ORIGINAL OR COPY OF ALL 1099 FORMS FOR 2009 (YOU AND YOUR SPOUSE)	
5	☐	INCLUDE ANY CAPITAL GAINS, STOCK SALE AND IRA DOCUMENTS	
6	☐	IF YOU OWN ANY RENTAL PROPERTY *(NOT USED AS PRIMARY RESIDENCE)* , INCLUDE ALL INCOME AND EXPENSES RELATED TO THE RENTAL.	
7	☐	COPY OF LAST YEAR'S TAX RETURN (STATE AND FEDERAL) - *IF PREPARED BY SOMEONE* ***OTHER THAN CBSI***	
8	☐	PAYMENT AND COMPLETED FEE SCHEDULE (pg. 2)	

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:** ______________

Fee Schedule

If you are an active CBSi client and enrolled in a settlement deduction or automatic payment as of 12/31/09, 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	$	225.00	$ ________
Corporate Tax Returns -- Federal & State	$	500.00	$ ________
Partnership Tax Returns -- Federal & State	$	300.00	$ ________

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:** ___ / ___ / ___

CBSi

2009
Tax Organizer

Personal Information

	Social Security Number	Date of Birth	Occupation
Name: ______________________	___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ / ___ / _______	______________________
Spouse Name: ______________________	___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ / ___ / _______	______________________

Address: ______________________ (street) ______________ (city) ________ (state) __________ (zip)

Home Phone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ County: ______________________

Cell Phone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ E-MAIL Address: ______________________

School District: ______________________

IF YOU MOVED DURING 2009:

Prior Address ______________________ **Date Moved:** ___ / ___ / _______

Filing Status

Single: ☐ **Married Filing Jointly With Your Spouse:** ☐

Head of Household: ☐ **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 they itemize their personal tax deductions? __________ (Yes or No)

2) Did you and your spouse live together in 2009? __________ (Yes or No) **If yes,** did you live together after June 30? __________ (Yes or No)

Dependents -- *use blank paper if additional space is needed*

NAME	Social Security Number	Date of Birth	Relationship	# months in your home	Income (if over 18)	Student
______________	___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ / ___ / _____	______________	_____	$_________	YES NO
______________	___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ / ___ / _____	______________	_____	$_________	YES NO
______________	___ ___ ___ - ___ ___ - ___ ___ ___ ___	___ / ___ / _____	______________	_____	$_________	YES NO (circle one)

Child Care Expense

Childs Name	Child Care Provider's Name and Address	Provider's Tax ID or SS#	Amount Paid
______________	______________________________	______________	$__________
______________	______________________________	______________	$__________

2009 Income

Enclose any and all of the following documents that you have received:

- W-2 Forms / W-2-G Forms
- Form 1099 for income or interest received
- Form 1099 for Retirement Benefits
- Social Security Benefits
- State Unemployment Payments
- Form K-1 reporting partnership or S-Corporation profits
- State Tax Refunds
- Any other forms reporting income to you.

Refund Direct Deposit *(if applicable)*

Electronic Bank Routing Number: ______________________ **Checking:** __________

Savings: __________

Account Number: ______________________

Enclose a VOIDED check if available

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

Medical

Medical Expenses Paid: $ __________
Self-Employed Health Insurance Paid: $ __________

Health Savings Accounts

Contribution Amount: $ __________
Distribution Amount: $ __________
Health Insurance Deductible Amount: $ __________

Interest

Mortgage Interest Paid (home): $ __________
Private Mortgage Insurance Paid (home): $ __________
Points Paid: $ __________

Taxes

Real Estate Taxes Paid (home): $ __________
Real Estate Taxes Paid (other): $ __________
Sales Tax on car or RV (purchased 2009): $ __________
Purchase Date: ___ / ___ / _______
Any State Tax paid in 2009: $ __________
Excise Tax paid in 2009: $ __________

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: $ __________
Union Dues: $ __________
Fees paid in '09 for preparing '08 taxes: $ __________
Rent Paid (certain states): $ __________
Landlord: ______________________________________
(name)
____
(address)

Home Purchase Information - ONLY FOR HOME PURCHASED IN 2009

1) Did you or your spouse purchase a new home (primary residence) in 2009? _____ (Yes) _____ (No)

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 2009? _____ (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 the following for your principal residence IN 2009?

	YES	Amount
- Energy-efficient exterior windows, doors and/or skylights	_______	$_________
- Energy-efficient heating and air conditioning systems	_______	$_________
- Insulation	_______	$_________
- Water heater (natural gas, propane or oil)	_______	$_________
- Biomass stove	_______	$_________

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

Student Name: ______________________ Name of School: ______________________
Year in School: (Sr. / Jr. / So. / Fr.) ______________ Amount Paid: $ ____________

Student Loan Interest Paid: $ ____________ Name of School: ______________________

***Driving School does not apply**

E-FILE Election Information - OPTIONAL

If you have a refund, would you like your completed 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: _______________

2009
Company Driver Tax Deductions

Food Per Diem Expense

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

NOTE: We will calculate your tax deduction for meals

Type of Vehicle Driven in 2009: **(Ex: Straight Truck / Sprinter / Tractor Trailer)**

____

Job Related Expenses

Total all **job related expense receipts for 2009** and provide the totals in the categories below. Remember, any job related expenses <u>that were reimbursed by your carrier should NOT be included.</u>

Parking Fees, Tolls / Scales, <u>Local</u> Transportation including taxi, bus, train, etc. (<u>DO NOT</u> INCLUDE OVERNIGHT TRAVEL) $_________

Overnight expenses including lodging, car rental, laundry showers, etc. (<u>DO NOT</u> INCLUDE MEALS OR ENTERTAINMENT) $_________

Other Business Expenses <u>NOT included in the above categories</u>. 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. (<u>DO NOT</u> INCLUDE MEALS OR ENTERTAINMENT) $_________

If the company you drove for paid you a <u>per diem in 2009</u>, enter total amount paid. $_________

Was this PER DIEM AMOUNT included in your taxable income for 2009? If you are unsure, enclose your last pay stub for 2009. YES / NO **(circle one)**

CBSI recommends that you obtain <u>proof of carrier's reimbursement policy</u>. To do this, contact the payroll or HR department for the carrier.

Receipts

You MUST have receipts for all expenses listed above - **<u>except for food</u>**. Keep your receipts and log books for your records in a safe place. They **<u>do not</u>** need to be sent to CBSI.

2009
Owner-Operator Tax Information

Quarterly Estimated Tax Payments PAID

	Date Paid	Federal Payment Amount	State Payment Amount
2008 tax refund applied to 2009:		$_____________	$_____________
April Payment:	___ / ___ / _______	$_____________	$_____________
June Payment:	___ / ___ / _______	$_____________	$_____________
September Payment:	___ / ___ / _______	$_____________	$_____________
January 2010 Payment:	___ / ___ / _______	$_____________	$_____________

Truck Information

Truck PURCHASE Information

Did you **BUY** **a** **Truck or Trailer** in 2009? YES / NO **(circle one)**

** **If yes**, you MUST enclose a copy of your PURCHASE documents.*

Did you have a trade-in on your new truck or trailer? YES / NO **(circle one)**

***** ***If yes**, you MUST complete the following:*

Old truck make & model: ______________________________

Date traded: ___ / ___ / _______

Loan balance on old **truck or trailer** at time of trade: $_____________

Truck LEASE Information

Did you **LEASE** **a** **Truck or Trailer** in 2009? YES / NO **(circle one)**

**Include these documents when mailing organizer if you have not already submitted to CBSI.*

Truck or Trailer SALE Information

Did you sell your **truck** in 2009? YES / NO **(circle one)**

If yes, when? ___ / ___ / _____ Sale price $ _________ . ____

Did you sell your **trailer** in 2009? YES / NO **(circle one)**

If yes, when? ___ / ___ / _____ Sale price $ _________ . ____

Personal Vehicle Mileage

Number of miles driven on your personal vehicle for business purposes: ___________ Miles

**NOTE: You MUST have written proof to substantiate the deduction*

Home Office Expenses - *MUST BE USED 100% FOR BUSINESS USE*

Total Square Footage

Home: __________

Office: __________

MUST PROVIDE BOTH FIGURES

Purchase Price of Home: $_____________

Year Purchased: _____________

Rent or Mortgage Interest Paid: $_____________

Utilities Paid: $_____________

Insurance Paid: $_____________

Property Taxes Paid: $_____________

Maintenance / Repairs Paid: $_____________ (ENTIRE HOME) ________________________________ *(description of expense)*

$_____________ (OFFICE ONLY) ________________________________ *(description of expense)*

Business Income and Expenses

- Use this form ONLY to provide any additional income and/or expenses that have not already been submitted or provided to CBSI.

- 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 2009 and provide total below.

- Total any other business related expense receipts, INCLUDING SETTLEMENT STATEMENT DEDUCTIONS, for 2009 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 owner operator: $ ______________

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	$ __________	Small Tools and Equipment	$ __________
Truck Lease Payments	$ __________	Money Advance / ATM Fees	$ __________
Supplies	$ __________	Miscellaneous	$ __________
Internet Access Fees	$ __________	______________________________	$ __________

Number of Days on the Road Overnight as an Owner Operator: ________ days

NOTE: We will calculate your tax deduction for meals

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
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 (WITH COMPANY LOGO)
VACUUM
XM RADIO SERVICE
FLARES
TIRES

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