

2015 Tax Organizer

Dear ATBS Client:

Thank you for choosing ATBS as your accounting and tax service provider. **Every client MUST fill out this tax organizer (TO) in order for ATBS to begin work on their 2015 tax return**, including clients who have had ATBS complete their previous year's return. There are 3 steps to completing this TO:

Step 1: Compile all business income and expenses from 2015 and send copies to ATBS as soon as possible, to be received no later than **February 1, 2016**. These documents may be:

- 1) Mailed using the enclosed envelope
- 2) Scanned and emailed to fleet1@ATBSshow.com
- 3) Faxed to 720-212-0919.

We need ALL of your income and expenses to begin your tax preparation, so don't delay!

Step 2: Read the 2015 TO to understand everything needed for ATBS to file your taxes and then complete the TO.

Step 3: Send copies of tax documents - W-2s, 1099s, etc. – along with TO to ATBS to be received no later than **February 29, 2016**.

The law generally requires 1099s, W-2s, and other tax documents be mailed to you by your employer no later than January 31, 2016. A disc containing images of your documents will be provided to you upon completion of your tax return; **originals will NOT be returned**.

Your tax return preparation may be delayed if the above deadlines are not met.

If you need any assistance filling out your TO, please contact your ATBS business or tax consultant. Some points to remember:

- As a reminder, **fees for our services must be paid in full in order for ATBS to release your tax return. Additionally, your outstanding account balance regarding our fees must be \$200 or less for ATBS to BEGIN WORK on your tax return** that is due April 18, 2016.
- If necessary, ATBS will automatically file an extension for clients that paid monthly service fees during 2015. **For individuals not on a monthly service plan with ATBS, a minimum of \$50 must be paid toward the tax return and the individual must contact our office** to request the extension prior to April 11, 2016 for individual/partnership returns and March 7, 2016 for corporate returns.
- **Filing an extension only extends the time to file a tax return -- it does NOT extend the time to pay taxes that are due.** ATBS is not responsible for penalties and/or interest assessed as a result of taxes not paid by April 18.
- Due to IRS requirements, all returns will be filed electronically. Upon completion of your return, ATBS will contact you with the final results and will send you the Federal E-file Authorization Form (IRS Form 8879) and any applicable state e-file authorization form(s). **These forms must be signed and returned before your return can be electronically filed.** An additional fee may apply if you opt-out of e-file.

If you have any questions, please do not hesitate to call your business or tax consultant or e-mail us at tax@atbsshow.com.

Thank you,
ATBS
www.ATBSshow.com

CLIENT ENGAGEMENT LETTER – STANDARD BUSINESS SERVICES



This letter confirms the understanding between the parties ("Agreement") that the undersigned ("Client") has engaged American Truck Business Services, LLC ("ATBS") to provide Business Services for the benefit of Client on the terms and conditions contained in this letter. Business Services may include: profit/business planning, bookkeeping, monthly income statements, quarterly tax estimates, federal, state and local income tax return preparation and business consulting.

Fees and Charges. ATBS' standard fees for Business Services (current monthly fee charges applicable to Client and referred to herein as "Standard Fees") are based on performance in accordance with ATBS' normal operating procedures. ATBS reserves the right to revise its Standard Fees at any time upon 30 days written or electronic notice to Client. If any additional work is required on Client's behalf, ATBS will notify and collect directly from Client (in a manner pre-established by the parties, or as otherwise mutually agreed-upon) additional fees at ATBS' then current rates.

Payment of Fees and Charges; Term and Termination. Standard Fees will be owed and paid to ATBS by the Client beginning with the month of engagement. If Client's fees have been paid through a third party for a specified term, after the expiration of this initial term, the Client will be responsible for paying ATBS such fees directly. If Client pays ATBS through an arrangement with the company the Client is contracted with ("Company") or through an arrangement with some other third party, ATBS has no responsibility for the funds collected or the provision of Business Services until the funds are remitted to ATBS. Client will ensure full payment of fees prior to Client receiving final tax returns. Client authorizes all amounts owing to ATBS to be deducted from compensation due and owing by Company to Client. Client agrees to pay any amounts due and owing to ATBS that have not been remitted to ATBS on client's behalf by any third party, or deducted from compensation and remitted to ATBS on client's behalf by Company. Client shall pay interest on any invoice balance unpaid after forty-five (45) days from invoice date at a rate of 1.5% per month, or if such interest rate is higher than permitted by law, Client shall pay interest at the highest rate permitted by law, plus ATBS' reasonable attorney's fees and costs of collection. ATBS will provide Business Services on a month to month basis. This Agreement may be terminated by the Client upon ATBS' receipt of 30 days written notice. ATBS may terminate this Agreement at any time for any reason, including Client's non-payment of fees. If this Agreement is terminated by either party, ATBS shall be entitled to retain any and all funds previously paid by Client to ATBS for client acquisition costs, setup or any one or more Business Services.

Information Provided to ATBS. Client represents that all information provided to ATBS for the performance of Business Services is and will be accurate and complete to the best of Client's knowledge. Client agrees to provide ATBS such additional information necessary for the performance of Business Services as ATBS shall require or request, including records indicating the amount, time, place and business purpose necessary to substantiate the deductibility of business expenses as required by applicable law. Client agrees to allow ATBS to gather settlement, tax and any other relevant information from the Company. In addition, Client agrees to allow ATBS to share all information, including monthly income statements and any other financial or other relevant data regarding the Client, with the Company and or third party.

Record Retention. Client agrees to maintain originals of all paperwork submitted to ATBS, or copies thereof, necessary for its own records, acknowledging ATBS does not require original copies of any information to be provided to ATBS hereunder. ATBS will for its own purposes maintain all client information and paperwork related to this engagement that it determines in the exercise of its reasonable discretion is necessary for performance of Business Services. All information and paperwork submitted by the client will be converted by ATBS to electronic images and saved in a secure system folder, with physical copies provided to ATBS by Client to be destroyed. At any time during this engagement and up to one year after the engagement ends, Client may request copies of any electronic images at ATBS' then standard rates. After the date of the last bill to Client for Business Services, ATBS will maintain or destroy files in accordance with its then-existing records retention policy.

Tax Return Services. ATBS will use commercially reasonable efforts to resolve tax questions applicable to the Business Services. ATBS will resolve such questions in Client's favor when legally and reasonably possible. ATBS may at its option for any reason automatically file for an extension on behalf of Client to extend the tax return filing deadline. Client must provide all documentation necessary for the preparation of the income tax returns for the preceding tax year by January 31. The Client is ultimately solely responsible for the accuracy of all information reported on all tax returns, including but not limited to any penalties imposed if Client makes any underpayment of tax liability, and agrees to review all tax documentation and returns carefully prior to signing and filing them. Should Client's income tax returns be selected for examination by any taxing authority, ATBS will to the extent allowed by law, upon written request, represent Client before that authority and prepare legally valid refund claims or protests that may be necessary to obtain a final determination of Client's income tax liability. Client agrees to pay ATBS its then current fees and rates for these services.

Limitation of Liability. CLIENT AGREES THAT IN NO EVENT SHALL ATBS' LIABILITY TO CLIENT FOR DAMAGES, REGARDLESS OF THE FORM OF ACTION OR NATURE THEREOF, EXCEED THE TOTAL OF ALL AMOUNTS PAID BY CLIENT TO ATBS FOR BUSINESS SERVICES HEREUNDER. RECOVERY OF SUCH AMOUNTS SHALL BE CLIENT'S SOLE AND EXCLUSIVE REMEDY.

Governing Law. This Agreement and all acts and transactions pursuant hereto and rights and obligations of the parties hereto shall be governed, construed and interpreted in accordance with the laws of the State of Colorado. This Agreement constitutes the sole agreement of the parties and supersedes any prior understandings or written or oral agreements between the parties respecting the subject matter hereof. No modification of this Agreement shall be effective unless in writing and signed by ATBS. The parties agree that fax or other electronic signatures are legally binding in accordance with this Agreement. If any of the provisions of this Agreement are prohibited by or held invalid under applicable laws or regulations of any jurisdiction in which Agreement is sought to be enforced, then that provision shall be considered inapplicable and omitted but shall not invalidate the remaining provisions.

AGREED TO AND ACCEPTED: The foregoing is in accordance with Client's understanding of ATBS' engagement to provide Business Services. By providing information to ATBS, you accept the terms of our engagement outlined in this letter. The parties agree that this Agreement may be electronically signed. The parties agree that the electronic signatures appearing on this Agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility. **ATBS appreciates this opportunity to serve you.**

I understand that checking this box and typing my first and last name below constitutes a legal signature confirming that I acknowledge and agree to the above.

BY: _____
(Signature of Client or Authorized Representative) (Client Name, include business name if applicable) (Title)

E-MAIL: _____ DATE: _____, 20____

MAILING ADDRESS: _____
(Street Address) (City) (State) (Zip)

HOME PHONE: (____) _____ CELL PHONE: (____) _____ SSN/FEIN: _____
(Last 4 digits of SSN or FEIN)

COMPANY: _____ FINANCE COMPANY: _____ UNIT#: _____ CONTRACTOR ID: _____
(Company Contracted With)

By signing this form and affixing its initials in the space provided, Client authorizes and instructs Company to provide ATBS with Client's settlement information; deduct ATBS' standard fees from Client's settlement statement; and remit such funds to ATBS on Client's behalf.

TO BEGIN BENEFITING FROM ATBS' SERVICES, PLEASE COMPLETE THIS FORM & FAX TO: 888-207-1425 OR EMAIL: enrollment@ATBSshow.com

ATBS Tax Inventory

Please fill out the following pages in their entirety. Include copies of all tax documents. If ATBS did not prepare your 2014 tax return, please enclose a copy of your 2014 return.

Indicate the dates you were a company driver (W-2) and/or an owner operator/subcontractor (1099-MISC) in 2015:

Company driver from: ____/____/2015 Owner operator from: ____/____/2015
 Company driver until: ____/____/2015 Owner operator until: ____/____/2015

1. Are you a sole proprietor? (You have not created a business entity) yes no
 Have you created a business entity? (If yes, check the type of entity below) yes no
- S-corporation In which state was your entity organized? _____
 C-corporation If you checked S-corp, C-corp or partnership boxes, you will need to
 Partnership complete an entity tax organizer.
 LLC

2. Did you or your spouse have any W-2 income? yes no } If yes, complete page 10.
3. Did you incur any unreimbursed employee expenses (Only while W-2)? yes no }
4. Did you have contractor (1099) income? yes no } If yes, complete page 7 section 1 & page 8.
5. Did you make any quarterly estimated tax payments? yes no } If yes, complete page 7 section 3.
6. Did you purchase a computer for business use? yes no } If yes, complete page 8.
7. Please list your miles below if you used your personal vehicle for business use in 2015:
 Total miles _____ business miles _____

You must have documented evidence of miles driven – you do not need to send this evidence to ATBS. Do not include commuting miles (miles from home to truck and vice-versa) with your business miles.

8. Did you pay anyone \$600 or more to work for you (not including individuals whom you paid wages)? yes no } If yes, complete page 7 section 1.
9. Did you receive:
- Money from a retirement account such as a pension, annuity, IRA, SEP, Keogh, and/or 401(k) (1099-R)? yes no
 - Interest (1099-INT) yes no
 - Dividends (1099-DIV) yes no
 - Unemployment compensation (1099-G) yes no
 - Social Security benefits (SSA-1099) yes no
 - Gambling winnings (W-2G) yes no
 - State or city tax refund (1099-G) yes no
 - Court ordered alimony (not child support) yes no
 - Investment income (partnership, s-corporation, Schedule K-1) yes no
 - Cancellation of debt from a mortgage, credit card, etc. (1099-C) yes no
- If yes, complete page 11.
10. Did you pay or make:
- Court ordered alimony (not child support) yes no
 - Student loan interest (1098-E) yes no
 - Tuition (1098-T) yes no
 - Gambling losses yes no
 - Unreimbursed medical expenses yes no
 - Mortgage interest (1098) yes no
 - Personal property or real estate taxes yes no
 - Contributions to a church/charity yes no
 - Contributions to an IRA, SEP, or SIMPLE plan (NOT 401K)? yes no

ATBS Tax Inventory [continued]

11. Did you sell any stock in 2015? yes no If yes, complete page 11
12. Do you have a financial interest or signature authority over a foreign financial account? yes no
13. Did you purchase, refinance, or sell a home? (Please include copy of HUD statement) yes no
14. Did you pay for health insurance? yes no If yes, complete page 6.
15. Did you pay for a health savings account (HSA)? (Please include 1099-SA or account statement) yes no
16. Did you or your spouse have a second business or farm? yes no
If yes, please go to the ATBS secure client portal to fill out 2015 Schedule C/F or provide profit and loss. **Please do not mail in receipts*.**
17. Did you receive any rental property or royalty income? yes no
If yes, please go to the ATBS secure client portal to fill out 2015 Schedule E or provide profit and loss. **Please do not mail in receipts*.**

***ATBS does not perform bookkeeping for rental properties, farms, or second businesses. If you send receipts for any of these items, ATBS will not include the expenses when preparing your tax return. Please contact ATBS for the necessary form(s) to complete.**

18. Did you suffer a casualty loss or theft in 2015? yes no
Describe the loss/theft: _____
Amount of loss: \$ _____

Please include police and/or insurance report.

19. Did you pay any dependent childcare in 2015 (not child support)? *If yes, please answer the following:* yes no

Amount of childcare expense: _____
Childcare providers name: _____
Name of child who was cared for: _____
Provider's Employer Identification Number or Social Security Number: _____
Provider's address: _____

20. Did you move more than 50 miles in 2015? yes no
If yes, was the move for business reasons? *If yes, please fill out the following:* yes no
How many miles from old home to new workplace? _____ miles (where you used to live to where you now work)
How many miles from old home to old workplace? _____ miles (Where you used to live to where you used to work)
Total dollar amount of moving expenses: \$ _____ (meals, house-hunting expenses or temporary living expenses are NOT deductible as moving expenses)

21. If you are due a refund, do you want it direct deposited? yes no
If you would like direct deposit of your refund, please attach a voided check below. *If unable to provide a check, please include your:*
Bank Name: _____ Routing #: _____ Account #: _____

Please tape a voided check here.

2015 Personal Income Tax Organizer

Self _____ /_____/_____
 First M.I. Last SSN Date of birth

Spouse _____ /_____/_____
 First M.I. Last SSN Date of birth

Occupation Self: _____ Spouse: _____

Current Address _____
 Street City State Zip

Contact Info [_____] - [_____] - _____ [_____] - _____
 Home phone Cell phone Alternate contact: [Name] Phone number

 Primary E-Mail Address County School Dist or Number

Do you want the above contact information reflected on your ATBS account? yes no
 Did you live at this address the entire year of 2015? yes no
 If no, did you move from one state to another state? yes no

If you moved from one state to another, please provide the following information:

State you moved from _____ Date you moved ____/____/____ | State you moved to _____ Date you arrived ____/____/____

Presidential Election Campaign: Do you want \$3 to go to the presidential campaign fund? [This will not affect your tax or refund]

Self: yes no Spouse: yes no

Filing status, please choose one:

Note: If you are married and unsure whether to file joint or separate, please provide all tax information for both spouses and ATBS will determine which option is most advantageous for you. *****If you file separately AND need an extension, please notify ATBS ASAP.*****

- Single Married filing joint
- Head of Household (qualified dependent required) Married filing separate (EIC disallowed) - if checked, my spouse:
- Qualifying widow[er] (qualified dependent required) Itemized deductions (mortgage interest, taxes paid, etc...)
- Not sure – please call me Did not itemize / took the standard deduction

If claiming injured spouse, who is filing as an injured spouse? self spouse

Please answer the following:

I was legally married as of 12/31/15 yes no

I was legally divorced as of 12/31/15 yes no

I was legally married, but did not live with Spouse after June 30, 2015 yes no

My Spouse passed away during 2015 yes no Date of death ____/____/____

Dependents (**do not list self or spouse here**) – You must include an **accurate** Social Security Number for each dependent:

First Name	M.I.	Last Name	SSN	DOB	Relation to you (son, mom, etc)	Full-Time College Student? **	# of mos. in '15 Living in Your Home / College **	% of support From: You/Others *
_____	_____	_____	____-____-____	____/____/____	_____	_____	____/____	____%____%
_____	_____	_____	____-____-____	____/____/____	_____	_____	____/____	____%____%
_____	_____	_____	____-____-____	____/____/____	_____	_____	____/____	____%____%
_____	_____	_____	____-____-____	____/____/____	_____	_____	____/____	____%____%

If you have more dependents, please attach a separate sheet of paper with the above information.

* If you have an agreement with a former spouse to claim children who do not live with you, please provide Form 8332 signed by your former spouse.

** To be a full-time student, your child must have been in school full-time for any five calendar months during 2015, whether consecutive or not.

Affordable Care Act

1. Did you have health insurance coverage in 2015? yes no
If yes, complete the table below. For each member of your household, indicate which months of the year they had coverage. You must also **provide the appropriate 1095 Form** from your provider.
2. Was your spouse eligible for employer provided health insurance? yes no
 If yes, were you eligible for coverage? yes no
3. Please check each health insurance source from which you obtained coverage:
- State or Federal Marketplace – need Form 1095-A
 - Employer – need Form 1095-B or 1095-C
 - Private insurance carrier – need Form 1095-B
 - Government provided (Medicare, Medicaid) – need Form 1095-A or 1095-B
4. How much did you pay annually in self-employed health insurance premiums? \$ _____
5. How much did you pay annually in self-employed dental and vision insurance premiums? \$ _____

	Name of Individual	SSN	Exemption Type	Full Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Example*	John Smith	123-45-6789			X	X	X	X	X			X	X	X	X	X
Self				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent 1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent 2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent 3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent 4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For example, John Smith had coverage from January 1st until May 15th. He didn't have coverage while he was unemployed in June and July. He resumed coverage August 20th when he got a new job and maintained the coverage until the end of the year.

6. If you did not have coverage, were you granted an exemption from HHS* or IRS? yes no
 If yes, please list the code for the exemption type in the exemption box above
- A** – Unaffordable premiums **B** – Short term gap coverage **C** – Citizens living abroad
D – Members of healthcare ministry **E** – Members of Federally recognized indian tribes **F** – Incarcerated
G – Unaffordable employer coverage **H** – Fiscal year employer sponsored plan

*If you qualify for an exemption through Health and Human Services (HHS), you will need to contact HHS for an Exemption Certificate Number; ATBS **cannot** do this for you.

Section 1: Owner-Operator/Subcontractor Information (include 1099-MISC)

Number of **1099-MISC** you received ____ Number of **1099-MISC** you have enclosed ____

Important: You must enclose Forms 1099-MISC. Failure to provide this will delay the processing of your tax return.

- Do you have a team driver? yes no
 How do you divide the income between you and the team driver (50/50)?
 Your %: _____ Team driver's %: _____
- My spouse has a CDL? yes no
 Did you pay someone else to work for you? yes no
 Did you issue them a 1099? yes no
- Would you like for ATBS to prepare the 1099? yes no
- Is the team driver your spouse? yes no
 If yes, how much did you pay them? _____
- If not, please contact your business consultant or the tax department at tax@ATBSshow.com to request blank 1099s and 1096.
 - ATBS is able to prepare the forms for you at an additional charge.

Please note: you must issue anyone whom you paid over \$600 a 1099-MISC by January 31st, 2016.

Section 2: Per Diem Days as 1099-MISC Driver (Please enter company driver days on page 10)

Check this box if you were a local driver with no per diem in 2015:

<u>Per diem rate</u>		<u>Self</u>		<u>Spouse team driver</u> <input type="checkbox"/>	
<u>increase mid-year</u>				<u>Spouse ride along</u> <input type="checkbox"/>	
Jan 1st to Sept 30th	Full days	US _____	Canada _____	US _____	Canada _____
<i>Total days for this period cannot exceed 273.</i>	Partial days	US _____	Canada _____	US _____	Canada _____
Oct 1st to Dec 31st	Full days	US _____	Canada _____	US _____	Canada _____
<i>Total days for this period cannot exceed 92.</i>	Partial days	US _____	Canada _____	US _____	Canada _____

- Partial days** are the days of departure from your home and the days of arrival to your home.
- Full days** are days between departure and arrival days that you are completely away from home.

Note: Driver logs must be retained by the driver for at least 7 years. Please DO NOT send logs to ATBS – simply keep copies of all settlements and/or logbooks. Driver logs are the only source for per diem verification in the event of an IRS audit.

Section 3: Tax Payments

Check this box if you made no estimated tax payments for 2015:

Please list any estimated tax payments made for 2015 in the grid below:

Quarter	Date Paid	Federal Amount	State Amount	City Amount
1 st Quarter due 4/15/2015				
2 nd Quarter due 6/15/2015				
3 rd Quarter due 9/15/2015				
4 th Quarter due 1/15/2016				

Truck, Trailer, and APU Asset Information (include Bills of Sale and Lease Agreements)

Please enclose copies of **EVERY Bill of Sale or Lease Agreement** for all assets acquired, sold, or otherwise disposed of in 2015.

APU Information:

Did you use fuel to cool a refrigerated trailer or operate an auxiliary power unit? Yes No

If answered yes above, please list the number of gallons or hours used in 2015: _____ Gallons **OR** _____ Hours

	<u>Date acquired</u>	<u>Own/Lease</u>	<u>Year and model</u>	<u>Purchase price</u>	<u>Interest paid on APU loan</u>
APU Unit	___/___/___	_____	_____	\$ _____	\$ _____

TRUCK Information:

	<u>Date Acquired</u>	<u>Own/Lease</u>	<u>Year and Model</u>	<u>Purchase Price</u>	<u>Interest paid on Truck Loan</u>
TRUCK #1*	___/___/___	_____	_____	\$ _____	\$ _____
TRUCK #2*	___/___/___	_____	_____	\$ _____	\$ _____

If **leased**, did you exercise option to buy vehicle? yes no If yes, date? ___/___/___ Balloon Payment Amt? \$ _____

Truck sold? yes no Date sold ___/___/___ Money received for truck \$ _____

Truck #1 traded in on truck #2? yes no Date traded ___/___/___ Trade in value \$ _____

Truck turned in? yes no Date turned in ___/___/___ voluntary involuntary Security deposit lost \$ _____

Was truck paid off in 2015? yes no

* **Important:** If you have more than two trucks, please attach a separate sheet of paper with all of the above information.

TRAILER Information:

	<u>Date Acquired</u>	<u>Own/Lease</u>	<u>Year and Model</u>	<u>Purchase Price</u>	<u>Interest paid on Trailer Loan</u>
TRAILER #1*	___/___/___	_____	_____	\$ _____	\$ _____
TRAILER #2*	___/___/___	_____	_____	\$ _____	\$ _____

If **leased**, did you exercise option to buy vehicle? yes no If yes, date? ___/___/___ Balloon Payment Amt? \$ _____

Trailer sold? yes no Date sold ___/___/___ Money received for trailer \$ _____

Trailer #1 traded in on trailer #2? yes no Date traded ___/___/___ Trade in value \$ _____

Trailer turned in? yes no Date turned in ___/___/___ voluntary involuntary Security deposit lost \$ _____

Was trailer paid off in 2015? yes no

* **Important:** If you have more than two trailers, please attach a separate sheet of paper with all of the above information.

Computer Information:

<u>Date Acquired</u>	<u>Percentage of Business Use</u>	<u>Percentage of Personal Use</u>	<u>Purchase Price</u>
___/___/___	_____%	_____%	\$ _____

Independent Contractor Income and Expenses Affidavit

Use this form if: 1) you have additional income and/or expenses that you did not provide during the year or 2) ATBS did not do your bookkeeping during the year. **Please do not send receipts for any information provided below.**

ATBS prepared my bookkeeping but I've listed totals for some expenses I didn't provide.

Please check
one box.

ATBS did not prepare my bookkeeping. I've listed YTD totals for all my business expenses.

Your Income Total - GROSS RECEIPTS [1099-MISC]: _____

EXPENSES	TOTAL YTD	EXPENSES	TOTAL YTD
Commission and Fees:		Repairs and Maintenance:	
Broker Fees		Repairs and Parts	
Wages and Contract Labor:		Washes	
Wages [employee]		Oil, Antifreeze, Additives, etc.	
Contract Labor [Hired Driver]		Tires	
Loading & Unloading [Lumper]		Towing and Other Maintenance	
Insurance:		Supplies:	
Bobtail/Deadhead		Small Tools	
Physical Damage Insurance		Truck Supplies	
Worker's Comp.		Other Supplies: _____	
Cargo Insurance/Claims Insurance		Fuel and Road Tax:	
Liability Insurance		FHUT [2290]	
Interest:		Fuel Tax [IFTA]	
Truck Interest		Other Tax: _____	
Trailer Interest		Travel:	
Other Business Interest: _____		Hotel	
Legal and Professional Fees:		Rental Car and Cab Fare	
Accounting Fees		Plane Tickets	
Bus. Legal Fees		Other Travel: _____	
Office Expenses:		Communication:	
Office Supplies		Cell Phone	
ATM and Bank Fees		Satellite Radio	
Shipping, Fax Charges, etc.		Qualcomm	
Software/Internet Charges		Other Communication: _____	
Other Office: _____		Fuel Expense:	
Lease Payments - not loan payments:		Total Fuel	
Truck Lease Payments		Tolls, Scales, Parking and Truck License:	
Trailer Lease Payments		Permits, Truck License, and Base Plates	
Other Lease Payments: _____		Tolls and Parking	
Computer: Date Purchased:	/ /	Scales and Prepass Fees	
Computer Price / % of Use for Business:	\$_____ / _____%	Other Expenses: _____	

I request that the totals above be used to prepare my 2015 tax return or added to expenses you already have. I have in my possession receipts and/or documentation to support these totals. The information provided above is accurate and complete to the best of my knowledge. Please note you must retain receipts for at least 7 years. The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

I understand that checking this box and typing my first and last name below constitutes a legal signature confirming that I acknowledge and agree to the above.

Signature [Only required if providing any information above]

Date

Company Driver and Employee Info (include W-2s)

Note: Do NOT list your 1099-MISC income here.

W-2, wages and salaries – please tell us about all W-2 income for you and/or your spouse.

Number of W-2s you received _____

Number of W-2s you have enclosed _____

Employer's Name:

Taxable Wages: Dates worked for this company:

\$ _____ /_____/_____ to ____/____/_____

\$ _____ /_____/_____ to ____/____/_____

Per Diem Days as W-2 Driver

Check this box if you were a local driver with no per diem in 2015:

Per diem rate

increase mid-year

Self

Spouse team driver

Jan 1st to Sept 30th Full days US _____ Canada _____ US _____ Canada _____

Total days for this period Partial days US _____ Canada _____ US _____ Canada _____
cannot exceed 273.

Oct 1st to Dec 31st Full days US _____ Canada _____ US _____ Canada _____

Total days for this period Partial days US _____ Canada _____ US _____ Canada _____
cannot exceed 92.

- **Partial days** are the days of departure from your home and the days of arrival to your home.
- **Full days** are days between departure and arrival days that you are completely away from home.

Note: Driver logs must be retained by the driver for at least 7 years. Please DO NOT send logs to ATBS – simply keep copies of all records. Driver logs are the only source for per diem verification in the event of an audit.

Unreimbursed Employee Business Expenses (Only complete for time as W-2 employee)

*All expenses incurred while a 1099-MISC driver should not be listed here but should instead be listed on page 9

Note: As an employee, you can deduct ordinary and necessary expenses attributable to your job, as long as your employer **does not** reimburse you. An ordinary expense is one that is common and accepted in your field of trade, business or profession. A necessary expense is one that is helpful and appropriate for your business.

EXPENSE	TOTAL YTD	EXPENSE	TOTAL YTD
Tax Prep Fee		Hotel	
Office Supplies		Rental Car	
ATM and Bank Fees		Plane Ticket	
Washes		Cell Phone	
Small Tools		Satellite Radio	
Truck Supplies		Tolls/Scales	
Union and Professional Dues		Uniforms	
Other: _____		Other: _____	
Other: _____		Other: _____	

I have in my possession receipts and/or documentation to support these totals. The information provided above is accurate and complete to the best of my knowledge. The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

I understand that checking this box and typing my first and last name below constitutes a legal signature confirming that I acknowledge and agree to the above.

Signature [Only required if providing any information above]

Date

Miscellaneous Income, Adjustments and Alimony

Please make sure to enclose the corresponding IRS forms or documentation. Do not send medical receipts; retain these for your records.

Income	Include IRS Form	Amount	Notes
Interest income	1099-INT		
Dividend income	1099-DIV		
Taxable pensions, IRAs, and annuities received	1099-R		
Unemployment compensation received	1099-G		
Social Security benefits received in 2015	SSA-1099		
Gambling winnings	W-2G		
Cancellation of debt	1099-C		
Gain or loss from sale of stocks	1099-B		
Other investment income –partnership, S-corp, etc.	K-1		

Schedule A Itemized Deductions	Include Documentation	Amount	Notes
Total medical expenses	Please do not send receipts		
Total mortgage interest	Form 1098		
Real estate taxes	Property tax statement or Form 1098		
Personal property taxes	Vehicle registration or tax notices		
Cash charitable contributions			
Non-cash charitable contributions	If more than \$500, include contribution receipts		
Safe deposit box			
Gambling losses (include only if you had winnings)			
Other Schedule A deductions (prior year tax prep)			

State and Local Income Tax Refunds

State	City	Tax Year	State Amount	Local Amount

Did you itemize your deductions on your 2014 federal tax return? Yes No

Alimony Received/Paid

Recipient's/Payer's Name	Recipient's/Payer's SSN	2015 Alimony Paid	2015 Alimony Received

Student Loan Interest / Tuition – Please enclose Form 1098-E and / or 1098-T

Name of Financial Institution for Interest or Name of School for Tuition	Amount

IRA, SEP, OR SIMPLE Contributions (NOT 401k)

Plan Type	Date Paid	Taxpayer or Spouse	2015 Amount

