



Client Tax Organizer:

TAXPAYER NAME _____ SPOUSE NAME _____
 OCCUPATION _____ OCCUPATION _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 ADDRESS _____ APT# _____
 CITY _____ STATE _____ ZIP _____
 PHONE (DAY) _____ PHONE (EVE) _____ EMAIL _____

Taxpayer Blind YES NO Disabled YES NO
Spouse YES NO YES NO
Marital Status Married Single Widow(er), Date of Spouse's Death _____
 Will file jointly YES NO

Dependents (Children & Other)

Name (First, Last)	Relationship	Date of Birth	SSN	Months Lived with you	Full Time Student	Dependents Gross Income

CHILD CARE INFORMATION

(Note: This information is required for each provider. Use the back of this sheet of more space is needed.)

Provider's Name _____ Providers SSN/EIN _____
 Provider's Address _____ Amount Paid to Provider \$ _____

CHECK ALL THAT APPLY

- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year.
- You paid estimated Federal or State taxes last year. Federal \$ _____ State _____ State \$ _____
- You itemized last year. If yes, amount of Refund from / Balance due to State \$ _____
- You or your spouse were a resident of another state or earned income in another state during the last year.
- You use your personal vehicle for work and did not get reimbursed (excluding commuting).
- You purchased a home in 2008 and received the up to \$7,500 First-time Home Buyers Credit.
- You paid state and local real estate taxes.
- You converted a qualified retirement plan to a Roth in 2010.
- You were a student, had education expenses, or made student loan payments.

- | | | |
|---|--|--|
| <input type="checkbox"/> Wage Statement - W-2s | <input type="checkbox"/> Received Interest | <input type="checkbox"/> Charity or Religious Contributions |
| <input type="checkbox"/> 1099s | <input type="checkbox"/> Received Dividends | <input type="checkbox"/> Property Tax |
| <input type="checkbox"/> IRAs | <input type="checkbox"/> Pension or Retirement Income | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Sell Stocks or Bonds | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Mortgage Points (i.e. closing points) |
| <input type="checkbox"/> Moving Expenses | <input type="checkbox"/> Own a Business or Self Employed | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Received unemployment | <input type="checkbox"/> Tips / Other Income | <input type="checkbox"/> Tax Preparation Expenses |
| <input type="checkbox"/> Alimony (Paid or Received) | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Union Dues |
| <input type="checkbox"/> Buy or Sell a home | <input type="checkbox"/> Cancellation of Debt | <input type="checkbox"/> Job Related Expenses or Training |
| <input type="checkbox"/> Own Rental Property | <input type="checkbox"/> Lottery or Gambling Winnings | <input type="checkbox"/> Significant Loss or Theft |

Would you like your refund deposited into your bank account? YES NO
 Checking Savings Routing Number _____ Account Number _____

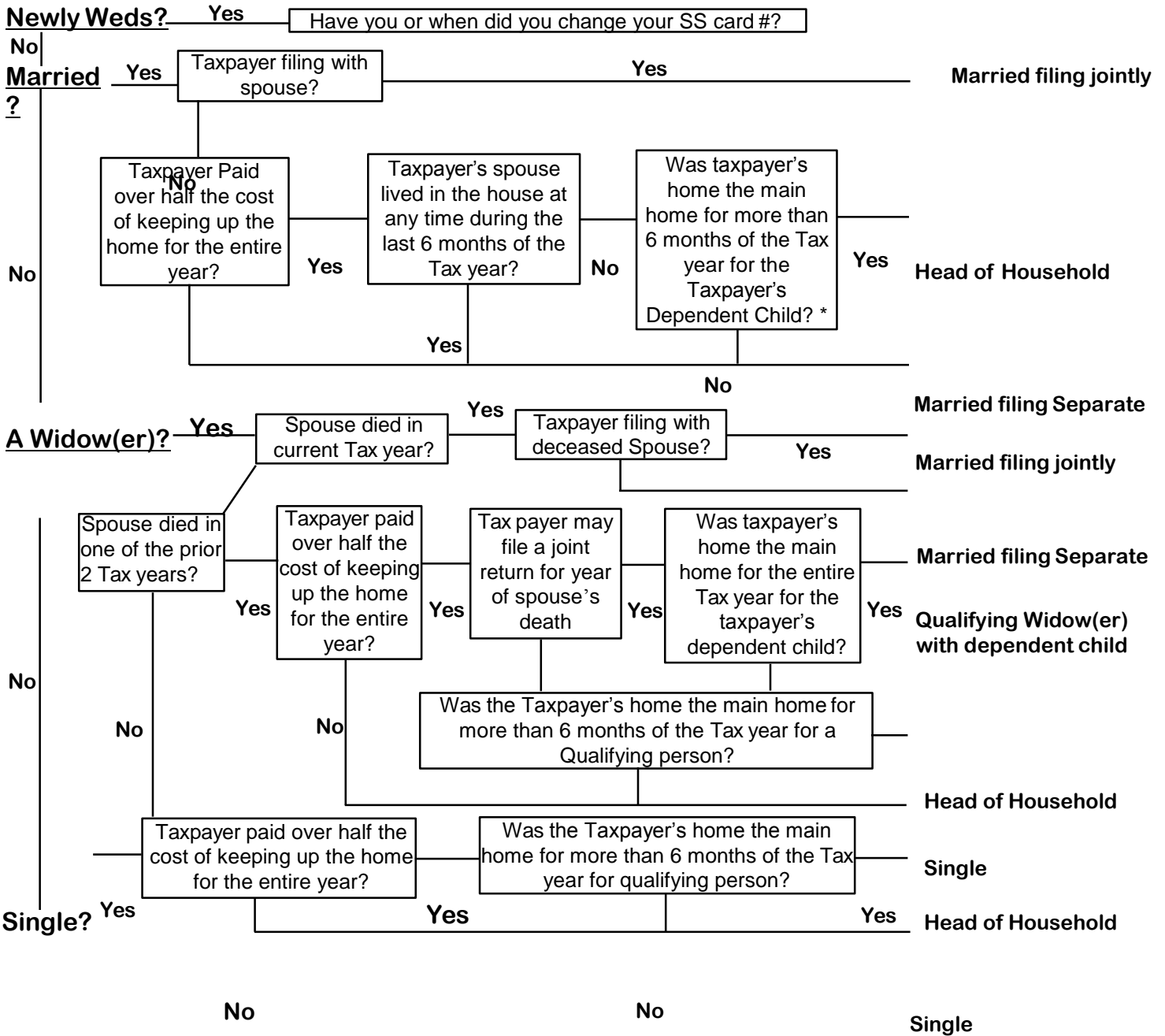
I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____



Filing Status Flow Chart:



*Includes a child for whom the taxpayer has signed a Form 8332, Release/Revocation of Release Claim to Exemption for a Child by Custodial Parent allowing the non-custodial parent to claim the exemption. An eligible Foster child is any child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

**If a qualifying person is dependent parent who does not live with the taxpayer, the home maintained must have been the principal residence of the parent for the entire year.

A qualifying person can be either a qualifying child or a qualifying relative. A person who is the taxpayer's relative only because he/she lived with the taxpayer all year as a member of the household is NOT a qualifying person.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____



Standard Deduction List:

Professional & Legal Services:

- Tax/Accounting/Bookkeeping Fees
- Attorney Fees
- Credit Reports
- Any fees paid for professional services

Office:

- Pens/Paper/Clipboard
- Fax Fees/ATM/ComData/Checking Fees
- Computer/Printer/Fax
- All Stationary
- Stamps/Shipping Fees
- Log Books

Licensing:

- DOT physical
- CDL Cost/Fees
- Road Use Taxes
- Scales/Weighing Fees
- Fuel Tax
- Tolls
- Trailer Tags

Personal Supplies:

- Personal Hygiene Supplies
- Laundry Cost (On the road)
- Clothes Hangers/Laundry Bag
- First Aid Kits

Personal Protection:

- Guard Dog/Supplies/Shots/Tags
- Signs on truck (Beware of dog. Etc.)
- Alarms

Basic Truck Supplies:

- Window washer fluid
- Gloves/Boots/Heavy Duty Jackets
- Locks/Chains/Tarps/Straps
- Small hand tools/Tool box

Supplies:

- Fans
- Alarm Clocks
- Cell phone chargers
- Cell phone head units
- Coffee maker
- Microwave
- Mini-Frig
- Power cords
- GPS/Up-dates for GPS
- Many others

Mileage/Transportation Expenses:

- Mileage for personal vehicle to run errands while at not in truck. (Trips to the store for personal supplies/truck supplies, to accountant, tax person, legal, Etc.)
- Rental Car/Truck.
- Bus Fare.
- Cab/Airline Fare.

Home Use for Office:

- Do you do any business from home on your day(s) off?

Dues/Memberships/Subscriptions:

- OOIDA
- Land Line Magazine
- Sirius Radio

There are many more deductions available. But they may only apply to you or your situation. Contact a tax professional today to make sure you are getting all of your deductions possible. Also that your previous year returns were filed correctly and all of your deductions were used correctly.



Deduction Check-Off and Cost List:

<i>Item/Service</i>	<i>Cost</i>	<i>Item/Service</i>	<i>Cost</i>
Attorney Fees		Boots	
Credit Report(s)		Gloves	
Stationary		Hard Hats	
Bank/ATM Fees		Safety Vests	
Check Cashing Fees		First Aid Kits	
Fan		Personal Hygiene Supplies	
Phone Chargers		Hotel/Motel Fees	
GPS/CBs		Rental Fees	
Cell Phone Head Units		Bus Fair	
Log Books		Cab/Air Line Fees	
Scales/Tolls		Guard Dog Supplies	
		Coffee Maker	
IRP		Microwave	
2290		Mini-Frig	
IFTA		Power-Converter	
Stamps/Shipping Fees		Tools	
Subscriptions		Tool Box	
Dues		Maintenance	
Memberships		Printer	
Sirius Radio		Computer	
<i>The area below is for write in items to be deducted</i>	<i>Cost</i>	<i>The area below is for write in items to be deducted</i>	<i>Cost</i>

If you believe that you have other deductions not listed above.

Please contact us or send in your receipts with this tax packet and we can review and add them if allowed.

<i>Truck Deductions</i>	<i>Cost</i>	<i>Misc.</i>	<i>Amount</i>
Truck Purchase Payments		Reefer Hours Ran	
Trailer Purchase Payments			
Truck Lease Payments			
Trailer Lease Payments		Per Diem US (Self)	
APU Purchased		Per Diem US (Spouse)	
		Per Diem Canada (Self)	
		Per Diem Canada (Spouse)	

Please include your bill of sale if you are in a purchase or lease.



Benefits:

Do you receive any benefits? If so, do you pay out of pocket for them? If yes, please list the type and monthly cost below. If you do not, call us to find out how we can help you get them. The standard list is listed below:

- Health Insurance
- Life Insurance
- Long Term Disability
- Short Term Disability
- Pension

If you receive subsidies from the **Affordable Care Act** and receive form **1095-A**, please include that information with this tax packet.

If you do have these benefits and pay out of pocket, please list below.

<u>Type</u>	<u>Cost</u>
Health Insurance	
Life Insurance	
Long Term Disability	
Short Term Disability	
Pension	
Other	
Other	

If you do not have any of the benefits list above or would like more information.

Please contact us at:

(715) 254-1333

Or: contact@haventruck.com

Direct Deposit/Auto Withdrawal:

If you are entitled to a Federal or State Refund or you wish to process your tax due by a direct withdrawal of your checking account. Please indicate below and attach voided check with your account and routing number on it. Please do not attach a deposit slip, for this may not be used.

Please attach voided check here

Please initial below if you choose an option:

Direct deposit of refund: Yes _____ No _____

Direct withdrawal of tax due: Yes _____ No _____

IRS e-file Signature Authorization for Form 4868 or Form 2350

Do not send to the IRS. This is not an application for an extension of time to file.
Keep this form for your records. Information about Form 8878 and its instructions is at www.irs.gov/form8878.

Submission Identification Number (SID)

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Information from Extension Form—Tax Year Ending December 31, 2015 (Whole Dollars Only)

Check the box and complete the line(s) for the form you authorize your ERO to sign and file. Check only one box.

- 1 **Form 4868**, Application for Automatic Extension of Time To File U.S. Individual Income Tax Return
Amount you are paying from Form 4868, line 7 **1** _____
- 2 **Form 2350**, Application for Extension of Time To File U.S. Income Tax Return
 - a I request an extension of time until this date as shown on Form 2350, line 1 **2a** _____
 - b Amount you are paying from Form 2350, line 5 **2b** _____

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my electronic application for extension of time to file for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information listed above is the information from my electronic application for extension of time to file. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send this form to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the form. 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 payment of estimated tax, and the financial institution to debit the entry to this account. 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 (cancel) 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 application for extension of time to file and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Haven Truck & Fleet Accounting to enter or generate my PIN

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 as
ERO firm name Enter five digits, but do not enter all zeros

my signature for my electronic application for extension of time to file for the tax year ending December 31, 2015.

I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2015. Check this box **only** if you are entering your own PIN **and** your extension form 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 Haven Truck & Fleet Accounting to enter or generate my PIN

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 as
ERO firm name Enter five digits, but do not enter all zeros

my signature for my electronic application for extension of time to file for the tax year ending December 31, 2015.

I will enter my PIN as my signature for my electronic application for extension of time to file for the tax year ending December 31, 2015. Check this box **only** if you are entering your own PIN **and** your extension form is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date _____

Practitioner PIN Method for Form 4868 Only—continue below

Part III Certification and Authentication—Practitioner PIN Method for Form 4868 Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	9	7	0	2	7					
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic **Form 4868** and electronic funds withdrawal for the taxpayer(s) indicated above. I confirm that I am submitting **Form 4868** 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 *Anthony Havelka-Chibici* Date 12-01-2015

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



Dear Client(s),

Once again tax season is here. As the year has gone by we hope that the year was good to you and yours. Once again we are here to provide top notch services to our clients and help with all of their tax, accounting, benefits and so much more needs and wants. With this being said we just want to thank you all again for choosing Haven Truck & Fleet Accounting as your service provider.

We do thank you for taking time out to fill out and sign our tax packet so that we can best suit your needs. Please if you have any questions call us right away, do not wait until the end of tax season to ask important questions that may affect the outcome of your taxes.

Also feel free to contact us about benefit packages. Yes, that's right benefits! We can offer specialized benefits to those in the transportation industry. Don't hesitate and schedule your appointment time now to see what benefits we can help you get and how they can help improve your life!

We look forward to many years servicing you and yours. And once again, enjoy the New Year and all that it may bring you and yours.

And please submit this completed tax packet to info@haventruck.com, fax it to 866-679-0064 or mail it to: PO Box 431 Wausau, WI. 54402

Anthony E Havelka-Chibici

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Partner & Co-Owner

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Haven Truck & Fleet Accounting is an authorized IRS E-File Provider

