

CRAFT ACCOUNTING SERVICE, INC.

15055 Glencrest Drive, Lansing, MI 48906
Phone: 517/487-1562 – Fax: 517/487-9830
www.craftaccountingservice.com
taxes@craftaccountingservice.com

Dear Tax Client:

Attached are a Client Data Sheet and Disclosure of Information Worksheets **you must complete before your tax appointment with us.** The worksheets cover both personal information and various business types. Complete those worksheets which apply to your activities and realize only you can provide and verify the information. When you are done, you will instruct us to rely on it. Your tax return(s) will not be finalized and filed until these worksheets are completed and signed, and all necessary follow-up information is provided.

If you have a business or farm and use QuickBooks or some other computer software to prepare your financial information, you are not required to complete the Business, Rental Property, or Farm Income and Expense Worksheets. You can provide us a disclosure printed from your software which must also be signed. It would be expedient to use these worksheets, however, as a guide to verify the correctness of your information.

Also enclosed are various informational guides for your use in determining qualified deductions and business income and expenses when completing the worksheets.

A Mileage Log worksheet is included which can be reproduced as needed to report any deductible mileage. **A completed mileage log will be required before any mileage deduction will be considered.**

If at any time you have questions regarding the completion of any portion of the disclosure worksheets, please feel free to contact us.

When you have completed the worksheets, please sign the Affirmation on the final page.

We appreciate your attention to these details as we strive to accurately prepare your returns.

CRAFT ACCOUNTING SERVICE CLIENT DATA

Client Name: _____

Date: _____

Direct Deposit of tax refund: Yes No

If yes: Bank Name _____
Bank Account No. _____
Bank Routing No. _____

Direct Withdrawal of tax payment: (Federal only) Yes No

If yes: Bank Name _____
Bank Account No. _____
Bank Routing No. _____

2010 Estimated tax payments: (also complete tax payment worksheet)

Federal: \$ _____
State: \$ _____ State Name _____
Local: \$ _____ City Name _____

Draft/Copy of tax returns provided: (How would you like to receive your draft return(s) for review? You must review and approve your draft(s) and instruct us to file the return(s).)

By Mail

If sent by mail, do you want tax return(s) mailed to a different address than the address listed on the tax return:
 Yes No

If yes, provide address:

Street: _____
City: _____, State _____, Zip _____

By Client Portal on Craft Accounting Service Website

Provide e-mail address: _____

Did you reside inside city limits during 2010?

If so, name of city _____

Dates of residency _____

Address inside city limits if different than address on tax return:

Street: _____
City: _____, State _____, Zip _____

Direct withdrawal of estimated tax payments for 2011: Yes No

If yes: Bank Name _____
Bank Account No. _____
Bank Routing No. _____

To communicate with you, please indicate your preference:

By Phone: Best number(s) to reach you: _____
 By E-mail: provide e-mail address: _____

Client Signature

Date

**Disclosure of Facts/Information for
Tax Return Preparation**

Tax Payer Information	Spouse Information
Last name	Last name
First name.....	First name.....
Middle Initial..... Suffix.....	Middle Initial..... Suffix.....
Social Security number.....	Social Security number.....
Date of birth.....	Date of birth.....
Occupation.....	Occupation.....
Work phone..... Ext.....	Work phone..... Ext.....
Cell phone.....	Cell phone.....
E-mail address.....	E-mail address.....
Address.....	Apartment number.....
City..... State.....	Zip Code.....
Home phone.....	Fax Number
Enter State of residence for 2010	Taxpayer _____ Spouse _____
Eligible to be claimed as a dependent on another return.....	Yes / No

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Attach all Form 1098-Ts and a list of your qualified education expenses.

Education Tuition and Fees				
Student name	MI	Suffix	Student Last Name	Social Security Number

Student Loan Interest Paid: Enter total 2010 qualified student loan interest.....

2010 Questions

Miscellaneous

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did you receive an economic stimulus payment in 2010?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did a lender cancel any of your debt in 2010? (Attach any forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2010? If yes , please provide details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you purchase a motor vehicle or boat during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you purchase a hybrid vehicle in 2010? If yes , enter year, make, model, and date purchased:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you donate a vehicle in 2010? If yes , attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 What was the sales tax rate in your locality in 2010? % State ID.... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you incur any moving expenses? If yes , complete Moving Expenses section..... | <input type="checkbox"/> | <input type="checkbox"/> |

Personal and Dependent Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| 9 Did your marital status change during 2010?
If yes , explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Were you or your spouse permanently and totally disabled in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Do you have children who are under age 19 or a full-time student under age 24 with investment income greater than \$1900?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you provide over half the support for any other person during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you incur adoption expenses during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |

Items Related to Income/Losses

- | | Yes | No |
|---|--------------------------|--------------------------|
| 15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Did you receive any disability payments in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2010? If yes attach closing or escrow statements, 1099-C or 1099-A forms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you enter into a binding contract to purchase a new home buy April 30, 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you pay any individual for domestic services in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you buy or sell any stocks or bonds in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntary terminated?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Do you expect your income and deductions in 2011 to be the same as 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no attach explanation of changes expected. | | |
| 26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | | |

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Income and Deductions

Income Sources

- 1 Provide All Form(s) W-2 – Wages, salaries, tips and other compensation
 Clergy: Enter your designated housing or parsonage allowance.....
 Clergy: Enter smallest of (a) the designated housing or parsonage allowance,
 (b) amount spent on qualifying housing expenses, or (c) fair rental value.....
- 2 Provide All Form(s) 1099-R – Distributions from pensions, annuities, retirement, profit-sharing, IRAs, etc.
 If a **partial** rollover, enter the amount rolled over.....
 If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA.....
 If entire distribution is a required Minimum Distribution (RMD) check this box.....
 If **only part** of distribution is RMD, enter the part that is RMD.....
- 3 Provide All Form(s) SSA-1099 – Social Security/Railroad Benefits
- 4 Provide all Form(s) 1099-MISC – Miscellaneous Income
- 5 Provide All Form(s) 1099-INT - Interest Income
- 6 Provide All Form(s) 1099-DIV – Dividend Income
- 7 Provide all Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc.
- 8 Other Government Forms to Provide:
 Form(s) 1099-G – Certain Government Payments Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income
 Form(s) W-2G – Gambling or Lottery Winnings Form(s) 1099-Q – Payment from Qualified Education Programs
- 9 Other Income to Report:
 Alimony, jury duty, unreported tips, disability income, etc. Businesses, rentals, and farms must complete the related worksheets attached. Report any other income not included on this organizer.

10 Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2010.....
Roth IRA contributions made for 2010.....
SEP, Keogh, Individual 401(k) or SIMPLE Contributions.....

Deductions

Interest Expenses

- Home mortgage interest paid – provide Form(s) 1098
- Points paid on loan to buy, build or improve main home – provide closing statement

Contributions

Cash/Check/Credit Contributions	2010 Amount
Donee Organization:
.....
.....

- Noncash Charitable Contributions
 Provide all receipts with details listing the following information: Donee, Donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2010
Miscellaneous Deductions	
Union and professional dues.....	_____
Professional subscriptions, books, supplies.....	_____
Uniforms and protective clothing (include cleaning).....	_____
Job search costs.....	_____
Taxpayer educator expenses.....	_____
Spouse educator expenses.....	_____
Tax return preparation fees.....	_____
Safe deposit box rental.....	_____
Gambling losses (to the extent of gambling income).....	_____
Certain attorney fees (ask preparer for clarification).....	_____
Investment counsel and advisory fees.....	_____
Other Expenses (list)	_____
_____	_____
_____	_____
_____	_____

Moving Expenses

Job Move	
<p>If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.</p> <p>Check here only if all of the following apply..... <input type="checkbox"/></p> <ul style="list-style-type: none"> You moved in an earlier year You are claiming only storage fees while you are away from the United States Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2 <p>Enter new principal workplace name and address _____</p> <p>Enter mileage if required to meet Distance Test:</p> <p>Number of miles from your old home to new workplace..... _____</p> <p>Number of miles from your old home to old work place _____</p> <p>Enter any reimbursement amount paid by your employer..... _____</p> <p>Are you a member of the armed forces?..... Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, did you move due to a permanent change of station? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, enter the allowances or reimbursements received from the government _____</p> <p>If no, enter the total amount your employer paid for your move. Do not enter amounts already reported in Form W-2 Box 12..... _____</p>	
Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.....	_____
Storage expenses	_____
Expenses of moving from old to new home:	
Travel not including meals	_____
Lodging not including meals	_____

Medical and Tax Expenses

Medical and Dental Expenses	2010
<ol style="list-style-type: none"> 1. Prescription medications 2. Health insurance premiums (other than Medicare B) 3. Qualified long-term care premiums <ol style="list-style-type: none"> a. Taxpayer's gross long-term care premiums b. Spouse's gross long-term care premiums c. Dependent's gross long-term care premiums 4. Enter self-employed health insurance premiums 5a. Insurance reimbursement <ol style="list-style-type: none"> b. Medical (MSA) or health (HSA) savings account distributions 6. Doctors, dentists, etc. 7. Hospitals, clinics, etc. 8. Lab and X-ray fees 9. Expenses for qualified long-term care 10. Eye glasses and contact lenses 11. Medical equipment and supplies 12. Miles driven for medical purposes (mileage log required) 13. Ambulance fees and other medical transportation costs 14. Lodging 15. Other medical and dental expenses: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Taxes	2010
<ol style="list-style-type: none"> 16. Real estate taxes paid on principal residence (provide property tax stmts) 17. Real estate taxes paid on additional homes or land (provide stmts) 18. Auto registration fees based on the value of the vehicle 19. License plate fees 20. Sales tax on vehicle 21. Other personal property taxes 22. Other taxes <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Employee Business Expenses

General	
Occupation in which expenses were incurred.....	
These employee business expenses were incurred by..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
Check box if a fee-basis state or local government official..... <input type="checkbox"/>	
Check box if subject to Department of Transportation (DOT) hours of service limits..... <input type="checkbox"/>	
Expenses	2010
1 Parking fees, tolls, and local transportation.....	
2 Travel expenses while away from home (excluding meals/entertainment expenses)	
• Lodging.....	
• Rental Car.....	
• Airline.....	
• Laundry.....	
• Baggage Charges.....	
• Temporary Help.....	
• Other.....	
3 Meals and entertainment expenses.....	
4 Mileage (mileage log required).....	
5 Business gifts.....	
6 Education.....	
7 Trade publications.....	
8 Office Supplies.....	
9 Phone (Percentage for job related calls).....	
10 Other	
Employer Reimbursements	2010
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2); State if you are/are not reimbursed	
11 Reimbursements for other than meals and entertainment.....	
12 Reimbursements for meals and entertainment.....	
• If you are reimbursed; you must provide a copy of your employer's reimbursement policy, year-end pay stub, or other documentation verifying your reimbursements.	
Qualified Performing Artist	2010
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?.....	<div style="display: flex; justify-content: space-around;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>

Business Income & Expense Worksheet

General Information

1 Business Name _____
 2 Business Street Address _____
 City _____ State _____ Zip _____
 3 Principal Business Profession..... 4 Tax ID No. _____
 5 Type of Entity* (Circle One): Sole Proprietorship S Corp C Corp Partnership LLC
LLC w/ S Corp Taxation Election

Income	Type	2010 Amount
5 Gross Receipts or Sales:.....	_____	_____
	_____	_____
	_____	_____
6 Other Income (interest etc.).....	_____	_____
	_____	_____

Cost of Goods Sold (if Applicable) 2010

7 Purchases (for resale, etc.)..... _____
 8 Direct Materials..... _____

General Expenses 2010

NOTE: If any expense is business and personal; you must provide amounts or % allocation.

9 Accounting..... _____
 10 Advertising..... _____
 11 Bank Charges/Fees..... _____
 12 Cleaning..... _____
 13 Commissions & Fees..... _____
 14 Computer Services & Supplies..... _____
 15 Contract Labor/Outside Services..... _____
 16 Credit & Collection Costs..... _____
 17 Delivery & Freight..... _____
 18 Dues & Subscriptions..... _____
 19 Gifts..... _____
 20 Health Savings Account Contributions..... _____
 21 Insurance
 a Health Insurance..... _____
 b Liability Insurance..... _____
 c Life Insurance..... _____
 d Property Insurance..... _____
 22 Interest
 a Finance Charges..... _____
 b Loan Interest..... _____
 c Other Interest..... _____
 23 Internet Service..... _____
 24 Laundry..... _____
 25 Legal & Professional Fees..... _____
 26 Licenses..... _____
 27 Meals & Entertainment..... _____
 28 Miscellaneous..... _____
 29 Office Supplies..... _____

Business Income & Expense Worksheet (con't)

General Expenses	2010	
30 Parking Fees & Tolls.....	_____	
31 Permits & Fees.....	_____	
32 Postage.....	_____	
33 Printing & Reproduction.....	_____	
34 Repairs & Maintenance.....	_____	
35 Rents		
a Equipment Rental.....	_____	
b Property/Building Rental.....	_____	
36 Salaries & Wages (attach 941 & 940)		
a Gross Wages.....	_____	
b Social Security & Medicare Taxes.....	_____	
c Federal Unemployment Tax.....	_____	
d State Unemployment Tax.....	_____	
37 Security.....	_____	
38 Supplies.....	_____	
39 Taxes (other)		
a State Income/Franchise Tax.....	_____	
b Property Taxes.....	_____	
c Other Miscellaneous Taxes.....	_____	
40 Telephone.....	_____	
41 Tools.....	_____	
42 Training/Continuing Education.....	_____	
43 Travel (airline, parking, hotels, tolls, rental car).....	_____	
44 Uniforms.....	_____	
45 Utilities.....	_____	
46 Other Expenses.....	_____	
47 Vehicle description..... Date placed in service.....		
a Mileage reading beginning of year _____ Mileage reading at end of year _____		
b Business miles (mileage log required – do not include personal miles).....	_____	
Depreciable Assets	Type	2010 Amount
48 Fixed Asset Purchases.....	_____	_____
	_____	_____
	_____	_____
	_____	_____

***If you have a new business entity such as a corporation, partnership, or multi-member LLC, or you are a new client, please have the following documents and information available at your appointment:**

- ✓ Articles of Incorporation/Articles of Organization
- ✓ Shareholder(s)/partner(s) name(s) and social security number(s) with percentage of ownership
- ✓ Verification of Subchapter S Corporation status, if applicable

Rental Property Income and Expenses

Basic Property Information		
Location (street address): _____		
City: _____ State: _____ Zip: _____		
Foreign Country: _____		
1. Check property owner..... Taxpayer Spouse Joint	Yes	No
2. Enter the ownership percentage (if not 100%) _____ If not 100%, are you reporting 100% of the income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is this property rented to a family member?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have rental contract?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this property rented at fair market value?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have personal use of this rental property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter number of days: Rented: _____ Personal Use: _____ Owned: _____		
7. Does this rental have multiple living units and you live in one of the units?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter percentage of rental use: _____		
8. Did you actively participate in this property's management during 2010?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you materially participate in this property's management during 2010?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you want to treat this property as non-passive?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you dispose of this property in a fully taxable transaction?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did this property have unallowed passive losses in 2009?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you want to treat this property as commercial property?	<input type="checkbox"/>	<input type="checkbox"/>
Income	2010	
14. Rents Received		
Expenses	2010	
15. Advertising		
16. Automobile (mileage log required)		
17. Cleaning and maintenance.....		
18. Commissions.....		
19a. Mortgage insurance premiums – qualified		
b. Other insurance		
20. Legal and professional fees		
21. Management fees		
22a. Mortgage interest paid to banks – qualified		
b. Mortgage interest paid to banks – other		
23. Other interest		
24. Repairs.....		
25. Supplies.....		
26a. Real estate taxes.....		
b. Other taxes.....		
27. Utilities.....		
28. Other expenses.....		
_____		
_____		
_____		
_____		
_____		

Farm Income and Expenses

General Information

Name of this farm

1 Check ownership Taxpayer Spouse Joint

2 Principal Product.....

3 Employer identification no.....

4 Agricultural activity code (Preparer Use Only).....

	Yes	No
5 Was this farm fully disposed of in a fully taxable transaction during 2010?.....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you materially participate in the operation of this business during 2010?	<input type="checkbox"/>	<input type="checkbox"/>
7 At-risk determination:		
a Is all of the investment in this activity at risk?.....	<input type="checkbox"/>	<input type="checkbox"/>
b Is some of the investment in this activity not at risk?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you have unallowed passive losses in 2009?.....	<input type="checkbox"/>	<input type="checkbox"/>

Farm Income

2010

9 Sales of livestock, etc. purchased for resale.....	
10 Cost/Basis of livestock, etc. purchased for resale	
11 Sales of livestock, produce, grains, etc. raised.....	
12a Total distributions received from cooperatives (provide 1099s)	
b Taxable amount of distributions received from cooperatives	
13a Total agricultural program payments (provide 1099s)	
b Taxable amount of agricultural program payments	
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b.....	
14a Crop insurance proceeds/federal crop disaster payments received in 2010.....	
b Taxable crop insurance proceeds/federal crop disaster payments.....	
c Crop insurance proceeds/federal crop disaster payments deferred from 2009.....	
15 Custom hire (machine work) income.....	
16 Other income – include federal/state gas tax credit/refund.....	

Farm Expenses

2010

17 Car and truck expense (mileage log required).....	
18 Chemicals.....	
19 Conservation expenses.....	
20 Custom hire (machine work).....	
21 Employee benefit programs other than pension and profit-sharing plans	
22 Feed.....	
24 Freight and trucking.....	
25 Gasoline, fuel, and oil.....	
26a Insurance (other than health).....	
b Self-employed health insurance attributable to this farm business.....	
27 Interest:	
a Mortgage (paid to banks, etc).....	
b Other.....	
28 Gross wages.....	
29 Pension and profit-sharing plans.....	
30 Rent or lease:	
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18).....	
b Other (land, animals, etc).....	
31 Repairs and maintenance.....	
32 Seeds and plants purchased.....	
33 Storage and warehousing.....	
34 Supplies purchased.....	
35 Taxes.....	
36 Utilities.....	
37 Veterinary, breeding, and medicine.....	
38 Other expenses (specify):	
.....	
.....	
.....	
.....	

LONG HAUL TRUCKER/OVERNIGHT DRIVER

Name _____ Tax Year _____

INCOME AND EXPENSES

Gross Income: \$ _____

(Include all 1099s, not W-2s)

Expenses

Operating Expenses

Advertising: _____

ATM/Bank Fees: _____

Broker Fees: _____

Cell Phone: _____

Claims/Damages: _____

Comdata/Comck Fees: _____

Communications: _____

(Fax, pager, internet, satellite)

Contract Labor: _____

Education: _____

Health Insurance: _____

Interest: _____

(Include year-end statement)

Laundry/Uniforms: _____

Loading/Unloading: _____

(Lumpers)

Medical: _____

(Drug testing, physicals, etc.)

Office Equipment: _____

(Include description, amt, date acquired)

Postage/Shipping: _____

Printing/Reproduction: _____

Professional Fees: _____

Salaries/Wages: _____

(Gross amount)

Trade Assoc Dues: _____

Workers Comp Ins: _____

Out-of-Town Travel

Air/Bus/Train: _____

Motel/Hotel: _____

Rental Cars: _____

Shower: _____

Tolls: _____

Supplies

Equip/Trailer Rental: _____

Office Supplies _____

Tools: _____

Work Clothes: _____

Other Supplies: _____

(chains, tie downs, etc.)

Taxes

Hwy Use (2290): _____

IFTA/Fuel: _____

Payroll: _____

In-Home Office

Home Insurance: _____

Mortgage Interest: _____

Property Taxes: _____

Repairs: Home: _____ Office (only): _____

Sq Footage of Office: _____

Utilities: _____

MISCELLANEOUS INFORMATION

1. Number of Overnights: _____

2. Personal Vehicle Mileage (mileage log required)

Total miles used: _____

Total business miles: _____

3. Equipment Purchased:

A. Date: _____ Cost: _____

Description: _____

Length of Contract (in months): _____

Monthly Payment: _____

B. Date: _____ Cost: _____

Description: _____

Length of Contract (in months): _____

Monthly Payment: _____

4. Equipment Sold (no trade-in):

A. Date: _____ Sale Price: _____

Description: _____

B. Date: _____ Sale Price: _____

Description: _____

5. Off-Highway Fuel (Reefer Fuel):

Gallons: _____

IF NEW CLIENT, PLEASE PROVIDE BUSINESS ENTITY INFORMATION

Business Name: _____

Start Date: _____

Federal ID No: _____

Operating Business as:

____ Sole Proprietorship

____ Partnership

____ Limited Liability (LLC) ____ w/ S Election*

____ Corporation ____ (Sub S)* ____ (C Corp)

*Provide verification of your Subchapter S Election Status, if applicable.

If Partnership, Multi-Member LLC, or Corporation, provide the partners/shareholder(s)/members name(s) and percentage of ownership.

Long Haul Trucker/Overnight Driver Con't

Truck Expenses

Fuel: _____
Radios: _____
(CB, XM, Sirius)
Insurance/Bonds: _____
Licenses: _____
Oil: _____
Plates: _____
Repairs/Maintenance: _____
Scale Fees: _____
Tires: _____
Washes: _____
Yard Rental: _____

MISCELLANEOUS EXPENSES

Include any expenses you might be unsure are qualified business expenses. You must include a detailed description in order for us to determine the status.

OTHER INFORMATION

AFFIRMATION

I/we affirm that the information disclosed herein is accurate, true and complete to the best of my/our knowledge and belief and instruct Craft Accounting Service, Inc. to rely on it for preparation of my/our tax return(s).

Taxpayer Name: _____ Signature: _____ Date: _____

Taxpayer Name: _____ Signature: _____ Date: _____

If you have any questions, please contact us via phone, fax, or e-mail

FORWARD INFORMATION TO:
CRAFT ACCOUNTING SERVICE, INC.
15055 Glencrest Drive, Lansing, MI 48906
Phone: 517-487-1562
Fax: 517-487-9830
E-mail: taxes@craftaccountingservice.com
www.craftaccountingservice.com