

TravelTax Client Data Workbook

For the Healthcare Traveler



Do not let the SIZE of this workbook SCARE you

1) Pages 3-8 must be filled out by all clients.

*The appendices have organizers for particular situations. If they apply to you, complete the forms and include with the set that you send. If not, trash them. These forms are so we can have an "intelligent conversation" with you concerning your tax situation. They do not need to be filled out perfectly; if you have questions, you can write notes or even add additional sheets of information or questions. **It would help us greatly if you fill them out in a nice bold black ink pen.** (Don't we sound like the Medical Records Department?)*

- 2) Once you have compiled all your information, mail, fax, or scan the documents to us at the contacts below. *DO NOT send original documents.* Keep your originals for your records. This includes your W-2s, we only need copies.**
- 3) During tax season, we will send you an acknowledgement, phone call or email, within 24 hours of the next business day. (48 hrs in the off season)**
- 4) We will compile your return- check your email (spam filter also) or voicemail daily for messages.**
- 5) We will finish your return on the phone, wrapping up any final details.**
- 6) We will send your return(s) as paper copies, or attachment to email.**
- 7) If the returns are eligible for electronic filing, you will need to mail/fax/email us signed consent forms before we can electronically file your returns. *Some returns cannot be efiled, we will send these documents to you, with the addressed envelope, so you can sign and mail these.***

By fax:	see fax cover sheet (page 2)
By mail:	P O Box 1643, Norfolk NE 68702
By UPS or FedEx:	1611 Koenigstein Ave, Norfolk NE 68701
By email	documents@traveltax.com
By Upload	use upload link from our website

FAX COVERSHEET

To: TravelTax, LLC

Fax Phone: (Toll Free) 877.872.8829

Available 24 hrs, 7 days a week. Number is valid in the US, Canada and all territories.

Office: (Toll Free) 866.272.7871

From:

Name: _____

Email or Contact phone with time zone _____

Total number of pages including cover sheet _____

PLEASE NUMBER YOUR INDIVIDUAL PAGES!

Fax Tips:

- When faxing a large amount of pages please number each page on the top or bottom. This way we can double check the fax. If pages are missing, we can just notify you which pages need to be resent.
 - Trust us; it will be a lot less frustrating for you this way!
- Use this page for all of your faxes, change the total number as necessary.
- We require pages 3-8 for ALL clients, additional pages only need to be faxed if you have filled them out.
- Our fax never runs out of paper!

DEMOGRAPHICS

RCD	ACK	PROC	MLD	RCD	ACK

ENTER YEAR IF NOT 2011 _____

Returning Client New Client (Welcome! How did you hear about us? _____)

SS#							
Name							
DOB	Occupation	Blind?	Active Military?				
Email:							
Main Phone:							
How should we primarily contact you? Email <input type="checkbox"/> Phone <input type="checkbox"/>							
Marital Status	Single, Married, Divorced, Separated, Widow(er) as of(month/year) _____						
Filing Status:	Single <input type="checkbox"/>	Head of Household <input type="checkbox"/>	Married Filing Joint <input type="checkbox"/>	Married, but filing Separate <input type="checkbox"/>	RDP / Civil Union <input type="checkbox"/>	Common Law <input type="checkbox"/>	Widow(er) <input type="checkbox"/>
Did your marital status change during the past year? Yes <input type="checkbox"/> Date: _____							
Spouse Information – Required, even if filing separate							
SS#							
Name							
DOB	Occupation	Blind?	Active Military?				
Whose name was first on last year's tax return?							
Temporary Address							
Permanent Mailing Address							
Which address should we use for mailing paperwork? Temp <input type="checkbox"/> Permanent <input type="checkbox"/> Other <input type="checkbox"/> (supply address on page 7)							
Home in Presidential Disaster Area for current tax year? (hurricane, tornado, floods, etc..) <input type="checkbox"/>							
School District at permanent address (if applicable):				County:			
If you are aware of a numerical code for these areas, please enter:							
Did you move your permanent tax address during the tax year?	Old address:						
Date: _____							
Dependents							
Name	Soc. Sec. #	Relationship	Months in home	Birth date	Student?	Yr in College	
Any custody or support arrangements involved with these dependents? Yes <input type="checkbox"/> No <input type="checkbox"/>							

initial or dig signature: _____

Document Checklist – Send with your documents. Please **DO NOT** mail originals!!!!

Yes	will send later	# of docs if >1	
			Copies of W-2's (<i>we need all of the pages</i>)
			New clients only: Copies of the previous year's returns (<i>federal, state, municipal or other nation</i>). <i>We only need the actual forms, do not send old W-2s or supplemental summaries.</i>
			Copy of Driver's License (<i>and Spouse's if applicable</i>)
			Any current notices from the IRS, States, Municipal or other income tax jurisdictions
			Copies of your travel contracts – <i>we need the pages which involve dates and numbers, not supplemental info.</i>
			Copy of voided check. <i>If you want direct deposit. I am a returning client and my account has not changed, please use check on file. _____ (please initial)</i>
			Interest and/ or Dividend Statements (1099 INT's)
			All 1099Gs (State Refund Statements / Unemployment / Other)
			IRA Distribution Statements (1099R's)
			Tuition and Education Payments (1098T)
			Merchant Card and Third Party Network Payments (1099K)
			Educational Loan Interest Statements (1098E)
			Lottery or Gambling winnings (W2 G)
			Mortgage Interest Statements (1098's) – <i>If you bought or sold a house during the tax year, the two pages of your settlement statement.</i>
			IRS letter: Repayment of First time Homebuyer Credit (CP03A) (for credit claimed in 2008)
			Real Estate Tax Statements
			Social Security Income Statements (1099 SSA)
			Vehicle Tax and Personal Property Tax Statements (<i>ad valorem, based on value of vehicle</i>)
			Disability Income Statements
			Workers compensation statements
			Prizes, bartering transactions (1099 B)
			Hybrid car or clean fuel vehicle purchases
			Foreign Income
			Canadian RRSP/RRIF year end statements
			Debt Cancellation, and/or Foreclosure and Abandonment Statements (1099C or 1099A)
			Charitable donation receipts if non-cash (clothing, etc) contributions total above \$500
			Health Saving Account forms SSA-A
			Massachusetts Healthcare Form 1099-HC (If MA resident)
			other
			other
			other

_____ Do you want to be added to our email newsletters? Already receiving? Leave blank.
 If yes, you will get a subscription email from aweber.com after we have acknowledged receipt of your completed workbook.
 When you respond to it, you will be added to our list.

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Education Tuition Payments – Books and Tuition only				
Tuition (1098)	Books	Corresponding name of student	What year in college?	Which state?
			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Other <input type="checkbox"/>	
			1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Other <input type="checkbox"/>	
Additional Income Not Listed On Other Documents				
Medical and Dental				
Medical and dental expenses are limited by 7.5 % of your gross income. Basically this means that a person making \$50,000 a year would need to have over \$3750 in medical expenses before they were able to deduct costs. Please fill out the table on page 8 (Medical & Dental) if you are close to that level. Also - Some states allow you to deduct medical expenses, so if you are filing in AZ, OH, ND, NM, fill in your medical info on the table on page 8.				
Taxes				
Sales Taxes on Major Purchases like a car, boat etc.				
Did you pay an additional amount with last year's state tax returns? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____ State _____				
Did you back file or amend any state, local or federal returns last year? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details on separate sheet)				
Estimated payments made for <i>this year's tax return</i> (not the amounts withheld from paychecks)		1 st Quarter	2 nd Quarter	3 rd Quarter
	Federal			
	State _____			
	Local _____			
Mortgage Information – Not included on other statements				
Mortgage Insurance premiums (on mortgages established in 2007 or later) Paid as lump sum? <input type="checkbox"/> Paid as monthly amount? <input type="checkbox"/>				
Interest NOT reported on 1098 (supply name, address, SS# or EIN# or recipient)				
Did you claim the First Time Homebuyers Credit on your 2008 return?(the one that gets repaid) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Gifts to Charity -If audited, the IRS will require a receipt for ALL gifts, so keep receipts for your own records.				
Total by cash, check, or credit <i>Do not send receipts.</i>				
Mileage for Charity				
Other than cash/check/credit (copy of the receipts only if total values over \$500)				
Other Itemized Deductions				
Jury Pay Given to Employer				
Tax Preparation / Advisory Fees paid during last year (returning clients can leave blank, the program will pull it up.)				
Investment Advisory Fees				
Investment Expenses (journals, advice, investment interest etc)				
Investment Interest Paid (not personal home mortgage or rental home)				
Gambling Losses (limited by winnings)				
Safe Deposit Box				
	YOU	SPOUSE	JOINT	
IRA or SEP Contributions NOT listed on your W2s (deductible)			NA	
Roth IRA Contributions (non-deductible)			NA	
Contributions to Health Savings Accounts (For High Deductible Plans) HSA				

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General Job Expenses											
	You	Spouse		You	Spouse						
Uniforms/ Work Clothing			Licenses <i>(see also bottom)</i>								
Laundry / Cleaning of Uniforms			Job Physicals/ Job Medical								
Postage/Fax/Shipping for business			Testing								
Books/ Journals/Magazines			Fingerprints/verification								
Union Dues			Professional Memberships								
Supplies			Professional Insurance								
Equipment			Other								
			Other								
Impairment Related Work Expenses (for handicap related issues)											
Computers: Purchase date: _____ Cost: _____ % Business Use _____											
Reimbursements for any of these expenses		You: _____		Spouse: _____							
Communications Expense											
Do you maintain a landline phone at home? Y <input type="checkbox"/> N <input type="checkbox"/>											
	Total for year	You	Spouse	Estimated business use %	You	Spouse					
1st phone/cell											
2nd phone/cell											
3rd phone/cell											
Internet											
Expenses for Work Related <i>Continuing Education - Not college courses or travel assignments</i>											
You or Spouse?	Date Left	Date Return	Destination	Cost	Airfare	Miles Driven	Cost of Rental Car	Gas For Rental	Lodging	Other	Reimbursements
Travel Expenses related to Obtaining Licenses: <i>(use same columns as above for categories)</i>											

Any expenses need explanation? Use area below.

initial or dig signature: _____

OTHER QUESTIONS

Check box = yes

If in doubt, mark it as 'yes,' so it flags us to discuss this with you during your appointment.

1) During the tax year, did you sell a computer, **or any item**, that you **previously deducted**? _____

2) Did you make energy efficient improvements to your home? If yes, provide the type and cost of each improvement.

3) Do you hold more than \$10,000 outside of the US?

4) Have you paid or received alimony payments? Amount _____ Paid? Received?

5) Have you given or received gifts over \$13,000 to/from any one person? Amount _____ Given? Received?

6) Did you buy a home in 2008 or 2009 and want to claim the Home Buyer's Credit?

7) Did you foreclose on your home? (Send 1099C and/or 1099A)

8) Were you audited in the past 3 years?

9) Have you experienced any casualty losses that would be valued close to 10% of your income for the year?

10) Have you experienced any losses related to Presidential disaster area or Hurricane loss?

11) Have you had any uncollectable capital losses this year?

12) Have you sold a home that you claimed the Home Buyers Credit for?

13) Do you hold assets more than \$5000 outside of the US?

14) Do you have signatory authority, or are a beneficiary over any foreign account?

15) Did you pay reportable amounts greater than \$600 to any single individual for any services?

(Including babysitting, but not daycare? Daycare = a business that reports its own income.)

Questions or Comments for Your Preparer.....

Please finish the rest of the workbook appendixes before you formulate your questions.

initial or dig signature: _____

Required Certification and Signature:

Based on the information you furnish us, we will prepare your Income Tax Returns. The law requires taxpayers to maintain records supporting their return, including receipts and canceled checks for all deductible expenditures. You will be responsible for maintaining these records, and for the accuracy and completeness of the information submitted to us in connection with the preparation of your return. By signing this document you are representing that you have fully disclosed your income and relevant information to the best of your knowledge. We do not and cannot audit this information for its accuracy.

Our fees are based a per form schedule that can be found on our website. Additional charges may include research, time to produce records from third parties and other items that will be identified on your invoice. An invoice will be sent to you with your documents. *We bill for our completed work. If you decide not to file the return we prepare, it does not invalidate our invoice.*

When we obtain confidential financial information from you, it will not be shared with any person or corporation other than the employees of our firm who have a need to know in order to complete the task(s) for which we have been engaged. Neither will we sell or disclose your personal financial information to third parties without your prior consent. Only a government agency, following due process of law, can obtain your information without consent.

We offer free defense for any return that we prepare and will pay the penalties and interest arising from error on our part. These guarantees are contingent on timely communication of any letters or notices received by tax offices and full disclosure of any data pertinent to the issue at hand. The terms of this guarantee can be found on our website: www.traveltax.com.

“I (We) have reviewed the above engagement letter and privacy statement, and agree to the terms and conditions set forth. Any information that I (we) have submitted for the sole purpose of preparing my (our) tax return(s) can be substantiated by receipts, canceled checks or other documents. I (We) have reported all of my (our) taxable income. This information is true, correct and complete to the best of my (our) knowledge.” I (We) hereby give permission to TravelTax prepare my (our) tax return.

Taxpayer’s Signature _____ Date _____

Spouse’s Signature _____ Date _____

(If using PDF FILL a digital signature is acceptable, others will need to print the workbook after completion out and sign and initial each page.)

Complete the appendices following these pages ONLY if they apply to you.
You do not have to send them to us if left blank.

Medical and Dental - make sure you read the note on page 5 before you start filling this out

Health Insurance Premiums (amounts not deducted from your paycheck) _____
 Long term Care Premiums _____
 Miles driven for medical purposes: from 1/1 through 6/30 _____ from 7/1 through 12/31 _____
 Prescriptions / Co-Pays / Hearing aids / Glasses / Dental / Other _____
 Ambulance transport/hotel lodging _____

Stock Sales - Capital Gains and Losses

Broker Name (company)	Stock Name	Date Purchased (can be various)	Cost / Buying Price

Sale of Home *Please provide us with a copy of the first 2 pages of your settlement statement*

Date you purchased the home _____ Date you first used property as main home _____
 Purchase price of your old home _____ Date you first owned the property as main home _____
 Date sold _____ Sales expenses of old home _____
 Sales price of old home _____ Did you have depreciation for business use? _____

For Alien / Foreign Workers

Days spent in the United States: this tax year _____ year before _____ year before that _____
 What was your filing status in the US last year Resident alien Nonresident alien Type of VISA: _____
 Do you have a spouse residing outside the US: Y N
 Do you maintain a job in your country of origin: Y N Give last date worked there _____
 Do you own property in your country of origin: Y N Is it rented out? Y N ***For Canadians, use the Canadian Supplement provided on the website*

For Members of Military

Did you sell your residence in the last five years and paid tax on the gain due to residency issues? Y N
 Travel more than 100 miles to attend Guard or Reserve meetings? Y N
 Airfare/ Transit expenses _____ Mileage (if own car) _____
 Rental Car (actual expense including gas, standard mileage deduction not allowed) _____
 Unreimbursed Lodging _____ Unreimbursed Meals (indicate those eaten in govt. facility) _____

Moving Expenses - *If you work temporary assignments away from your primary home, you are not "moving" - Do not fill out*

Miles from your Old Home to New workplace _____ Travel and Lodging during move (*NOT meals, NOT gas*) _____
 Miles from OLD home to OLD workplace _____ Additional expenses (utility hook ups, 30 days storage) _____
 Transport of household goods and personal effects _____ Amount of reimbursements _____
 Moves to Foreign Countries City and country of old workplace _____
 Date of Move _____ City and country of new workplace _____

Child or Dependent Care Payments

Name of Provider #1	Name of Provider #2
Relationship (<i>if relative</i>)	Relationship (<i>if relative</i>)
Address	Address
SS# or EIN	SS# or EIN
Amount to this provider	Amount to this provider
Phone	Phone

Initial or dig signature: _____

Business Profit and Loss – For Independent Contractors and Self Employed

Principal Business or Profession			
Business Name			
FEIN (if any)		Accounting Method: Cash <input type="checkbox"/> Accrual <input type="checkbox"/>	
Inventory Method: Cost <input type="checkbox"/>	Lower of Cost or Market <input type="checkbox"/>	Other _____	Is this a change from last year? _____
Did you materially participate in this business? Y <input type="checkbox"/> N <input type="checkbox"/>		When did you acquire or start the business? _____	

Income

Gross Receipts or Sales	
Returns and Allowances	
Other Income	

Expenses

Advertising		Rent or Leases (vehicles, machinery and equipment)	
Car and Truck Expenses		Rent (other business property)	
Commissions and Fees		Repairs and Maintenance	
Contract Labor		Utilities	
Depletion		Supplies	
Employee Benefit Programs		Airfare	
Insurance (not health)		Lodging	
Mortgage interest		# nights spent away from home	
Other Interest		Wages	
Legal and Professional Services		Taxes and Licenses (including real estate)	
Office Expense		Other	
Pension and Profit Sharing		Other	

Please list any assets purchased or sold: amounts and dates:

Vehicle Information

Vehicle 1

Vehicle 2

(This is for those who own businesses, not employee / travelers. Employees' auto information goes by mileage rates listed in Appendix A)

Date placed in service		
Business miles		
Commuting miles		
Other Miles		

Initial or dig signature: _____

<h2 style="margin: 0;">Rental Property and Royalties</h2> <p style="margin: 0; font-weight: normal; font-size: 0.9em;">Provide us with last year's depreciation schedule if you were not a TravelTax client last year</p>		
Property #	1	2
Type of Property and Location		
Actively Participated in Management?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the sole investor in this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you sell this property, or a portion of it, this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Portion of home rented if not 100%		
Number of months rented		
Gross Rents		
Gross Royalties		
Advertising		
Auto and Travel		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Professional		
Management fees		
Mortgage Interest		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other		
Other		
Other		
Days away from home overnight to tend to rental		
Mileage associated with rental		
How many days did you occupy the dwelling?		
Purchased Assets & Improvements. List item and costs and date:		

Initial or dig signature: _____

State Specific Tax Laws

If your **TAX HOME** is any of the states below, answer the questions as appropriate. If the answer is 'no', you do not have to send this pages to us.

	College Savings/ QTP Contributions _____ State _____	Non qualified withdraws _____ State _____
	Major out of state purchases that were free of state sales taxes _____	Did you donate any biological organs (y/n) _____
California	Medical expenses for a registered domestic partner _____ Renters Credit: Total rent paid for the year _____ Number of months rented _____	
Idaho	Donations to Educational Institutions or Youth/Rehab Facilities _____	
Illinois	Educational tuition and/or fees for K-12 education _____ Student loan repayments by physicians in shortage areas _____	
Indiana	Rent paid for year _____ Name/Address of Landlord: _____ Insulation expenses _____ Enterprise Zone Employee Deduction _____	
Iowa	Federal refund from previous tax year (unless sending copies of that return) _____ Tuition, textbooks and supplies for K-12 education (<i>not home schooling</i>) _____ Impairment related expenses _____	
Kansas	Armed Forces Recruitment bonuses _____ Temporary assistance to families _____	
Louisiana	Property Insurance Surcharge _____ Property address _____ Insurance Company _____ Account # _____ Eligible school related expenses (incl. homeschooling) _____ http://revenue.louisiana.gov/sections/individual/SchoolExpenseDeduction.aspx	
Massachusetts	Filing jointly on your MA return with a same sex partner? _____ If yes, we must prepare their return as well. Rent paid _____ Heating Costs _____	
Michigan	Contributions to homeless shelters or food banks _____ Credits for community entity donations (i.e. libraries) _____	
Minnesota	K-12 educational expenses (breakdown by category) _____ Long term care insurance _____ Renters credit (send copy of CRP certificate from landlord) _____	
Missouri	Contributions to a IMA (Missouri Individual Medical Account) _____	
Montana	Loan repayment assistance for medical professionals _____ Rural Physicians Credit _____ (y/n) First Time Homebuyers Savings Accounts Contributions _____ Ineligible withdraws _____ Family Educational Savings Account Contributions _____ Ineligible withdraws _____	
Nevada	Amount of state tax rebates for vehicles or 75\$ for those with no vehicle _____	
New Jersey	Rent Paid For Year _____ Name/Address of Landlord: _____	
New Mexico	Income Tax Energy Rebate Amount for tax year _____	
North Dakota	Contributions to qualifying private high schools and colleges _____	
Ohio	Contributions to OH state political campaigns _____	
Oklahoma	Amount of OK Taxpayer Relief Checks in tax year _____	
Oregon	Long term care insurance premiums _____ Rural Medical Practitioner (y/n)? _____	
Pennsylvania	Total Rent paid for year _____ Landlord Names/Address _____	
Utah	Long term care insurance premiums _____ Does one parent stay at home to care for a child? (y/n) _____	
Vermont	Filing jointly under civil union laws? _____ If yes, we must prepare their return as well Rent paid for the year _____ Name and address of landlord _____	
Virginia	Political contributions _____ For what office? _____	
West Virginia	Long term care insurance premiums _____	
Wisconsin	Long term care insurance premiums _____ Rent paid during the year _____ Heating costs for the year if renting _____	

List any other special deductions in your home state that you are aware of and the appropriate information. E.g.: Renters Credit, Home Improvement Deductions

Initial or dig signature: _____

Appendix A – Travel Nurses, Locum Tenens, and Mobile Professionals

PERMANENT TAX RESIDENCE QUESTIONNAIRE FOR MOBILE PROFESSIONALS

This page MUST be filled out yearly for us to complete your return.

The only exception is if you are a returning client AND already know that you have no tax home. You may skip this page and all of Appendix A and go to the Simplified Appendix B. (Whoooo hooo! – one benefit of no tax home!)

For the rest: Without evidence of a tax home, the value of any tax free reimbursements, stipends, allowances or provisions must be included as taxable wages. A tax home and a permanent residence are not the same. This page will help us determine how the IRS would evaluate your tax home in an audit situation. It will probably generate several questions for you, and we ask that you answer each question as best as you can. We will go over this page with you when we complete your return.

_____ When did you begin traveling? (month & year)

_____ When do you plan to stop traveling?

Y N Do you expect to return to your claimed tax residence when you have stopped?

Y N Did you live and work at your tax residence immediately before you began temporary assignments?

Y N Do you have your personal items (i.e.) furniture, clothing, business records, etc., at your permanent residence?

Y N Is your claimed residence available to you at all times?

Y N Do you have a family, financial, social ties, or memberships at the permanent residence?

Y N Do you maintain a job at your tax residence?

Y N Have you spent more than 12 months (including breaks) working temporarily in one metropolitan area? (E.g.: 3 hospitals in Dallas)

Y N Have you returned to a metropolitan area where you worked the previous year?

Enter total number of months spent in that area over the last 24 months. Example: Feb-Sept then Dec-July = 16 out of 24

_____ Where are you registered to vote?

_____ In what state did you file your **resident** tax return last year?

_____ In what city do you have your main bank account?

_____ In what state are you licensed to drive in?

_____ In what state is your car registered?

_____ How many times have you returned home in the past 12 months?

_____ Estimated number of days spent at home during the tax year.

_____ If not, when was the last visit?

_____ When was the last time you had income at your tax home?

Y N Do you own your home and are responsible for maintenance and upkeep?

Y N Do you rent out any or part of your home while you are away?

If your permanent tax home is a rented residence:

Y N Do you pay a monthly amount throughout the entire year?

Y N Enter amount of monthly rent or list other regular expenses. _____

Y N Do you have receipts and/or contracts to support these expenses in case of an audit?

If you rented from a relative or friend:

Y N Is that individual aware that rental income is taxable?

Y N Do you have a written contract?

Y N Is the rent that you are paying the fair market equivalent for a similar arrangement in the area? (classifieds clip or comparable rental agreement – a good source is craigslist.org or roommate.com)

Initial or dig signature: _____

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Appendix A Continued – Itinerary for Tax Year

List every extension as a separate assignment. List your mileage! You may be eligible to deduct more than what you received from your company.

Assignment 1			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
Travel to assignment			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
During assignment – see page 15 for trips home			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
Return home at the end of contract			
<i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Assignment 2			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
Travel to assignment			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
During assignment – see page 15 for trips home			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
Return home at the end of contract			
<i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Initial or dig signature: _____

Assignment 3			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
Travel to assignment			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
During assignment – see page 15 for trips home			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
Return home at the end of contract <i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Assignment 4			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
Travel to assignment			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
During assignment – see page 15 for trips home			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
Return home at the end of contract <i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Initial or dig signature: _____

Assignment 5			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
<i>Travel to assignment</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
<i>During assignment – see page 15 for trips home</i>			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
<i>Return home at the end of contract</i>			
<i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Assignment 6			
Start Date mm/dd/yy		End Date mm/dd/yy	
City			
Company			
How many days were spent at home during this assignment? _____			
<i>Travel to assignment</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car or Trailer Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel pay			
<i>During assignment – see page 15 for trips home</i>			
Total miles on your car , from temporary residence to temporary worksite during entire contract: _____			
Car Rental Cost		Tolls	
Rental: Total miles placed on car		Parking	
Rental: Commuting miles		Transit Fares	
Gas for Rental		Other	
Did you live in company provided housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the value of your housing?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Or did you receive a housing stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on the stipend?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Housing Expenses:			
Did you receive a Per Diem / Tax Advantage for Meals?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a Blended/Combined Reimbursement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
Did you receive a car allowance during contract?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Were you taxed on this?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unsure <input type="checkbox"/>
<i>If you are sending contracts with all the "numbers" you do not have to fill in this box and skip to Returning Home information.</i>			
Amount of housing stipend: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of meal/incidentals: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of blended rate: _____ per _____? HR / DAY / WK / MONTH / TOTAL			
Amount of car allowance: _____ per _____? HR / DAY / WK / MONTH / TOTAL <small>(not for travel to or from assignment, but for auto expenses during assignment)</small>			
<i>Return home at the end of contract</i>			
<i>(If directly to next assignment skip this section and go to next column)</i>			
Number of days en route _____			
Mileage (if your own car)		Lodging	
Car Rental		Tolls	
Gas for Rental (only)		Parking	
Fares (Plane, train, etc)		Taxi	
Shipping		Other	
Reimbursements/Travel Pay			

Initial or dig signature: _____

Appendix A Continued – Almost done!

Additional Questions for Mobile Professionals

Vehicle Info: Annual Miles = miles driven for every purpose during the tax year (not just work). We need this information if you are to claim a mileage deduction. If nothing else, an accurate estimate can be obtained by looking at oil change/repair receipts near the beginning or end of the year (they have your odometer readings on them).

Annual Miles on Vehicle 1 _____ Date placed in service (mm/dd/yy) _____
 (date of purchase or very first travel contract)

Annual Miles on Vehicle 2 _____ Date placed in service (mm/dd/yy) _____
 (date of purchase or very first travel contract)

Y N 1) Do you have a travel log that records your travel expenses and mileage?
This would be required by the IRS in an audit.

Y N 2) Did you make any trips home DURING an assignment or between an extension of an assignment in the same metropolitan area?
 If so, list the dates and expenses below. Use additional sheets if necessary.

RECORD OF TRIPS HOME WHILE ON ASSIGNMENT (not at beginning or end of assignment)

Deductions for trips home during assignments are LIMITED to the amount you would deduct if you had stayed at the assignment. (Revenue Ruling 54-477)

Trip #	Date Departed	Date returned	Airfare	Miles Driven	Car Rental	Gas for Rental	Tolls & Parking	Taxi
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Initial or dig signature: _____

Appendix B – RETURNING Client with NO TAX HOME

Below is all of the information we need if you do not have a tax home. It is more to determine how to file you based on residency requirements and to let us know how your income was taxed. You will notice there is no mileage to keep track of unless you are qualifying for moving expenses. Sad, but true. With no tax home, you can no more deduct commuting miles than a regular employee. But on the other hand, there is a whole lot less record keeping involved. If you are unsure if you were taxed on reimbursements, leave the box empty and we will try to help you determine that from your contracts. Some contracts are less clear than others, and if you can, enclose a check stub with these.

Assignment Itinerary

	Assignment 1	Assignment 2	Assignment 3	Assignment 4	Assignment 5
Start Date (mm/dd/yy)					
End Date (mm/dd/yy)					
Location : City & State					
Were you taxed on meals? <i>n/a = did not receive</i>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
Enter amount of meal reimbursement <i>Only if NOT taxed</i>					
Did you live in company provided housing or receive a stipend?	Housing <input type="checkbox"/> Stipend <input type="checkbox"/>	Housing <input type="checkbox"/> Stipend <input type="checkbox"/>	Housing <input type="checkbox"/> Stipend <input type="checkbox"/>	Housing <input type="checkbox"/> Stipend <input type="checkbox"/>	Housing <input type="checkbox"/> Stipend <input type="checkbox"/>
Were you taxed on the value of the housing or the stipend? <i>n/a = did not receive</i>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
Enter amount of housing <i>Only if NOT taxed</i>					
<i>OR</i> Amount of combined or blended reimbursements <i>Only if NOT taxed</i>					
<i>Other untaxed reimbursements</i>					

No Tax Home Moving Expenses – Unfortunately the IRS only allows for moving expenses if you *expect* to be in one location for at least 9 months AND / OR *have been* in one location for at least 9 months. Enter expenses here for any moves that qualify.

	Move 1	Move 2	Move 1	Move 2
Miles from your OLD Home to NEW workplace			Miles from OLD home to OLD workplace	
Miles driven to new residence			Tolls	
Lodging expenses			Car or trailer rental	
Utility hook ups			Shipping	
Up to 30 days of storage fees			Cost of hiring movers	
Reimbursements			Other	

Moves to Foreign Countries
 Date of Move _____ City and country of old workplace _____
 City and country of new workplace _____

Initial or dig signature: _____

A few words about your tax returns

Keep for your Records

The majority of our clients file returns in multiple tax jurisdictions. Because of the complex nature of these situations, it is not uncommon for the following events to occur after a return is filed.

- 1) States tax boards may ask for documentation or copies of returns filed in other states and other documentation.
- 2) If you work as an independent contractor or receive a 1099, local tax jurisdictions will occasionally ask for business licenses. Call us if this occurs so we can send a response.
- 3) States aggressively pursue residency issues and will occasionally send letters to any person who possibly spent time in the state.
- 4) Each state has its own timetable for refund deposits.
- 5) Clients with large amounts of business expenses have a higher chance of being audited. It has little to do with the tax preparer and a lot to do with statistics. If you receive a letter, call us. We defend any return we prepare. *(see our policy regarding this)* Keep all tax records with receipts for 7 years.
- 6) The Canadian Revenue Agency will send a letter to confirm, via paper documents, 50% of returns that have foreign tax credits.

Common Questions

- 1) What if I get a notice? *Call us immediately. We are available all year. We will defend any return that we prepare. We will handle the details with the IRS and other taxing agencies.*
- 2) What if I need copies of my returns in the future. Can you fax those to another person? *Yes, call us. We will need a signed consent.*
- 3) If I am getting a very small refund, why should I pay you to prepare the return? *Tax returns settle your annual account. The refund or amount due has no bearing on your requirement to file. If income is reported to a state jurisdiction on your behalf, you need to file to close out the year.*
- 4) Why do I have to pay home state and/or home city/school district taxes when I did not work there all year? *If you are claiming a tax home, you must report total income to that jurisdiction. Otherwise, you are stating that you are not a resident of that area.*
- 5) I need help in filling out my W-4 (withholding) forms, can you help me? *Yes, we are available year round to help you with tax questions.*