

TravelTax Workbook for our 'normal' clients



... Hey, just think of yourselves as rational human beings.
You have settled down and don't do the On the Road lifestyle anymore. ☺

Do not let the SIZE of this
workbook SCARE you!

(It is not that bad, honest. Much of it will be left blank.)

1) Pages 2-7 must be filled out by all clients.

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.

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, email, or text, 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) via email with a secure upload link, or as paper copies.

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 e-filed, we will email these documents to you, with the addressed envelope so you can sign and mail these.

| | |
|-----------|--|
| By fax: | see fax cover sheet (last page) |
| By mail: | 1010 Riverside Blvd., Norfolk NE 68702 |
| By email | documents@traveltax.com |
| By upload | use upload link from our website: www.traveltax.com |

FOR 2017 TAX YEAR OR EARLIER

| | | |
|------|-----|----|
| PRNT | ACK | DE |
| | | |

ENTER TAX YEAR IF NOT 2017 _____

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

If you are **NOT** a traveler, AND are a **returning client**, we can complete your whole return via email (no phone appointment).
 Yes! Sign me up! No thanks! I have some things that need to be talked through.

DO NOT FILL THIS IN ON THE BROWSER! Download and save it on your computer, THEN open it from your computer and let those fingers fly!

| SS# | | | | | | |
|---|---------------------------------|--|---|--|---|---------------|
| Name | | | | | DOB | |
| Occupation | | | Blind? <input type="checkbox"/> | Military/Reservist/Nat'l Guard? <input type="checkbox"/> | Tribal member? <input type="checkbox"/> | |
| Email: | | | | | | |
| Main Phone: | | | | | | |
| In order of preference, how should we contact you? (1st, 2nd, 3rd) Email _____ Phone _____ Text _____ | | | | | | |
| Temporary Address: City, State | | | | | | |
| Permanent Mailing Address | | | | | | |
| 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? | | | | | | |
| Date: _____ Provide old address: _____ | | | | | | |
| REQUIRED FINANCIAL REPORTING: Do you (or spouse) hold more than \$10,000 (Including bitcoin) outside of the US? N <input type="checkbox"/> Y <input type="checkbox"/> | | | | | | |
| Do you (or spouse) have signatory authority, or are a beneficiary, or hold any interest in any Foreign Account? N <input type="checkbox"/> Y <input type="checkbox"/> | | | | | | |
| Marital Status | | | | | | |
| 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"/> | Widow(er) <input type="checkbox"/> | date: _____ |
| Did your marital status change during the past year? Yes <input type="checkbox"/> Date (m/d): _____ | | | | | | |
| Spouse Information – Required, even if filing separate | | | | | | |
| SS# | | | | | | |
| Name | | | | | DOB | |
| Occupation | | | Blind? <input type="checkbox"/> | Military/Reservist/Nat'l Guard? <input type="checkbox"/> | Tribal member? <input type="checkbox"/> | |
| Whose name was first on last year's tax return? | | | | | | |
| Dependents | | | | | | |
| Name | Soc. Sec. # | Relationship | Months in home | Birth date | College? | Yr in College |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Any custody or support arrangements involved with these dependents? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |

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 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. All invoices are due within 30 days from date of invoice. A finance charge of 1.5% per month will be assessed on invoices not paid within 60 days from date of 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 for TravelTax to prepare my (our) tax return.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

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

Insurance Reporting: The 1095A (Healthcare Marketplace Insurance) are the only ones that we must have prior to filing your return. The other forms will probably not be issued before March 1. Multiple jobs and different healthcare providers probably means multiple forms to show coverage. If you are missing 1095B or 1095C, you can still file.

Health Care Market Place Coverage = Form 1095-A.
 Health Insurance Firm = Form 1095-B.
 Employer provided = Form 1095-C.

Check here if you, and your entire household, had coverage for all year.
 If you could not place a check, please fill out the spreadsheet below for each family member, with the *missing (gap) dates only*.

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| FIRST NAME → | | | | | | |
| NOV 2014 <i>date - date</i> | | | | | | |
| DEC 2014 <i>date - date</i> | | | | | | |
| JAN <i>date - date</i> | | | | | | |
| FEB <i>date - date</i> | | | | | | |
| MAR <i>date - date</i> | | | | | | |
| APR <i>date - date</i> | | | | | | |
| MAY <i>date - date</i> | | | | | | |
| JUNE <i>date - date</i> | | | | | | |
| JULY <i>date - date</i> | | | | | | |
| AUG <i>date - date</i> | | | | | | |
| SEP <i>date - date</i> | | | | | | |
| OCT <i>date - date</i> | | | | | | |
| NOV <i>date - date</i> | | | | | | |
| DEC <i>date - date</i> | | | | | | |

TABLE IS FOR
NON-INSURED
DATES ONLY

Use this area for any explanation:

Initial or dig signature: _____

QUESTIONS

Check the "ask me" box in addition to your 'yes/no' if you need to discuss this with us.

Yes No Ask me

1) What were your actual/billed college expenses for the year? **(BOOKS AND TUITION ONLY – this is not for student loan payments)**

| Tuition(1098) | Books | Corresponding name of student | Type of degree pursued | Which state? |
|---------------|-------|-------------------------------|---|--------------|
| | | | 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> grad+ <input type="checkbox"/> Other <input type="checkbox"/> | |
| | | | 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> grad+ <input type="checkbox"/> Other <input type="checkbox"/> | |

If these expenses are for you or your spouse, will this qualify either of you to perform a new job/vocation? Yes No

Is this a RN to BSN degree? Yes No

2) **MEDICAL AND DENTAL** expenses are limited by 10% of your gross income (unless your or spouse is over 65, then it is still 7.5%). This means that a person making \$50,000 a year would need to have over \$5000 in medical expenses before they could deduct costs. Some states, including AZ, OH, ND, and NM, allow you to deduct expenses regardless, as they deduct these separately. So, if you already have that total handy, you may as well put it down, but don't spend 76hrs doing math to get this number. Ha ha!

Health Insurance Premiums paid out of pocket (NOT amounts deducted from your paycheck) _____

Long term Care Premiums _____

Miles driven for medical purposes: _____

Prescriptions / Co-Pays / Hearing aids / Glasses / Dental / Other _____

Ambulance transport/hotel lodging _____

3) Did you make any **Contributions to Health Savings Accounts (For High Deductible Plans) HSAs** out of pocket? (out of pocket expenses only, NOT paycheck deductions) total for self _____ total for spouse _____ total in a joint account _____

4) Did you pay any Mortgage Insurance Premiums (on mortgages established in 2007 or later) -- *This is not your homeowners insurance.*

Paid as lump sum? Paid as monthly amount? Enter amount _____

5) Did you receive Interest **NOT** reported on 1099 INT (supply name, address, SS# or EIN# or recipient) _____

6) Did you have any Charitable Donations by cash, check, or credit? *Do not send receipts.* Enter total amount _____

7) Did you have any Charitable Donations Other than cash/check/credit? (Clothing, furniture, etc.) Total valued amount _____
(If annual donation total equal or over \$500, we need copies of all receipts per IRS reporting regulations.)

8) Did you have any miles driven for Charity? Total miles _____

9) Did you take any overnight trips for charitable organizations or mission trips? *Some of these expenses are deductible; we will go over this with you.*

10) Did you have any Sales Taxes on Major Purchases like a car, boat, etc.? total amount _____

11) Did you give back Jury Pay to your employer in exchange for hours worked? Enter amount turned in to employer _____

12) Did you have Tax Preparation or Tax Advisory Fees paid during last year (returning clients can leave blank) amount _____

13) Did you have any Investment Advisory Fees? Enter amount _____

14) Did you have any Investment Expenses (journals, advice, investment interest etc.)? Enter total amount _____

15) Did you pay any Investment Interest (not personal home mortgage or rental home)? Enter total amount _____

16) Did you have reported Gambling winnings? Enter amount of LOSSES to be deducted against winnings _____

17) Do you have a Safe Deposit Box? Annual cost _____

18) Did you have any **IRA or SEP** Contributions **NOT** listed on your W2s (deductible)? Total for self _____ total for spouse _____

19) Did you make any **Roth IRA** Contributions (non-deductible)? Total for self _____ total for spouse _____

20) Were you audited in the past 3 years?

21) Did you back file or amend any state, local or federal returns last year?

22) Did you pay an additional amount when you filed last year's returns? Amount _____ State _____

23) Did you make any Estimated payments made for **this year's tax return?** (not the amounts withheld from paychecks)

| | 1 st Quarter / Date paid | 2 nd Quarter / Date paid | 3 rd Quarter / Date paid | 4 th Quarter / Date paid |
|-------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Federal | | | | |
| State _____ | | | | |
| Local _____ | | | | |

Initial or dig signature: _____

ADDITIONAL QUESTIONS - Check the "ask me" box in addition to your 'yes/no' if you need to discuss this with us.

| Yes | No | Ask Me | |
|-----|----|--------|--|
| | | | 1) Did you receive any royalties from authorship (copyrights/books) or mining (minerals, oil, etc.)? Please send 1099M or K1. |
| | | | 2) Did you make energy efficient improvements to your home? If yes, provide the type and cost of each improvement. Enter "see attached" if listed elsewhere. _____ |
| | | | 3) Did you foreclose on your home? (Send 1099C and/or 1099A) |
| | | | 4) Did you claim the First Time Homebuyers Credit on your 2008 return?(the one that gets repaid) |
| | | | 5) Have you experienced any losses related to Presidential Disaster Area or Hurricane Loss? |
| | | | 6) Have you experienced any casualty losses (damage to property, robbery, etc.) that would be valued close to 10% of your income for the year? |
| | | | 7) Do our questions have you teetering on the brink of insanity yet? Comments: _____ |
| | | | 8) Did you move to or from a foreign country this year? |
| | | | 9) Have you given or received gifts over \$14,000 to / or from any one person? Amount _____ Given? <input type="checkbox"/> Received? <input type="checkbox"/> |
| | | | 10) Have you paid or received alimony payments? Amount _____ Paid? <input type="checkbox"/> Received? <input type="checkbox"/> |
| | | | 11) 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.) |
| | | | 12) Did you have child or dependent care expenses? You will need to provide: Name 1 _____ relationship if relative _____ Address _____ Phone _____ SS# or EIN _____ Amount paid to this provider _____ Name 2 _____ relationship if relative _____ Address _____ Phone _____ SS# or EIN _____ Amount paid to this provider _____ |
| | | | 13) Did you incur moving expenses: <i>DO NOT use for TRAVEL assignments away from your primary home, you are not "moving."</i> Miles from your Old Home to New workplace _____ Miles from OLD home to OLD workplace _____ Transport of household goods and personal effects _____ Additional expenses (utility hook ups, 30 days storage) _____ Travel and Lodging during move (NOT meals, NOT gas) _____ Amount of reimbursements _____ |
| | | | 14) Did you sell a home this year? Please provide us with a copy of the first 2 pages of your settlement statement Did you ever rent this home to other individuals? Y <input type="checkbox"/> N <input type="checkbox"/> Did you have depreciation for business use or home office deductions? Y <input type="checkbox"/> N <input type="checkbox"/> Date you purchased the home _____ Purchase price of your old home _____ |
| | | | 15) Are you a member of the military? Did you sell your residence in the last 5 years? Y <input type="checkbox"/> N <input type="checkbox"/> Did you travel more than 100 miles to attend Guard or Reserve meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, then fill out the rest of this section. Airfare/Transit expenses _____ Mileage if own car _____ Rental Car (including gas) _____ Unreimbursed Meals _____ Unreimbursed Lodging _____ |
| | | | 16) Are you an alien or a foreign worker? Days spent in the US: tax year _____ year before _____ year before that _____ What was your filing status in the US last year? Resident Alien <input type="checkbox"/> Nonresident alien <input type="checkbox"/> NA <input type="checkbox"/> Type of visa: _____ Do you have a spouse residing outside of the US? Y <input type="checkbox"/> N <input type="checkbox"/> Do you maintain a job in your country of origin? Y <input type="checkbox"/> N <input type="checkbox"/> Give last date worked there _____ Do you own property in your country of origin? Y <input type="checkbox"/> N <input type="checkbox"/> |

Initial or dig signature: _____

General Job Expenses - not to be used for 1099 (independent contracting) jobs

| | You | Spouse | | You | Spouse |
|--|-----|--------|------------------------------|-----|--------|
| Uniforms/ Work Clothing | | | Tools | | |
| Laundry / Cleaning of Uniforms | | | Work boots/ safety footwear | | |
| Postage/Fax/Shipping for business | | | Safety/ protective equipment | | |
| Books/ Journals/Magazines | | | ATM fees while on assignment | | |
| Union Dues | | | Employment agency fees | | |
| Supplies | | | Legal fees (job related) | | |
| Equipment | | | Security clearance | | |
| Licenses new or renewal, even if not used this year (see below for related travel exp) | | | Professional Insurance | | |
| Job Physicals/ Job Medical | | | Professional Memberships | | |
| Testing | | | Other | | |
| Fingerprints/verification | | | | | |

Impairment Related Work Expenses (for handicap related issues)

Tax year computer purchase: Purchase date: _____ Cost: _____ % Business Use _____

Total reimbursements for any/all above expenses You: _____ Spouse: _____

Communications Expense

Do you maintain a landline phone at home? Y N

To calculate estimated business use, take 2 or 3 months of cell phone bills that are representative of your normal cell phone use. Add together all minutes used to talk to employers, recruiters, and other conversations related to your temporary housing, relocation, and other employment related agencies. Divide that number by the total minutes used during those months. That number is your estimated business use for the year. - - Don't feel bad if you choose to pass up on this deduction. We admit this is a lot of work.

| | | You | Spouse | | You | Spouse |
|----------------------|----------------|-----|--------|--------------------------|-----|--------|
| 1st phone/cell | Total for year | | | Estimated business use % | | |
| 2nd phone/cell | Total for year | | | Estimated business use % | | |
| 3rd phone/cell/pager | Total for year | | | Estimated business use % | | |

Our internet business use is more of a good faith estimate. Business use includes researching next contract, researching new companies, areas for temporary residences, time spent on CEUs and business related forums.

| Internet | Total for year | Estimated business use % |
|----------|----------------|--------------------------|
| | | |

Vehicle Info:

Annual Miles on Vehicle 1 _____ Annual Miles on Vehicle 2 _____
 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).

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

Expenses for Work Related Continuing Education, Conventions, ACLS, BLS, PALS - Not college courses or travel assignments

| You or Spouse? | Date Left mm/dd | Date Return mm/dd | Destination | Cost | Airfare | Miles Driven | Cost of Rental Car | Gas For Rental | Lodging | Other | Reimbursements |
|----------------|-----------------|-------------------|-------------|------|---------|--------------|--------------------|----------------|---------|-------|----------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Travel Expenses related to Obtaining Licenses:(use same columns as above for categories)

| You or Spouse? | Date Left mm/dd | Date Return mm/dd | Destination | Cost | Airfare | Miles Driven | Cost of Rental Car | Gas For Rental | Lodging | Other | Reimbursements |
|----------------|-----------------|-------------------|-------------|------|---------|--------------|--------------------|----------------|---------|-------|----------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Home Office Deductions

Yes No As an employee, do you have a portion of your home that you use exclusively for business at the convenience of your employer and want to take deductions for this area? If yes, you will be required to provide square footage of the office and home, along with keeping records of your housing expenses along with utilities.

Initial or dig signature: _____

Questions or additional information for your preparer

Initial or dig signature: _____

Rental Property

Provide us with last year's depreciation schedule if you were not a TravelTax client last year

| 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 | | |
| EXPENSES | | |
| Advertising | | |
| Auto and Travel | | |
| Cleaning and Maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and Professional | | |
| Management fees | | |
| Mortgage Interest | | |
| Other Interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| HOA fees | | |
| 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, costs and date: | | |
| | | |
| | | |
| | | |

Initial or dig signature: _____

State Specific Tax Laws

Answer only for the state below that is your permanent residence

529 College Savings/ABLE Accounts/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) _____

| | |
|-----------------------|--|
| Arizona | Contributions to private school / Tuition organizations. AZ has numerous small credits. If you know one that applies to you, send us the documentation. |
| Hawaii | Premiums paid to legal services plans _____ |
| Idaho | Donations to Educational Institutions, Youth/Rehab Facilities, or other community charities _____ |
| Illinois | Educational tuition and/or fees for K-12 education _____ |
| Indiana | Was your child(ren) homeschooled or in private school? Y/N _____ Insulation expenses _____ Name/address of landlord if qualifying for rent deduction: _____ Rent paid for year _____ |
| 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 _____ Expenses for disabled relative _____ Volunteer for EMS or Fire? _____ |
| Kansas | Armed Forces Recruitment bonuses _____ |
| Louisiana | Property Insurance Surcharge _____ Property address _____ Insurance Company _____ Account # _____ Private school tuition or homeschooling expenses _____ |
| Maryland | Volunteer as an EMT or Fire Personnel? Y/N _____ |
| Massachusetts | Rent paid _____ Heating Costs _____ Tolls and Transit passes _____ |
| 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) _____ Home Energy Audit _____ |
| Montana | Rural Physicians Credit _____ (y/n) First Time Homebuyers Savings Accounts Contributions _____ Ineligible withdraws _____ Family Educational Savings Account Contributions _____ Ineligible withdraws _____ |
| New Jersey | Rent Paid For Year _____ Name/Address of Landlord: _____ |
| Ohio | Contributions to OH state political campaigns _____ |
| Oregon | Long term care insurance premiums _____ Rural Medical Practitioner (y/n)? _____ Political Contributions _____ |
| South Carolina | Volunteer as an EMT, or Fire personnel? Y/N _____ |
| Utah | Does one parent stay at home to care for a child? (y/n) _____ |
| Vermont | Rent paid for the year _____ Name and address of landlord _____ |
| West Virginia | EZ Pass expenses _____ |
| Wisconsin | 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: _____

FAX COVERSHEET

To: TravelTax

Fax: (Toll Free) 877.872.8829

Available 24/7. Number is valid in the US, Canada and all territories. Our fax never runs out of paper.

Office: 402.379.7818

From:

Name: _____

Email or Contact phone with time zone _____

Total number of pages including cover sheet _____

PLEASE NUMBER YOUR INDIVIDUAL PAGES!

When faxing a large amount of pages please number each page about ½" in from the margin to avoid cut off. 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!