Abacus CPAs, LLC®
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ENGAGEMENT LETTER

This letter is to confirm and specify the terms of our engagement with **you** and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and requested state income tax returns from information that you will provide to us. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification of some of the information. We have provided you with an organizer to guide you in gathering the necessary information. Your use of the organizer will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. However, should we find any irregularities or unusual items we will bring them to your attention. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. If we discover any errors or omissions on a prior year return we will bring that to your attention.

The filing deadline for the tax return is April 15, 2022. To ensure your return is filed by the deadline, please have all your information to us by March 19, 2022. If an extension of the time is required, any tax due with this return must be paid with that extension. Any amounts not paid by the filing deadline of April 15, 2022, may be subject to interest and late payment penalties.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such governmental tax examination, we will be available, upon request, to represent **you** under a separate engagement letter representation. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. We may require a retainer to be paid when **you** submit your 2021 data to us. All invoices are due and payable upon presentation.

Abacus CPAs, LLC has my permission to obtain information regarding my income and expenses in the form of settlement(s), 1099(s), and W2(s). I understand the contract company(s) may require additional permissions from me in order for them to share this information with Abacus CPAs, LLC.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns **you** expect us to prepare, such as gift, property, local, or school district, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with **you**.

Very truly yours,

Abacus CPAs, LLC

Taxpayer Print Name	Taxpayer Signature	Date
Spouse Print Name	Spouse Signature	Date

You can turn in the organizer and/or tax documents by email, fax, or mail to:
Email: organizer@abacuscpas.com
Fax: 417-823-0744
Address: Attn: Transportation Dept.:1835 E. Republic Rd., Suite #200, Springfield, Missouri, 65804

Steps to Complete your 2021 Tax Return

Step 1: Compile all business related income and expenses for 2021. Please list cash expenses on page 14 unless **you** have already given us ALL cash expense records for the year.

Step 2: Complete the Tax Organizer in its entirety. Be aware that missing or incorrect information may result in additional fees and/or a delay in your tax return being prepared.

Step 3: Send copies of W-2s, 1099s, Tax Organizer, and cash expense records to Abacus CPAs. They can be mailed to: Attn: Transportation Dept.: 1835 E. Republic Rd., Suite #200, Springfield, MO, 65804, faxed to 417-823-0744 or emailed to organizer@abacuscpas.com.

Step 4: To file your taxes, **you** must sign Form 8879 once we have contacted **you** to let **you** know the return is completed.

***Please note that if your tax return is rejected for any reason additional fees will be assessed due to the additional time associated with correcting the rejection. ***

Please sign before moving onto the next page.

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TAX AUDIT PROTECTION ENGAGEMENT LETTER

OPTIONAL SERVICE

This letter will confirm the arrangements for our services to represent you before **Federal taxing authorities** in the event of an income tax examination of your 2021 Individual Tax Return.

We will represent you before **Federal taxing authorities** in the event that you receive correspondence concerning your 2021 tax return in the event that your return is selected for examination. There is no guarantee given to you relative to the outcome of any tax examinations.

We will exert our best efforts to obtain a satisfactory settlement of any issues that may arise in the examination. Services covered include responding to any correspondence received from the IRS concerning your 2021 tax return and handling any **IRS audit** of your 2021 individual income tax return up to but not including the appeals process. We will provide these services until the billing at our standard rate reaches $10,000. Services required after the $10,000 limit is reached will be billed to you at our standard billing rate. We will notify you when the $10,000 limit has been reached. Our engagement does not cover any tax deficiency, tax penalty or interest assessments. It does not cover any collection proceedings involving unpaid taxes.

Additionally, our engagement will cover only examinations made by the Civil Division of the respective tax authorities and will not cover any situation where examination is made pursuant to an investigation or examination by the Criminal Division. This agreement covers only your Individual income tax return for the year 2021. Corporate, Estate, Trust or Employer Payroll Returns (such as 941's, 940, etc.) are excluded from this agreement.

Our fee for this optional service is $150.00. This amount is due and payable upon acceptance of this engagement. Payment must be made in full prior to the completion of the tax return. If payment is not made in full, this signed engagement will be rendered null and void.

You hereby agree to:
- Cooperate in promptly securing and delivering any relevant documentation as may be necessary.
- Furnish us with such other information and/or affidavits as may be necessary under the circumstances.

If the above correctly sets forth your understanding of the terms and conditions of our engagement, please sign the copy of this letter where indicated.

We appreciate this opportunity to serve you and will make every effort to represent you in a satisfactory manner.

Check the correct box to accept or decline this service option: Yes ☐ No ☐

If yes, Payment Method: _____

Taxpayer Print Name	Taxpayer Signature	Date

Please accept or decline offer before moving onto the next page.

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Consent for Third Party Designation

Abacus CPAs, LLC has found new opportunities that will allow us to continue providing services that give you better guidance so you can make smarter decisions.

Abacus CPAs, LLC, has engaged Entigrity Solutions LLC and alliantgroup, LP, two national consulting firms based in Texas, to provide Abacus CPAs, LLC, with data entry services required in the preparation of personal and business income tax returns. Together, we will provide you with the quality and timely services you expect from us. The security procedures used by these firms adequately safeguard all information we disclose to them. Federal law requires that we obtain your consent to disclose the tax return information you provide to us to Entigrity and alliantgroup, and requires certain information below be conveyed to you as it is word for word, with no alterations in any way. We want to assure you that Abacus CPAs, LLC, will provide you quality service regardless of whether you sign this consent form or not. We will not disclose your personal information for any reason other than the filing and preparation of your return.

Please select **Yes** or **No** regarding your permission preference:

YES ☐ I do give my consent for Abacus CPAs, LLC, to use the services of Entigrity Solutions LLC or alliantgroup, LP, in the preparation of my business or individual income tax returns.

NO ☐ I do not want Abacus CPAs, LLC, to use the services of Entigrity Solutions LLC or alliantgroup, LP, in the preparation of my business or individual income tax returns.

_____

Taxpayer Print Name

If you marked YES, please read, sign and date the required disclosure statement on the next page.

If you marked NO, skip the page 5 and continue to page 6.

Thank you for the opportunity for Abacus CPAs, LLC, to continue to be of service to you.

Please accept or decline offer before moving onto the next page.

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CONSENT FOR THIRD PARTY DESIGNATION

Required Disclosure under Revenue Procedure 2013-14

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent.[1] If you consent to the disclosure of your tax return information, federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation services(s) that we provide to you and its (their) costs, we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form.[2] If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for ten years from the date of signature unless you provide notice in writing to us to no longer disclose your tax return information to the recipient named below.

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, including your personally identifiable information such as your Social Security Number ("SSN"). Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States that will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, Federal agencies may not be able to enforce United States laws that protect the privacy of your tax return information against a tax return preparer located outside of the United States to whom the information is disclosed.

If you authorize and agree to allow **Abacus CPAs, LLC,** to disclose your tax return information, including your SSN(s), to Entigrity Solutions LLC and to alliantgroup, LP, their affiliates and subsidiaries for purposes of assisting in providing tax return preparation services for the duration indicated above, please sign and date below.

If married, both spouses must sign this consent.

Taxpayer Print Name	Spouse Print Name
Taxpayer Signature	Spouse Signature
Date	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email at complaints@tigta.treas.gov.

[1] Signing this consent form will not result in the disclosure of your personal information to anyone or any reason other than the preparation and filing of your return.

[2] We will provide you service regardless of whether you sign this consent form.

Please Review & Sign if you selected Yes on Page 4.

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2021 INDIVIDUAL TAX ORGANIZER

Abacus will be unable to prepare the tax return unless ALL fields are completed.

Taxpayer Name:	Spouse Name:
Taxpayer SSN:	Spouse SSN:
Occupation:	Occupation:
Birth Date:	Birth Date:
Phone Number:	Phone Number:
Email:	Email:
Issued State of Driver's License (Ex: MO):	Issued State of Driver's License (Ex: MO):

If **you or your spouse live in **Alabama** or **New York** please include a picture of the **front and back** of your Driver's License.*

Mailing Address: County:

Physical Address: County:

Did **you** live at the above physical address all year in 2021? Yes ☐ No ☐
If no, please provide the following:
Previous Address: _____
Date Moved: _____

What is your filing status? Choose One: **Select From Below**

If **Married Filing Separate*** please choose spouse's tax return deduction: **Select From Below**

If **Head of Household**** do you pay for more than half the cost of maintaining a home for you and your qualifying dependent? Yes ☐ No ☐

*__Married Filing Separate__ clients residing in a community property state will be required to provide a copy of spouse's return or tax documents. **Community Property States: AZ, CA, NV, ID, LA, NM, TX, WA, & WI**

If your filing status is Qualifying Widow(er). Please provide Spouse's Date of Death: _____

Do you plan to claim any dependents on your 2021 income tax return? Yes ☐ No ☐
If yes, please fill out dependent information below. **Taxpayer and Spouse are not considered dependents.**

LIST DEPENDENT(S) YOU MAY CLAIM ON YOUR 2021 TAX RETURN

Name, Date of Birth, and SSN *Ex: John Smith, 08/01/2015, 111-10-1111*	Relation	# of months lived with*	% of support provided	Full Time College student?** (Yes/No)	Disabled? (Yes/No)	Received income? (Yes/No)	Amount of income received
		Select	0%	Select	Select	Select	
		Select	0%	Select	Select	Select	
		Select	0%	Select	Select	Select	
		Select	0%	Select	Select	Select	
		Select	0%	Select	Select	Select	

***If dependent lived with you less than 6 months during year, Form 8332 may be required.**
****Full Time College student must be in school for 5 months in 2021.**

Please answer ALL the above questions before moving to the next page.

DEPENDENTS (continued)

Is one or more of your dependent children (listed on Page 4) not your biological child? If yes, why are the biological parents not claiming this child?_____ What is your relationship with the child?_____	Yes ☐ No ☐ N/A ☐
Is one or more of your dependent(s) (listed on Page 4) able to be claimed on another person's tax return? If yes, which dependent(s)? _____ **If any of the above dependents are claimed by another and an E-file Rejection occurs, additional fees for reprocessing the tax return will be assessed.**	Yes ☐ No ☐ N/A ☐

IMPORTANT FILING INFORMATION

Would **you** like Abacus CPAs to electronically file your tax return? **Taxpayer and spouse must review and sign return once completed in order for return to be submitted to taxing agencies.** If no, please state reason: _____	Yes ☐ No ☐
Have **you**, your spouse, or dependent(s) experienced TAX related Identity Theft? If yes, please provide your **2021** 6-digit PIN (provided yearly by IRS): _____ Name of person(s) with IP PIN _____	Yes ☐ No ☐
We provide **you** a copy of your tax return(s) via your individual secure online Abacus Access account. Due to the increase in online identity theft, we will no longer provide copies via attachment to an unsecure email. Choose Preferred Method: **Select From Below**	
Do **you** and/or your spouse want $3 to go to the Presidential Campaign Fund?	Yes ☐ No ☐
Can the IRS discuss the return with Abacus CPAs?	Yes ☐ No ☐
Are either **you** or your spouse blind?	Yes ☐ No ☐
Are **you,** the taxpayer, eligible to be claimed as a dependent on another tax return? If yes, provide details. _____	Yes ☐ No ☐
Have **you** filed all previous year(s) tax returns? If no, which years need to be filed? _____	Yes ☐ No ☐
Have **you** ever been disallowed the Earned Income Credit or has it been reduced? If yes, please describe state which year(s) & why: _____	Yes ☐ No ☐
Did **you** or your spouse receive the **3RD** Economic Impact Payment (EIP) (Stimulus) in 2021? *If you are not sure, check online before submitting your tax organizer. Below is a link to check your payments:* *https://www.irs.gov/coronavirus/get-my-payment* If yes, what was the total amount received by you and your spouse in 2021? $_____	Yes ☐ No ☐
Did **you** or your spouse receive an Advanced Child Tax Credit Payment in 2021? *If you are not sure, check online before submitting your tax organizer. Below is a link to check your payments:* *https://www.irs.gov/credits-deductions/advance-child-tax-credit-payments-in-2021* If yes, what was the total amount received by you and your spouse in 2021? $_____	Yes ☐ No ☐
Did **you** or your spouse receive either a Paycheck Protection Program (PPP) loan in 2021 or 2020? If yes, provide the amount of the loan. Taxpayer: $_____ Spouse: $_____ If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? Date applied for forgiveness? _____	Yes ☐ No ☐ Yes ☐ No ☐ N/A ☐

Please answer ALL the above questions before moving to the next page.

INCOME

Work History in 2021	
Taxpayer *Ex: Worked at ABC Co. 01/01 - 03/15 & 123 Co. 03/16 - 12/31*	**Spouse(if applicable)** *Ex: Worked at ABC Co. 01/01 - 03/15 & 123 Co. 03/16 - 12/31*

Did **you** or your spouse receive Employee income? If yes, how many W-2's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse receive Non-Employee income? If yes, how many 1099(M)(NEC)'s were received? Taxpayer: **Select** Spouse: **Select** Do **you** or your spouse have any business income not reported on a 1099(M)(NEC) or K1? If yes, please send in details.	Yes ☐ No ☐ Yes ☐ No ☐
Did **you** receive income from rental property (including your home)? Rental Income Received in 2021: $_____ If yes, please provide days rented_____, and days personally used _____and submit income and expenses with tax documents. Address of Rental Property: _____ Date Placed in service: _____	Yes ☐ No ☐
Did you or your spouse own and operate a Farm in 2021? If yes, is your farm a business or a hobby? Choose one: **Select From Below** How much income did you receive from your Farm in 2021? _____ *Please send in a breakdown of income and expenses.*	Yes ☐ No ☐
Did **you** or your spouse receive Social Security Income? If yes, how many SSA-1099's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse receive Pension, Annuity, and/or Retirement pay? If yes, how many 1099-R's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse receive Interest Income? If yes, how many 1099-INT's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse receive Dividend Income? If yes, how many 1099-DIV's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse sell stocks? If yes, how many 1099-B's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Do **you** or your spouse have a foreign bank account? If yes, is the balance over $10,000? Yes ☐ No ☐ Please provide details and include all relevant documents.	Yes ☐ No ☐

Please answer ALL the above questions before moving to the next page.

INCOME (continued)

Did **you** or your spouse receive Unemployment Income? If yes, how many 1099-G's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse have gambling winnings? If yes, how many form W-2G's were received? Taxpayer: **Select** Spouse: **Select** Taxpayer Gambling Losses? $_____ Spouse Gambling Losses? $_____	Yes ☐ No ☐
Did **you** or your spouse have Cancellation of Debt? If yes, how many 1099-C's were received? Taxpayer: **Select** Spouse: **Select**	Yes ☐ No ☐
Did **you** or your spouse receive Alimony Income for a separation or divorce that was executed before January 1, 2019? Date of legal separation/divorce: _____ If yes, how much alimony was received? Taxpayer: $_____ Spouse: $_____	Yes ☐ No ☐
Did **you** or your spouse buy, send, sell, receive, exchange or otherwise acquire financial interest **in c**ryptocurrency (*Ex:. Bitcoin, Ethereum, Litecoin, etc.*)? If yes, please send in all relevant documents.	Yes ☐ No ☐

CREDITS & DEDUCTIONS

Did **you**, your spouse, or dependents pay on student loans? If yes, how many form(s) 1098-E were received? **Select**	Yes ☐ No ☐
Did either **you**, your spouse, or dependents pay college tuition? If yes, how many form(s) 1098-T were received? **Select** Name of Student(s)? _____ Was the student degree seeking? What year of college was the student in during the 2021 school year? Choose Status: **Select From Below** How many years has the student claimed the American Opportunity Tax Credit? Choose Amount: **Select From Below**	Yes ☐ No ☐ Yes ☐ No ☐
Did **you** or your spouse contribute money to a retirement plan? Choose Type: **Select From Below** If yes, how much was contributed? Taxpayer $ _____ Spouse $_____	Yes ☐ No ☐
Did **you** or your spouse **pay** Alimony (court ordered) for a separation or divorce that was executed before January 1, 2021? Date of legal separation/divorce: _____ Payee Name & Address: _____ Payee SSN: _____ Amount Paid: $ _____	Yes ☐ No ☐
If **you** have a dependent, did **you** pay for daycare or in-home health care in order for **you** to work or attend school full time? Dependent Name(s): _____ Payee Name & Address: _____ Payee SSN/EIN :_____ Amount Paid per dependent: $_____	Yes ☐ No ☐
Did **you** make any solar, wind, or geothermal energy home improvements? *If yes, please include receipts.*	Yes ☐ No ☐

Please answer <u>ALL</u> the above questions before moving to the next page.

CREDITS & DEDUCTIONS (continued)

Did you buy an electric vehicle in 2021? If yes, amount paid $_____ and date purchased _____	Yes ☐ No☐
Did **you** pay personal property tax on automobiles, boats, etc.? If yes, how much? $_____	Yes ☐ No☐
Did **you** pay sales tax on any major items such as automobiles, boats, home improvements? If yes, provide a list of sales tax paid: $_____	Yes ☐ No☐
Did **you** donate **cash** to an eligible (non-profit) charity or church? If yes, amount donated? $_____ *Please provide receipt if the amount donated exceeds $250.*	Yes ☐ No☐
Did **you** donate **non-cash** items to an eligible (non-profit) organization? If yes, value of donation? $_____ *Please provide receipt if the value of the donated items exceeds $500.*	Yes ☐ No☐
Were you or your spouse self-employed in 2021 and unable to operate your business for any time in 2021 as a result of Covid-19? If yes, was it the Taxpayer, Spouse, or both that were affected? Choose one: **Select From Below** Do you meet one the circumstances below? ***Explanation of circumstances*** *(i.e., Caring for a family member with Covid-19 related illness, you were seeking medical guidance for Covid-19, were diagnosed with Covid 19, and/or you were under government quarantine order related to Covid-19, experience childcare closings related to Covid-19).* If yes, describe your circumstance(s): What are the exact dates in 2021 in which your business was affected by the circumstance listed above: _____ -_____	Yes ☐ No☐ Yes ☐ No☐
Did **you** use a PERSONAL vehicle for business* use in 2021? ***Miles from home to place of business are not deductible.** If yes, please provide the following: Total Miles for 2021: _____ Vehicle Make/Model: _____ Business Miles for 2021: _____ Date Placed in Service: _____ Do **you** have written evidence to support your deduction?	Yes ☐ No☐ Yes ☐ No☐

Please answer <u>ALL</u> the above questions before moving to the next page.

PAYMENT & REFUND

Did **you** pay quarterly estimated federal, state, and/or local taxes in 2021? *Do **not** include amounts listed on W-2, 1099-SSA, 1099-R etc. Please do not list **prior** year tax payments.				Yes ☐ No ☐
Quarter	**Date Paid**	**Federal Amount**	**State Amount**	**City Amount**
First				
Second				
Third				
Fourth				
Additional Payments				

Complete the information below if you believe you will have a Tax Amount Due:

Please provide your bank information below if **you** are interested in having the amount due withdrawn from your bank account. Bank Name:_____ Choose One: **Select From Below** Routing Number (9 Digits):_____ Account Number:_____	
Are **you** interested in applying for a monthly payment plan for your federal tax amount due? **Must be eligible and additional fees will be assessed.**	Yes ☐ No ☐
Do **you** currently have a federal tax payment plan with the IRS, or previously owed taxes?	Yes ☐ No ☐

Complete the information below if you believe you will be due a Refund:

Please provide your bank information below if **you** are interested in having the tax refund deposited into your bank account. *If you owe back taxes or other federal/state debt your refund(s) will generally be applied to that debt first.* Bank Name:_____ Choose One: **Select From Below** Routing Number (9 Digits):_____ Account Number:_____	
Are **you** interested in having the tax refund applied to your 2022 estimated taxes? If yes, would **you** like ALL or a PORTION of your potential refund applied to 2022?	Yes ☐ No ☐ All ☐ Portion ☐
If **you** or your spouse owe outstanding child support or federal debt, are **you** interested in having us prepare an injured spouse form (if eligible)?	Yes ☐ No ☐

HEALTH CARE

Were **you**, or any member of your household, enrolled in **Marketplace** Health Insurance in 2021? Visit Healthcare.gov to retrieve your 1095-A if applicable. If yes, which months were you or any member of your household enrolled in **Marketplace** Health Insurance Ex: Jan-Dec:_____ **If you marked yes, Return can't be completed without 1095-A**	Yes ☐ No ☐
Did **you** pay for health insurance for **you** or any member of your household in 2021? If yes, how much did **you** pay* for the health insurance plan in total for 2021?$_____ *Do not include amounts paid with pretax money included on the W2.*	Yes ☐ No ☐

Please answer ALL the above questions before moving to the next page.

HEALTH CARE (Continued)

Was health insurance available at any point in 2021 through **you** or your spouse's employer (W2)? If yes, which months were **you** eligible to participate Ex: Jan-Dec:_____	Yes ☐ No ☐
Did **you pay** out of pocket for qualified medical expenses (doctor visits, prescriptions, etc.)? If yes, please provide the amounts paid. Total qualified medical expenses (does not include OTC expenses): $_____	Yes ☐ No ☐

HOME

If **you OWN** your home please provide: Mortgage Interest: _____ Real Estate Taxes Paid: _____	If **you RENT** your home please provide: Number of Months Rented in 2021: **Select** Amount Paid (monthly): _____
Are **you** or your spouse subject to the repayment of the first-time home buyer's credit?	Yes ☐ No ☐
Was your home or property damaged by a federally declared disaster in 2021 and not fully reimbursed by insurance?	Yes ☐ No ☐
Do **you** have a home office? *Must be used exclusively for business purposes on a regular basis in connection with* your *business and for* your *convenience. If* ***you*** *are self-employed, it must be* your *principal place of business or* ***you*** *must be able to show that income is actually produced in the home office.*	Yes ☐ No ☐

COMPLETE ONLY IF YOU HAVE A HOME OFFICE TO DEDUCT

Would you like to take the simplified deduction for home office or allocated method?

Choose one: **Select From Below**

Simplified method is $5/sq ft up to 300 sq. ft.
If allocated method a portion of all home costs will be allocated based on a percentage. If you own your home we will need additional information, such as the basis in your home to record depreciation.

Required Information for ALL Home Offices:	Only Complete if Allocating Home Office:
Total Square Ft. of Home: _____	Property Insurance (monthly):_____
Square Ft. of Office in Home: _____	Utilities (monthly):_____
Date Placed in Service: _____	Household Improvements (yearly) _____
Business Activity your Home Office is Used for: _____	Additional Expenses (furniture, internet, office supplies, etc.): _____

Please answer <u>ALL</u> the above questions before moving to the next page.

TRANSPORTATION RELATED ITEMS

Were **you** a Company Driver or Lease/Owner Operator in 2021?

Choose One: **Select From Below**

Dates as a Company Driver: _____

Dates as a Lease/Owner Operator: _____

If **you** lease your OTR truck: Did **you** make a lump sum lease payment in 2021? If yes, Date Paid: _____ Amount: _____	Yes ☐ No ☐
Do **you** lease or own your OTR truck? Choose One: **Select From Below**	
If **you** own your own OTR truck: Date Purchased: _____ Purchase Price: _____ Date placed in service: _____ How did you pay for the truck purchase? Choose one: **Select From Below** If you own your truck, did you make any major repairs costing $2,500 or more? Yes ☐ No ☐ If yes, please send in details regarding those repairs so they can be expensed properly. ***Please provide purchase and financing documents.***	
Did **you** sell an OTR truck, trailer, or equipment in 2021? Type of Equipment Sold. Select applicable: ☐TRUCK ☐TRAILER ☐APU ☐OTHER: _____ What was the date(s) sold? _____ How much did you receive in the sale of the equipment? _____ *If yes, please provide details.*	Yes ☐ No ☐
Did **you** keep records and receipts to support meals per diem, travel, entertainment, or gift expenses?	Yes ☐ No ☐
*Did **you** pay a co-driver $600 or more <u>out of pocket</u>? If yes, did **you** issue that co-driver a 1099? Would you like for Abacus to assist you with creating the 1099 for your co-driver? *If yes, an Abacus agent will send you the required information needed.*	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
Do **you** have any **<u>additional</u>** transportation related business deductions NOT already submitted? **If yes, please provide your expenses in the table located on Page 12.**	Yes ☐ No ☐

Please answer <u>ALL</u> the above questions before moving to the next page.

TRANSPORTATION RELATED ITEMS (continued)

ONLY COMPLETE THE INFORMATION BELOW FOR ITEMS NOT ALREADY SUBMITTED AND DO NOT INCLUDE ANY EXPENSES REPORTED ON YOUR SETTLEMENTS

Type of Expense	Lease/Owner Operator Expense Amounts *Do not include expenses while an Employee (W2)
Number of Days Away from Home (per diem)	
Lumpers	
Tolls/Parking Fees	
Scales	
Equipment/Operating Supplies	
Safety/Weather Gear/Security	
Fuel	
Oil & Additives	
Truck & Trailer Washes	
Truck Repairs	
Trailer Repairs	
Communication	
Office Supplies	
Lodging	
Travel- (laundry, showers, vehicle rentals, etc.)	
Bank/ATM fees	
Co-Driver Pay	

Thank you for the opportunity to prepare your tax return. Once your return has been prepared, we will contact you. It is important that you review the return.

Please understand your return will NOT be filed until you have reviewed and signed the return.

Please review Tax Organizer to ensure all questions/sections have been answered before submitting to organizer@abacuscpas.com