



OUR PLEDGE TO YOU

When we founded Travel Nurse Tax, we did so with one thing in mind - to provide "peace of mind" to our clients by providing expert tax preparation at a reasonable price. My wife is a former Travel Nurse (currently a Nurse Educator), so we saw first-hand how the tax needs of travelers were not being served. Travel Nurse Tax was founded to help fill this gap.

WE STRIVE TO:

- ☒ Provide "Peace of Mind" by making tax time easy and stress free
- ☒ Provide expert tax prep and unbeatable customer service, for a reasonable price
- ☒ Be here to help year-round
- ☒ Offer our "Fair Pricing Guarantee"

Our pricing is simple, fair, straightforward. We guarantee that we will stand by all returns we've prepared at no additional charge, subject to certain conditions. Many tax preparers will quote you a price, only to slip in additional fees at the last minute. At Travel Nurse Tax, there are no hidden fees!

SERVICE	FEES
Federal Income Tax Return - TRAVELER	\$300
Federal Income Tax Return - NON-TRAVELER	\$235
State Tax Return	\$70
Local Return	\$50
Sole Proprietor (self-employed)	starts @ \$50 (Subject to increase based on documents)
Rental Property	starts @ \$50
Capital Gains and Losses	starts @ \$50
Tax Planning	starts @ \$100
General/Tax Home Consultation (15 Min)	\$30 (100% applied towards tax prep fee)
CPA Consultation (15 min)	\$60 (\$30 applied towards tax prep fee)

How Did you Find Us? ☒ Google/Internet ☐ Travel Agency ☐ Fellow Traveler ☐ Social Media ☐

Y N SOME BASIC QUESTIONS TO GET STARTED:

- ☐ ☐ New Client? If yes, please provide prior year tax return
- ☐ ☐ Did you send, receive, buy, sell or otherwise acquire Cryptocurrency?
- ☐ ☐ Did you buy and sell stock, mutual funds, or other securities?
- ☐ ☐ Do you have self-employment or business income?
- ☐ ☐ Do you own Rental Property?

Y N DOCUMENT CHECKLIST

- ☐ ☐ Form W-2
- ☐ ☐ Form 1099-NEC or 1099-MISC
- ☐ ☐ Form 1099-INT or 1099-DIV
- ☐ ☐ Form 1099-G/SSA/HC (MA resident), other
- ☐ ☐ Form 1098 (Mortgage Interest, Tuition, Student Loan Interest)
- ☐ ☐ Form 1095-A Health Insurance Marketplace Statement
- ☐ ☐ Form K-1 (received if you own part of all of a corporation/partnership)
- ☐ ☐ Last paystub from each assignment & each employer
- ☐ ☐ Travel Assignment Contracts
- ☐ ☐ Other

To the best of my knowledge, the information provided in this packet is accurate and complete. Note that you affirm that you agree to the terms and conditions of our engagement letter by taking any of the following actions: signing the engagement letter, providing us your income tax return information, authorizing us to file your returns, or making payment for our tax return preparation fees.

SIGNATURE or TYPE Name:

TravelNurseTax.com
7551 Wiles Rd, Suite 104
Coral Springs, FL 33067
800.672.0364



FILING STATUS		Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Widow(er) <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Separate <input type="checkbox"/>			
Can we file an extension if needed? Y <input type="checkbox"/> N <input type="checkbox"/> (if the tax deadline is approaching this will help avoid late fees)					
Did Marital Status change during the year? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, explain:					
TAXPAYER INFORMATION					
SSN					
NAME (FIRST/MI/LAST)					
DOB (m/d/yyyy)					
OCCUPATION					
PHONE					
EMAIL					
DRIVERS LICENSE	STATE	#	ISS	EXP	
SPOUSE INFORMATION					
SSN					
NAME (FIRST/MI/LAST)					
DOB (m/d/yyyy)					
OCCUPATION					
PHONE					
EMAIL					
DRIVERS LICENSE	STATE	#	ISS	EXP	
TAX HOME ADDRESS					
Street					
City					
State			Zip		
School District			County		
Local Return Required?	Y <input type="checkbox"/> N <input type="checkbox"/>	Locality Name			
Did you move your permanent address during the year? Y <input type="checkbox"/> N <input type="checkbox"/>					
Date Moved (m/d/yyyy)			Previous Address		
Y <input type="checkbox"/> N <input type="checkbox"/> Approximately how many days did you spend at your Tax Home?					
<input type="checkbox"/> <input type="checkbox"/> Have you worked for longer than 12 months in a 24 month period in one geographical area? <input type="checkbox"/> <input type="checkbox"/> Do you incur living expenses year-round at your Tax Home (fair market value)? <input type="checkbox"/> <input type="checkbox"/> Have you worked/earned income in your Tax Home area? <input type="checkbox"/> <input type="checkbox"/> Have you abandoned your Tax Home? <input type="checkbox"/> <input type="checkbox"/> Did you rent a portion of your Tax Home while on assignment? <input type="checkbox"/> <input type="checkbox"/> If yes, was an area of your Tax Home available to you year-round?					
NOTES					
PERMANENT MAILING ADDRESS (If different from tax home address)					
ADDRESS (City,State/Zip)					
BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT					
BANK NAME			CHEKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
ROUTING #			ACCOUNT #		
Did you/your spouse have an interest in or authority over a foreign trust? Y <input type="checkbox"/> N <input type="checkbox"/>					
Crypto currency? Y <input type="checkbox"/> N <input type="checkbox"/>		If yes please provide brokerage statement or summary			



DEPENDENT INFORMATION				
NAME	Social Security #	Relationship to Taxpayer	Months Lived/w you in Home (0-12)	Date of Birth (m/d/yyyy)

Can you provide documentation that the persons above are your dependent and can be claimed by you? Y ☐ N ☐

Did your child's interest, dividends, and other unearned income total more than \$2,500? If so, it may be subject to a specific tax on the unearned income of certain children Y ☐ N ☐

CHILD CARE EXPENSE				
PROVIDER NAME	SSN/EIN of Provider	ADDRESS	DEPENDENT NAME	COST OF CARE

Y	N	TYPES OF INCOME	# INCLUDED
<input type="checkbox"/>	<input type="checkbox"/>	Wages (W-2)	
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income (1099-NEC, 1099-MISC)	
<input type="checkbox"/>	<input type="checkbox"/>	Interest in a Partnership, Corporation, LLC, Trust, Estate (K-1)	
<input type="checkbox"/>	<input type="checkbox"/>	Payments Rec'd from SS, Pension, Annuities, IRA (1099-R, SSA-1099)	
<input type="checkbox"/>	<input type="checkbox"/>	Dividends & Interest (1099-DIV, 1099-INT)	
<input type="checkbox"/>	<input type="checkbox"/>	Sale of Stock, Securities, Crypto Currency etc. (1099-B)	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Received	
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Winnings (W2G)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Income (1099-G)	
<input type="checkbox"/>	<input type="checkbox"/>	Other (list) _____	

COST OF HOME	COST OF MAJOR IMPROVEMENTS	SALE PRICE OF HOME
<input type="checkbox"/> <input type="checkbox"/> Sale of Primary Home (1099S)		

ADJUSTMENTS TO INCOME			
Y	N	ROTH or TRADITIONAL	AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an IRA?	
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse contribute to an IRA?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student Loan Interest?	
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse pay student Loan Interest?	
<input type="checkbox"/>	<input type="checkbox"/>	Educator Expenses (Are you an Educator?)	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a Health Savings Account?	
<input type="checkbox"/>	<input type="checkbox"/>	Tuition Fees: 1st Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Students Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Amount Paid Divorce Date (m/d/yyyy) Recipient Name Recipient SSN	



ITEMIZED DEDUCTIONS		AMOUNT	
Medical Expenses			
Healthcare Premiums (if paid by you outside of an Employer's plan)			
Long Term Care Amount (Did you receive a 1099? Y <input type="checkbox"/> N <input type="checkbox"/>)			
Other Medical Expenses (Copays/Dental/Prescription/Vision etc.)			
Medical Mileage			
Real Estate Tax			
Personal Property Tax (Vehicle Registrations)			
# of Mortgage Statements	<input style="width: 100px;" type="text"/>	Mortgage Interest Paid	
CHARITABLE DONATIONS			
Charity Miles (Miles driven to and from charity work)			
Cash			
Non-Cash			
* Name of Donee	Address of Donee	Date Acquired	Date Donated (m/d/yyyy)
<input style="width: 150px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
* Description of Goods Donated		<input style="width: 250px;" type="text"/>	
Health Insurance			
Taxpayer	<input type="checkbox"/> I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all		
If not insured Year round, list months not insured: <input style="width: 150px;" type="text"/>			
Spouse	<input type="checkbox"/> I was insured through the Marketplace Attach Form 1095-A, 1095-B, and/or 1095-C <input type="checkbox"/> Insured privately, through employer, or Medicaid <input type="checkbox"/> Not insured at all		
If not insured Year round, list months not insured: <input style="width: 150px;" type="text"/>			
Did you purchase an electric vehicle or have home improvements that may qualify for the energy credits? Y <input type="checkbox"/> N <input type="checkbox"/> If yes or you are unsure, please provide the purchase agreement for the vehicle and/or the installation agreement of the energy efficient items.			
ESTIMATED PAYMENTS MADE TO THE IRS/STATE		AMOUNT	DATES PAID
Did you make Estimated Payments to the IRS for tax year 2023?	Quarter 1	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 2	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 3	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 4	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Did you make Estimated Payments to the state for tax year 2023?	Quarter 1	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 2	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 3	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	Quarter 4	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Which State? <input style="width: 100px;" type="text"/>			
Do not include payments made to the IRS or states for taxes owed in previous years.			



ASSIGNMENT #1		NOTES
Start Date (m/d/yyyy)		Feel free to explain your circumstances in these sections!
End Date (m/d/yyyy)		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)? Y <input type="checkbox"/> N <input type="checkbox"/>		
YES? Complete SCHEDULE C		
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		
ASSIGNMENT #2		NOTES
Start Date (m/d/yyyy)		
End Date (m/d/yyyy)		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)? Y <input type="checkbox"/> N <input type="checkbox"/>		
YES? Complete SCHEDULE C		
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		



ASSIGNMENT #3		NOTES
Start Date (m/d/yyyy)		
End Date (m/d/yyyy)		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)? Y <input type="checkbox"/> N <input type="checkbox"/>		
YES? Complete SCHEDULE C		
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		
ASSIGNMENT #4		NOTES
Start Date (m/d/yyyy)		
End Date (m/d/yyyy)		
City/State		
Employer (Agency)		
Tax-Free Lodging Stipends		
Tax-Free Meals Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)? Y <input type="checkbox"/> N <input type="checkbox"/>		
YES? Complete SCHEDULE C		
Travel Expenses		
Miles Driven to/from Assignment		
Miles Driven to and from work		
Lodging/Hotel Expense		
Tolls		
Airfare to and from Assignment		
Other Travel Expenses		
Other Travel Expenses		



SCHEDULE C - BUSINESS INCOME & EXPENSES

**only complete if 1099 or self-employed*

Business Name & Owners Name		EIN/SSN:	
Professional Product or Service			
Address(Street, City, St, Zip)			
Did you pay any individual/non-employee more than \$600 Y <input type="checkbox"/> N <input type="checkbox"/> If "YES" did you file 1099 forms Y <input type="checkbox"/> N <input type="checkbox"/>			
Gross Sales/Revenue			
EXPENSES			
Advertising		Repairs Expense	
Commissions/Fees		Supplies Expense	
Dues & Publications		Taxes	
Interest Expense		Travel Expense	
Insurance		Meals & Entertainment	
Legal & Professional Fees		Telephone	
Office Expense		Utilities	
Rent (office) Expense		Wages Paid	
Equipment Rental Expense		Postage	
Auto Expense (see below)		Bank Charges	
Auto Mileage (see below)		Tools & Equipment	
Uniforms		Other	
Other		Other	
Other		Other	
Other		Other	
ASSETS PURCHASED			
Asset Description	Amount	Date (m/d/yyyy)	Notes
COST OF GOODS SOLD			
Inventory at beginning of year		Material & supplies	
Purchases		Other:	
Cost of items for personal use		Other:	
Cost of labor		Inventory at end of year	
AUTO EXPENSE			
Business Miles		Other Miles	
Commuting Miles		Gas	
Insurance		Tires	
Personal Property Tax		Oil	
Repairs		Lease Payments	
Other		Other	



SCHEDULE C PART II - HOME OFFICE DEDUCTIONS

**only complete if 1099 or self-employed*

QUESTIONS		
Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a room/area in your home that is used exclusively for business?
<input type="checkbox"/>	<input type="checkbox"/>	Is the space the principal place of business?
<input type="checkbox"/>	<input type="checkbox"/>	Is the space used regularly for business?
Street, City, St, Zip Code		
Sq Footage of Home		
Sq Foot of Space Used for Business		
EXPENSES		
OFFICE EXPENSES		HOME EXPENSES
Rent Paid		
Mortgage Interest Paid		
Insurance		
Real Estate Taxes		
Homeowners Association Dues		
Cleaning & Maintenance		
Repairs		
Utilities		
Internet		
Telephone		
Security		
Other		
Other		
Other		
Other		
NOTES		
<p>(1) Under "Office Expenses", enter expense that pertain exclusively to your home office. For example, if you paint your Home Office, the entire expense would be under "Office Expenses"</p>		
<p>(2) Under "Home Expenses", enter those expenses that pertain to the entire dwelling. These include mortgage interest or rent, insurance, HOA, real estate taxes, repairs, pest control, trash removal, security, and maintenance</p>		



Schedule E Worksheet - Rent and Royalty Income

*only complete if you receive Rental Income

Type of property		General Information	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Vacation/Short Term <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Royalties <input type="checkbox"/> Self-Rental <input type="checkbox"/> Other			
Street, City, State & Zip Code			
# of Days Rented			
# of Days for Personal Use			
If the rental is a multiple-dwelling and you occupied part of the unit, enter the percentage you occupied			
Initially Placed in Service in 2022	<input type="checkbox"/> Y <input type="checkbox"/> N	Did you pay any individual who is not an employee more than \$600	
Disposed of in 2022	<input type="checkbox"/> Y <input type="checkbox"/> N	Did you file 1099 forms?	
Income			
Rents received			
Other Income/Description			
Total Income			
Depreciation of Home	Original Purchase Price of the Home	DATE FIRST RENTED (m/d/yyyy)	
Expenses			
Advertising		Management fees	
Association dues		Painting and decorating	
Auto - mileage (miles driven)		Pest control	
Cleaning and maintenance		Plumbing and electrical	
Commissions		Repairs	
Gardening		Supplies	
Insurance (except PMI)		Travel - Airfare	
Mortgage Interest (Form 1098)		Travel - Lodging	
Taxes - Real Estate		Travel - Meals	
Taxes - Other		Travel - Miscellaneous	
Interest - Other (non-1098)		Other Expenses	
Legal and professional fees		Other Expenses	
Licenses and permits		Other Expenses	
Total Expenses		Net Rental Income	
DID YOU SELL A RENTAL PROPERTY IN 2023?	Address:		
	Original Cost		
	Capital Improvements		
	Sales Exp (Commiss/Closing costs)		
	Accumulated Depreciation		

DUPLICATE THIS SHEET FOR MULTIPLE PROPERTIES