



TAX ORGANIZER - 2021

Thank you for choosing TravelNurseTax.com for your tax preparation needs. We understand that the healthcare traveler has a unique set of tax circumstances, and we are committed to providing you with the expert tax preparation services that you need. The information requested in this Tax Organizer will help us to prepare your tax returns accurately, so please complete this form to the best of your knowledge. If you have any questions or concerns, you may contact us year-round at:

Joseph Conte, CPA

joseph@travelnursetax.com

Dan Maurer

dan@travelnursetax.com

THE TAX PREPARATION PROCESS

First and foremost, we strive to keep tax time as simple for you as possible. Below is a summary of what to expect:

YOUR JOB

1. Complete this Tax Organizer
2. Send us the completed Tax Organizer, along with copies of requested tax forms

The preferred method to exchange documents is via our secure web portal. Alternatively, you may send to us via fax, secure email, or even snail mail. That's it, we'll do the rest!

OUR JOB

We understand that the preparing your tax return requires you to provide us with sensitive and personal information. If you have any concerns or questions as to why we are requesting certain documents, please contact us and we will explain.

1. We will contact you to acknowledge receipt of your tax documents and to review your specific circumstances. This is a good time for you to ask any questions.
2. Upon receipt of the required documentation, we will begin preparing your tax returns
3. Upon completion of a draft of your tax returns, we will contact you to conduct a thorough review of the returns. Most returns are completed within a few days of receiving required data.
4. After completing our final review, with your authorization, we will electronically file your tax returns.

TravelNurseTax.com
info@travelnursetax.com
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Coral Springs, FL 33067
800.672.0364



OUR PLEDGE TO YOU

When we founded Travel Nurse Tax, we did so with one thing in mind - to provide expert tax preparation and advisory services to travelers, for 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:

- Make 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 and straightforward. Many tax preparers will quote you a price, only to slip in additional fees at the last minute. At Travel Nurse Tax, here are no hidden fees!

PRICING

Federal Income Tax Return	\$280
State Tax Return	\$60
Sole Proprietor (self-employed Sch C) <i>starts @</i>	\$50
Capital Gains/Losses (Sch D) <i>starts @</i>	\$50
Rental Property (Sch E) <i>starts @</i>	\$50
Tax Planning (\$25 to be credited towards your tax prep fee) <i>starts @</i>	\$100
TAX HOME CONSULTATION	NO CHARGE

How Did you Find Us?

- Google/Internet
- Travel Agency
- Fellow Traveler
- Facebook
- YouTube/Videos



TAXPAYER INFORMATION

NAME (FIRST/MI/LAST) _____

SS _____

DOB _____

Email _____

Phone _____

Driver's License # _____ State _____ Issued _____ Expires _____

Occupation _____

SPOUSE INFORMATION

NAME (FIRST/MI/LAST) _____

SS _____

DOB _____

Email _____

Phone _____

Driver's License # _____ State _____ Issued _____ Expires _____

Occupation _____

DEPENDENT INFORMATION

NAME	DOB	Social Security #	Relationship to Taxpayer	Months in Home (0-12)

PERMANENT MAILING ADDRESS

Street _____

City _____

State _____ Zip _____

School District _____ County _____

Did you move your permanent address during the year? _____

Date Moved _____ Previous Address _____

FILING STATUS

Single

Married Filing Joint

Widow(er)

Head of Household

Married Filing Separate

Did Marital Status change during the year? _____

BANK ACCOUNT

Bank Name _____

Routing # _____

Account # _____

Checking or Savings? _____

Y	N	DOCUMENT CHECKLIST
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- | | | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Form W-2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 1099-NEC or 1099-MISC |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 1099-INT or 1099-DIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 1099-G/SSA/HC (MA resident), other |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 1098 (Mortgage Interest, Tuition, Student Loan Interest) |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 1095-A Health Insurance Marketplace Statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form K-1 (received if you own part of all of a corporation/partnership) |
| <input type="checkbox"/> | <input type="checkbox"/> | Last paystub from each assignment & each employer |
| <input type="checkbox"/> | <input type="checkbox"/> | Travel Assignment Contracts |
| <input type="checkbox"/> | <input type="checkbox"/> | Report listing Cryptocurrency Transactions (acquisition date/price, disposition date/price) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Y	N	TAX HOME
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ADDRESS (Street,City, State/Zip) _____

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 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 _____

Y	N	IMPORTANT - NEW for 2020/2021
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive IRS Stimulus payments in 2021?
		Date
		Amount
		Date
		Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive monthly Child Tax Credit payments in 2021? If so, indicate amount:
		Jul-21
		Oct-21
		Aug-21
		Nov-21
		Sep-21
		Dec-21

Y	N	TYPES OF INCOME	# INCLUDED
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<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, etc (1099-B)	
<input type="checkbox"/>	<input type="checkbox"/>	Cryptocurrency Transactions - Provide Report Listing all Activity	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Received	
<input type="checkbox"/>	<input type="checkbox"/>	Gambling Winnings	
<input type="checkbox"/>	<input type="checkbox"/>	Disability Income	
<input type="checkbox"/>	<input type="checkbox"/>	Other (list) _____	



ESTIMATED PAYMENTS MADE TO THE IRS/STATE		AMOUNT	DATES PAID
Did you make Estimated Payments to the IRS?			
Did you make Est Payments to state (indicate which state)?			
Did you make Est Payments to state (indicate which state)?			
ADJUSTMENTS TO INCOME			
Y	N	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 or your spouse pay student Loan Interest?	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Paid (Divorce date & Recipient Name/SS)	
<input type="checkbox"/>	<input type="checkbox"/>	Educator Expenses	
<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Account	
<input type="checkbox"/>	<input type="checkbox"/>	Tuition and Fees (Provide 1098-T)	
ITEMIZED DEDUCTIONS		AMOUNT	
Medical Expenses			
Premiums (if paid by you outside of an Employer's plan)			
Doctor/Co-payments, Prescriptions			
Eyecare, Dental & Orthodontics			
Medical Equipment			
Hospital & Nursing Care			
Medical Mileage			
Real Estate Tax			
Sales Tax			
Personal Property Tax			
Other			
Mortgage Interest			
Charity Miles			
Charitable Donations			
Cash			
Non-Cash			
* Name & Address of Donee			
* Description of Goods Donated			
DEPENDENT CARE EXPENSES			
Provider #1			
Address			
Tax ID #			
Amount Paid			
Child			
Provider #2			
Address			
Tax ID #			
Amount Paid			
Child			

ASSIGNMENT #1		NOTES
Start Date		
End Date		
City/State		
Employer		
Tax-Free Lodging Stipends		
Tax-Free Meal Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
<i>YES? Complete SCHEDULE C</i>	<input type="checkbox"/> <input type="checkbox"/>	
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		
End Date		
City/State		
Employer		
Tax-Free Lodging Stipends		
Tax-Free Meal Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
<i>YES? Complete SCHEDULE C</i>	<input type="checkbox"/> <input type="checkbox"/>	
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		
End Date		
City/State		
Employer		
Tax-Free Lodging Stipends		
Tax-Free Meal Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
<i>YES? Complete SCHEDULE C</i>	<input type="checkbox"/> <input type="checkbox"/>	
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		
End Date		
City/State		
Employer		
Tax-Free Lodging Stipends		
Tax-Free Meal Stipends		
Travel Reimbursement Received		
Other Reimbursement Received		
Independent Contractor (1099)?	Y N	
<i>YES? Complete SCHEDULE C</i>	<input type="checkbox"/> <input type="checkbox"/>	
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 <i>*only complete if 1099 or self-employed</i>			
Business Name & EIN			
Business Address: Street/City/Zip			
<input type="checkbox"/> Owned by Taxpayer			
<input type="checkbox"/> Owned by Spouse			
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	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	
Parking		Other	
Tolls		Other	
Other		Other	

SCHEDULE C PART II - HOME OFFICE DEDUCTIONS

**only complete if 1099 or self-employed*

Street	
City	
State	
Zip Code	

EXPENSES	DIRECT ¹	INDIRECT ²
Rent Paid		
Mortgage Interest Paid		
Insurance		
Real Estate Taxes		
Homeowners Association Dues		
Cleaning & Maintenance		
Repairs		
Utilities		
Internet		
Telephone		
Security		
Other		
Other		
Other		
Other		

Y	N	QUESTIONS
<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?
		What is the square footage of this room/area?
		What is the total square footage of the home?

NOTES

(1) Direct Expenses benefit the business part of your home. Example: cost of painting or repairs made to the specific area or room used for business, installation of a bookshelf, etc

(2) Indirect Expenses are required for keeping up and running your entire home. Examples include your utility bills, mortgage interest or rent, insurance, HOA, real estate taxes, repairs, pest control, trash removal, security, and maintenance

SCHEDULE E - RENTAL PROPERTY

**only complete if you received Rental Income*

RENTAL PROPERTY	Property #1	Property #2	Property #3	Property #4
Address				
Fair Rental Days				
Personal Use Days				
City/State/Zip Code				
Type of Property (Single Family, Apt, Commercial)				
INCOME				
Rents Received				
EXPENSES				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other				
Other				
Other				
Other				
Other				
Other				
RENTAL PROPERTIES SOLD				
Original Basis (Cost)				
Capital Improvements				
Sales Expense				
Accumulated Depreciation				
Cost Basis in Property				



ENGAGEMENT LETTER

I have engaged TravelNurseTax.com (TNT) to prepare my federal and state(s) income tax returns for the calendar year ended December 31, _____. TNT will prepare my tax return(s) based on information that I have provided. The information that I have provided to TNT is, to the best of my knowledge, complete and accurate.

Furthermore, I understand that:

- The IRS and other governmental agencies may perform an audit on my tax return(s). I will maintain the documentation supporting the data included in my tax returns for at least 7 years. This documentation includes cancelled checks, receipts, pay stubs, and any other documents that relate to my tax returns.
- TNT has not and will not audit or otherwise verify the data which I provide
- If I maintain a "Tax Home", I understand that it is my responsibility to maintain evidence of the living expenses which I incurred and paid at my Tax Home
- The taxing authorities may impose penalties, fines, and or interest on returns that are late, inaccurate, or underpaid. It is of the utmost importance that the information provided here in is accurate and complete
- TNT will not file any tax return or extension without your written consent
- You agree that we might use affiliated service providers under our supervision to fully accomplish the objectives of this engagement
- In the unlikely event of an audit, should I request TNT's services, an additional fee will be charged
- Your bill is due and payable upon the completion of your tax returns. Your tax returns will not be filed until payment is received
- The client will maintain a photocopy or electronic copy of all original documents that are to be mailed to TNT

I have read, understand and accept the terms of this Engagement Letter.

Client Signature

Date

TravelNurseTax.com

Date