

# 2024



## 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	\$320
Federal Income Tax Return - NON-TRAVELER	\$250
State Tax Return	\$75
Local Return	\$60
Sole Proprietor (self-employed)	starts @ \$50 (Subject to increase based on documents)
Rental Property	starts @ \$50 (Subject to increase based on documents)
Capital Gains and Losses	starts @ \$50 (Subject to increase based on documents)
Tax Planning	starts @ \$100 hr
General/Tax Home Consultation (15 Min)	\$40
CPA Consultation (15 min)	\$75

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

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<b>FILING STATUS</b>					
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: _____					
<b>TAXPAYER INFORMATION</b>					
SSN					
NAME (FIRST/MI/LAST)					
DOB (mm/dd/yyyy)					
OCCUPATION					
PHONE					
EMAIL					
DRIVERS LICENSE	STATE	#	ISS	EXP	
<b>SPOUSE INFORMATION</b>					
SSN					
NAME (FIRST/MI/LAST)					
DOB (mm/dd/yyyy)					
OCCUPATION					
PHONE					
EMAIL					
DRIVERS LICENSE	STATE	#	ISS	EXP	
<b>TAX HOME ADDRESS</b>					
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					
<b>PERMANENT MAILING ADDRESS (If different from tax home address)</b>					
ADDRESS (City,State/Zip)					
<b>BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT</b>					
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					

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DEPENDENT INFORMATION				
NAME	Social Security #	Relationship to Taxpayer	Months Lived/w you in Home (0-12)	Date of Birth (mm/dd/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 \$2,600? 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(Street/City/Zip)	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="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Alimony Amount Paid	Divorce Date (m/d/yyyy) <input type="text"/> Recipient Name <input type="text"/> Recipient SSN <input type="text"/>



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ITEMIZED DEDUCTIONS		AMOUNT	
<b>Medical Expenses</b>			
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		Mortgage Interest Paid	
<b>CHARITABLE DONATIONS</b>			
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)
* Description of Goods Donated			
<b>Health Insurance</b>			
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			
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			
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.			
<b>*ESTIMATED PAYMENTS MADE TO THE IRS/STATE*</b>		<b>AMOUNT</b>	<b>DATES PAID</b>
Did you make Estimated Payments to the IRS for tax year 2024?	Quarter 1		
	Quarter 2		
	Quarter 3		
	Quarter 4		
Did you make Estimated Payments to the state for tax year 2024?	Quarter 1		
	Quarter 2		
	Quarter 3		
	Quarter 4		
Which State? <input type="text"/>			
<b>*Do not include payments made to the IRS or states for taxes owed in previous years.*</b>			

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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"/>			
<b>YES? Complete SCHEDULE C</b>			
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"/>			
<b>YES? Complete SCHEDULE C</b>			
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			

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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"/>		
<b>YES? Complete SCHEDULE C</b>		
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"/>		
<b>YES? Complete SCHEDULE C</b>		
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		

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## 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			
<b>EXPENSES</b>			
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	
<b>ASSETS PURCHASED</b>			
Asset Description	Amount	Date (m/d/yyyy)	Notes
<b>COST OF GOODS SOLD</b>			
Inventory at beginning of year		Material & supplies	
Purchases		Other:	
Cost of items for personal use		Other:	
Cost of labor		Inventory at end of year	
<b>AUTO EXPENSE</b>			
Business Miles		Other Miles	
Commuting Miles		Gas	
Insurance		Tires	
Personal Property Tax		Oil	
Repairs		Lease Payments	
Other		Other	

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## SCHEDULE C PART II - HOME OFFICE DEDUCTIONS

*\*only complete if 1099 or self-employed*

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?	
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			
(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"			
(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			



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## 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 2024	<input type="checkbox"/> Y <input type="checkbox"/> N	Did you pay any individual who is not an employee more than \$600	
Disposed of in 2024	<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 2024?	Address:		
	Original Cost		
	Capital Improvements		
	Sales Exp (Commiss/Closing costs)		
	Accumulated Depreciation		

DUPLICATE THIS SHEET FOR MULTIPLE PROPERTIES

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## Engagement Notice

- We will prepare your Federal and State income tax returns for the year ending December 31, 2024. This firm is responsible for preparing only the returns listed above.
- You confirm that you will furnish us with all the information required for preparing the returns.
- You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year.
- We will use our professional judgment in preparing your returns.
- If a taxing authority should later contest the position taken, there may be an assessment of additional tax, interest, and penalties. We assume no liability for any such assessment of additional tax, penalties, or interest.
- With your signature below, you understand and agree that you are responsible for the accuracy and completeness of the records, documents, explanations, and other information provided to us for the purposes of this engagement. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. You agree that our firm is not responsible for a taxing authority's disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest.
- Our fees for these services will be billed at our standard rates. We will file your tax returns upon receipt of payment as well as receipt of your signed e-file authorization form. You acknowledge and agree that in the event we stop work or withdraw from this engagement because of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur because of our ceasing to render services.
- We may from time to time and depending on the circumstances and nature of the services we are providing, share your confidential information with third-party service providers, some of whom may be cloud-based, but we remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality terms with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others.
- With your signature below, you acknowledge and agree that upon the expiration of the six-year period, Travel Nurse Tax shall be free to destroy our records related to this engagement.
- This Agreement and all matters relating hereto are governed by and construed in accordance with, the laws of the State of Florida, without regard to the conflict of law's provisions of the State of Florida. Any legal suit, action, or proceeding relating to this Agreement must be instituted in the federal or state courts located in Broward County, Florida. Each Party irrevocably submits to the exclusive jurisdiction of such courts in any such suit, action, or proceeding.
- Please note that you are affirming to your understanding of, and agreement to, the terms and conditions of this engagement letter by any one of the following actions: returning your signed engagement letter to our firm; providing your income tax information to us for use in the preparation of your returns; the submission of the tax returns we have prepared for you to the taxing authorities; or the payment of our return preparation fees.

If married, both spouses must sign their consent.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

By Adding your name and typing it in the signature line you are agreeing to the terms of the engagement letter