

# Peak Trucking Consultants, LLC - 2009

**Mailing Address:**

18121 E. Hampden Ave C207

Aurora, CO 80013

720-870-7214

[www.BreakerForPeak.com](http://www.BreakerForPeak.com)

[ecook@breakerforpeak.com](mailto:ecook@breakerforpeak.com)

Taxpayer Information	Spouse Information
First Name:	First Name:
Last Name	Last Name
Middle Initial:	Middle Initial:
Social Security Number:	Social Security Number:
Phone Number:	Phone Number:

Occupation:	Occupation:
Date of Birth:	Date of Birth:
State of Residency:	State of Residency:

**Filing Status**

Single	
Maried Filing Joint	
Maried Filing Separately	
Head of Household	
Qualifying Widower	

If you have questions regarding your filing status please leave this blank and we will contact you.

**Dependents**

First Name	Last Name	Date of Birth	Social Security Number	Relation	Months in Home

Please let us know substantiation if you are claiming a dependent child that did not live with you

# Peak Trucking Consultants, LLC

**At Anytime during 2009:**

Did you receive income from any of the following Sources:	Yes	No
Wages		
Tips		
Interest or Dividends		
Social Security Benefits or Tier I Railroad Retirement		
Lump Sum from an employer sponsored plan		
Retirement or IRA Distribution for which the recipient is less than 59 1/2		
Other Pension, Annuity, IRA, or retirement income?		
If IRA Distribution were nondeductible contributions ever made?		
If Yes please provide the balance of all IRA Accounts at the end of 2009		
Unemployment Compensation		
Alimony		
Self Employment and/or operation of a business		
Operation of a farm		
Rental of land or property for agricultural purposes		
Other Rental Property		
Gambling Winnings		
Royalties		
Any Miscellaneous Income		

**Please provide us with any of the following forms if you received them in the mail**

W-2
W-2G
1099R
1099INT
1099DIV
1099MISC
1099B
1099S
1099G
ANY OTHER 1099
K-1
1098
Any IRS notices received during the year
Closing Statements from real estate sales, refinance, or purchases

We are providing this organizer to assist you in compiling your tax information for 2009. We hope this will help you to organize your documents, and provide all of the required information to prepare your tax returns. If you have any questions regarding this organizer, or need any help filling out the forms, please contact us and we will be happy to go through this with you. For your security you may want to photo copy or scan documents prior to sending them to us, in case of an error in mailing. Some also choose to mail them so that packages can be tracked. If we did not prepare your previous years tax return, we need a copy of that return.

# Peak Trucking Consultants, LLC

**At Anytime during 2009:**

Did you or your spouse sell or dispose of any of the following property	Yes	No
Stock, Mutual Fund, or other non-business asset		
Your Personal Residence		
Rental Property		
Property or Assets Relating to a Business or Farm		

Did you or your spouse do any of the following during 2009	Yes	No
Have a home mortgage		
Refinance your home mortgage		
Use a portion of your home exclusively for business		
Have medical expenses		
Pay for medical insurance		
Make regular or substantial contributions to a charity, religious entity? If yes did you make over \$500 in non-cash contributions		
Suffer a loss due to a casualty such as fire, theft, or other disaster		
Incur out of pocket expenses in connection with your job?		
Move to be closer to a new Job		
Have an Interest in an Partnership, S Corporation, Estate, Or Trust (receive a K-1)		
Have a Qualified Fuel Tax Credit		
Contribute to a retirement plan		
Get claimed on someone elses return as a dependent		

	Yes	No
Did your children receive more than \$900 and less than \$9,000 from interest and dividiends that you wish to claim on your tax return instead of your childs?		
Did you pay For Dependent Care Expenses		
Did you pay for qualified post secondary education tuition and related expenses		
Did you pay any interest in higher education loans		
Were you a pre-college educator that purchased classroom supplies or materials? If so please indicate the amount.		
Did you make a major purchase such as a car, boat, motor home or building materials or keep records of all sales tax paid during the year?		
Were there any Births, Adoptions, divorces, marriages, or deaths in your household?		
Did you or your spouse pay alimony during the year?		
If you had Gambling Winning in 2009, did you have gambling expenses?		
Did you perform any energy saving rennovation on your home during the year such as windows, insulation, A/C or furnances?		
Do you desire direct deposit if you have a refund? If so please attach a voided check, or a deposit slip for a savings account.		

# Peak Trucking Consultants, LLC

## W-2 Income

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Employer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

## W-2G Income

Name of Payer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

Name of Payer	
Street Address	
City, State, Zip	
Employer Identification Number	
Taxpayer or Spouse	

## W-2G Income

Unemployment Amount Received		
Unemployment Amount Paid		Please Attach 1099G

# Peak Trucking Consultants, LLC

## Estimated Tax Payments During the 2009

Federal Payments	Date Paid	Amount
Quarter 1		
Quarter 2		
Quarter 3		
Quarter 4		
Other		

State Payments		
Quarter 1		
Quarter 2		
Quarter 3		
Quarter 4		
Other		

### Other Income

#### State and Local Tax Refunds

State or Jurisdiction	Amount Received		

#### Alimony Received

#### Other Income Type and Amount

### Adjustments

Educator Expense	Amount
Self Employed Retirement Plan	
Self Employed Health Insurance Paid	
Traditional IRA Contribution	
Roth IRA Contribution	
Student Loan Interest Paid	
Tuition And Fees	
Alimony Paid to:	
SS# of Recipient	

# Peak Trucking Consultants, LLC

## Itemized Deductions

**Medical and Dental Expenses:** Include prescription medicine, drugs, non prescription medical supplies, such as crutches, doctor bills, nursing expenses, hospital charges, post tax medical insurance premiums (not self employed), and medical miles driven.

Description	Taxpayer or Spouse	Amount
Miles Driven		

**Taxes Paid** such as state and local income, real estate taxes, personal property taxes, ad valorem taxes, and other. (Please specify)

Description	Taxpayer or Spouse	Amount

**Interest Paid -** Such as mortgage interest, Points Paid in refinancing a home, investment interest expense.

Description	Taxpayer or Spouse	Amount

### Miscellaneous Deductions

Description	Taxpayer or Spouse	Amount
Union or professional dues, business publications and others		
Investment expenses, safe deposit box costs		
Gambling expenses (up to amount of winnings)		

# Peak Trucking Consultants, LLC

## Contributions to Charities

Cash Contributions	Taxpayer or Spouse	Amount

Non Cash Contributions(Name, City, and State) and how derived value	Taxpayer or Spouse	Amount

Number of Charity Miles Driven	
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## Interest and Dividend Income

### Interest Income

Name of Payer	Taxpayer or Spouse	Amount

### Dividend Income - Ordinary

Name of Payer	Taxpayer or Spouse	Amount

# Peak Trucking Consultants, LLC

## Employee Business Expenses

Expenses

Spouse or Taxpayer			
Occupation Incurred			
Parking Fees, Tolls, and Local Transportation			
Are you subject to DOT Hour of Regulation?			
Cooler or Refrigerator		Flashlights	
Gloves		Batteries	
Tools		Power Inverters	
Bedding		Television	
DOT Exams		Radio, or console	
Log Books		Alarm Clock	
Licenses		Calendars	
Luggage		Organizer	
Work Boots		Fees such as TWIC Crads etc	
Uniforms		Tolls	
Professional Publications		Scales	
Internet Costs			
Cell Phone			
Office Supplies			

Amounts reimbursed against above expenses	
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Expenses

Spouse or Taxpayer			
Occupation Incurred			
Parking Fees, Tolls, and Local Transportation			
Travel expenses while gone overnight			
Meals and Entertainment or Days Gone			
Are you subject to DOT Hour of Regulation?			
Other Business Expenses			

Amounts reimbursed against above expenses	
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# Peak Trucking Consultants, LLC

Per Diem

**Between the dates of January 1, 2009 and September 30, 2009:**

	T	S
How many days were you on the road as a company driver:		
How many days were you on the road as an owner operator:		

**Between the dates of October 1, 2009 and December 31, 2009:**

	T	S
How many days were you on the road as a company driver:		
How many days were you on the road as an owner operator:		

	Yes	No
Do you operate a temperature controlled trailer?		
Do you have any kind of APU?		

**If you are an owner operator and answered yes please answer the following:**

Gallons of Fuel used in Refrigeration UNIT, APU, or Auxillary Unit	
Type of Fuel used (Diesel, Gas, Etc)	

Additional Comments

# Peak Trucking Consultants, LLC

## Automobile

Date vehicle was placed in service	
total miles driven during the year	
miles driven for business purposes	
Gas Repairs and Insurance costs	
Cost or basis of vehicle	

Date vehicle was placed in service	
total miles driven during the year	
miles driven for business purposes	
Gas Repairs and Insurance costs	
Cost or basis of vehicle	

## Child and Dependent Care Expenses

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Provider	
Street Address	
City State and Zip Code	
Social Security or EIN	
Amount Paid	

Name of Each Child	Total Amount Paid Per Child



# Peak Trucking Consultants, LLC

## Moving Expenses

How many miles is from your new residence and your old residence	
How much did you spend paying a moving company or using a rental truck	
What other expenses did you have such as lodging, meals, materials etc.	

## Job Search Expenses

Description	Amount
Miles Driven	

## Home Energy Improvements

Please describe and list amounts for any energy related upgrades to your home such as insulation, water heater, windows, exterior doors, solar heating systems, or other similar items.

Description	Amount

Additional Notes or Comments

# Peak Trucking Consultants, LLC

## Business Income and Expenses

Principal Profession or type of business	
Business Name	
Spouse or Taxpayers Business	
Was this business first started during this tax year?	
Enter the date if you sold or disposed of this business during the year	
EIN (if you have one)	

## Income

Gross Receipts or Sales	
Return and Allowances	
Other Income	

## Expenses

Advertising	
Car/Truck Expenses	
Commissions	
Contract Labor	
Depletion	
Employee Benefit Programs	
Insurance -Other than Health	
Interest - Mortgage	
Interest - Other	
Legal and Professional	
Office Expense	
Pension and Profit Sharing	
Rent or Lease - Machinery, Equipment, and Vehicles	
Rent or Lease - Other Business Property	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals and Entertainment	
Is this business subject to DOT Hours of Service?	Yes No
Communication Expense	
Utilities	
Wages	
Business Asset (Enter Date Purchased and Cost)	
Business Asset (Enter Date Purchased and Cost)	
Business Asset (Enter Date Purchased and Cost)	
Business Asset (Enter Date Purchased and Cost)	
Inventory at beginning of year	
Purchases	
Inventory at End of Year	

## Peak Trucking Consultants, LLC

### Rental, Real Estate, Royalties

	Property A	Property B
Kind of Property		
Location		

### Income

Rents Received		
Royalties Received		

### Expenses - Please add additional items in the space provided

Advertising		
Auto and Travel		
Maintenance		
Commissions		
Insurance		
Professional Fees		
Management Fees		
Mortgage Interest		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		

Cost		
First year rental?		
Loss Carryover 2009		
Actively Participate		
Any Personal Use		

Additional Notes

## Peak Trucking Consultants, LLC

### Farm Income and Expenses

Your Principal Product:	
Date if you disposed of or sold this business:	
Spouse or Taxpayers business:	

EIN if you have one:	
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**Income**

Sales of Livestock and othe items you bought for resale	
Cost or other basis of livestock or other items for resale from above	
Sales of livestock , produce, grains, and other raised products	
Total Cooperative Distributions	
Agricultural Program Payments	
Commodity Credit Corporation Loans	
Crop Insurance/Disaster Payments	
Custom Hire	
Other Income	

**Expenses**

Car/Truck Expenses		
Chemicals		
Conservation Expenses		
Custom Hire		
Employee Benefit Programs		
Feed Purchases		
Fertilizer and Lime		
Freight and Trucking		
Gasoline, Fuel, and Oil		
Insurance		
Interest - Mortgage		
Interest - Other		
Labor Hired		
Pension and Profit Sharing Plans		
Rent or Lease - Vehicles, Machinery, and Equipment		
Rent Or Lease - Other Property		
Repairs and Maintenance		
Seeds and Plants Purchased		
Storage and Warehousing		
Supplies	Yes	No
Taxes		
Utilities		
Veterinary, Breeding, and Medicine		

Enter Prior year loss if any	
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**Peak Trucking Consultants, LLC**

**Partnerships ans S Corporation Income**

**K-1 Information**

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

Name of Entity	
Federal ID Number	
Partnership or S Corporation	

**Estate and Trust Income**

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Name of Estate or Trust	
Federal ID Number	
If any rental real estate, are you an active participant	

Additional notes for inheritance, or other events in your household.

Please provide all K-1 schedules received for the year



## PEAK TRUCKING CONSULTANTS, LLC FINANCIAL SERVICE AGREEMENT

This agreement made between \_\_\_\_\_, hereinafter called “Client” and PEAK TRUCKING CONSULTANTS, LLC hereinafter called “PTC”.

**1. ENGAGEMENT and DUTIES:**

- a. PTC offers bookkeeping, tax preparation for federal and state returns, income statements, budgeting, preparation of quarterly estimated tax vouchers, and other financial consulting.
- b. Client hereby engages PTC to provide services described above starting at the date of this document.
- c. PTC may continue to prepare tax returns annually for client, prepare quarterly estimated tax payments based on the information that the Client furnishes PTC, or any other service PTC customarily provides.
- d. PTC is authorized to file a tax extension for Client for any suitable reason, especially if documents are not received in a timely basis by PTC.

**2. PAYMENT AND FEES:**

- a. PTC is authorized to collect usual and customary fees for providing this service based on their published fee schedule. Payments may be made via cash, check, credit card, or other electronic process.
- b. Fees will be collected on a periodic basis, typically monthly, quarterly, or annually.
- c. Client agrees to pay for tax preparation services in advance.
- d. PTC is authorized to collect hourly fees for additional services completed for the client’s behalf.

**3. DUTIES AND RIGHTS OF CLIENT:**

- a. Client agrees to furnish accurate, complete, and timely settlement, tax, and financial data to PTC.
- b. Client agrees to allow PTC to gather settlement, tax, and any other relevant information with the company for which the client provides services, provides any financial services, or finances the client’s equipment. Client agrees to allow PTC to share monthly operating statements with any third party at the direction and consent of client.
- c. Client agrees PTC may access client information online or through third parties when advised by client.
- d. PTC may ask for more information or documentation, and Client will provide such information.
- e. Client will be treated fairly, and PTC will try to resolve tax matters in the client’s favor when practical and prudent.
- f. Client agrees to review each document and tax return completely before signing. The client is reminded that the law imposes a penalty if a taxpayer makes a substantial underpayment of tax liability. Client is ultimately responsible for such filings and payments
- g. Client may discontinue service at any time giving 30 days written notice. Fees will be charged until discontinuation of service. PTC may charge a \$150 closing account fee if needed to recoup time for setup, record keeping, marketing, or other expenses.

**4. MISCELLANEOUS:**

- a. Client acknowledges that PTC’s liability for damages under this agreement shall not exceed the total fees paid by client, and PTC will be released and indemnified from any future liability.
- b. PTC may discontinue service to Client for any reason, and return documents and information to Client in a timely manner.
- c. All questions of law and interpretation of this agreement shall be governed and construed in accordance with the laws of Colorado.
- d. This agreement may be amended or modified in writing with the mutual consent of the Client and PTC.
- e. Peak will maintain files related to this engagement that we, in our sole professional judgment, determine are necessary for the conduct of this engagement. During the period in which we maintain the files, you may request to examine the files, and to copy documents in the files. Client is required to request any documents not returned to them within once year after the engagement ends. Otherwise PTC may destroy the files according with our records retention policy.
- f. This Agreement constitutes the sole agreement of the parties and supersedes any prior understandings, or written, or oral agreements between the parties respecting the subject matter of this Agreement. No modification of this agreement shall be effective unless in writing, and signed by PTC. The parties agree that fax signatures are legally binding in accordance with this Agreement.

Client Name		Client Signature	
		Date	