



New Client Package
Monthly Bookkeeping Service Instructions

Rule #1...you are running a business, not just driving a truck! At CBSI, our goal is to relieve you of the time consuming and often complex tasks associated with owning and operating your business.

- **Our responsibility** is to provide you with accurate and timely financial information to help you to manage your business properly and to keep you out of trouble with the IRS.
- **Your responsibility** is to provide us with the raw data (primarily expense receipts and settlement statements) to allow us to do our job for you.

MONTHLY BOOKKEEPING INSTRUCTIONS

At the end of each month, please mail to Central Business Services, Inc. the following:

- **RECEIPTS:** All business expenses for last month (see tax deductions list)

NOTE: It is not necessary to send food receipts - your food deductions are automatic on a per diem basis.

- **SETTLEMENT STATEMENTS:**

NOTE: If your carrier has the capability, we will access your statements on line and print in our office. You **MUST** sign the *Authorization for Payroll Deduction* in order for CBSI to access statements directly from your carrier. If not, **INCLUDE THEM WITH YOUR RECEIPTS.**

VERY IMPORTANT

- Complete the information on the **FRONT** of the mailing envelope!
- Send **ALL** of the above paperwork **EACH MONTH** so we can keep you up to date on your required quarterly tax payments.

CATCH UP BOOKEEPING AND/OR PRIOR TAX PREPERATION: Contact our office for a quote. There is no obligation.

CBSI will return all of your receipts with your Profit & Loss Statements each month. As your monthly bookkeeping is prepared, we will organize your receipts in the manner that the IRS will need them in the event of an audit.

Additional mailing envelopes will be included for your use each month.

1-888-255-3939 (phone) / 1-317-813-1009 (fax) / www.cbstrucktaxis.com (web)



New Client Registration Form

FOOD (PER DIEM ALLOWANCE, NO RECEIPTS NEEDED) AIR FRESHENER
LODGING FOUL WEATHER GEAR
FUEL SECURITY DEVICES
TRUCK MAINTENANCE PARTS OR SERVICES ANTENNAS
TRUCK EQUIPMENT (*EX: COOLER / MICROWAVE / BEDDING*) PARKING FEES
BRIEFCASE POWER CORDS
RAIN GEAR CB
TRUCK WASHES MAPS
TRUCK SUPPLIES (CLEANING, ETC) SAFETY GLASSES
TOLLS AND SCALES BATTERIES
INSURANCE (BUSINESS) MONEY TRANSFER FEES/ATM
BUSINESS TELEPHONE CALLS OR FAXES CIRCUIT TESTER
UNIFORMS TRUCK STORAGE
CASUAL LABOR FLASHLIGHT
DUES OR TRUCKING PUBLICATIONS FILM FOR DAMAGE CLAIMS
TAX AND BOOKKEEPING SERVICES HAND CLEANER
SMALL TOOLS AND EQUIPMENT HARD HAT
SHOWERS SEAT COVERS
WORK GLOVES, BOOTS SLEEPING BAGS
ADMINISTRATIVE SUPPLIES (BRIEFCASE, ETC) TOWELS / TRASH BAGS
DOT PHYSICAL LICENSE TRANSFER FEES
COMCHEK FEES (OR EQUIVALENT) VACUUM
PARKING FEES TOWING CHARGES
TRUCK/TRAILER STORAGE TIE-DOWNS
LOG BOOKS LOCKS

NOTE: ANY OTHER ORDINARY AND NECESSARY EXPENSES OF YOUR BUSINESS/JOB

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New Client Package
Registration Form

NAME: _____ SOC. SEC NUMBER: _____ - _____ - _____

HOME ADDRESS: _____ (STREET) _____ (CITY) _____ (ST) _____ (ZIP)

PHONE: (____) - _____ - _____ (____) - _____ - _____ (HOME) (CELLULAR)

EMAIL: _____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

_____ (STREET) _____ (CITY) _____ (ST) _____ (ZIP)

COMPANY INFO

NAME OF COMPANY LEASED TO: _____

DATE STARTED (WITH THIS COMPANY): _____

VEHICLE INFO

DO YOU OWN YOUR VEHICLE(S) OR ARE YOU A DRIVER? _____ (OWN) _____ (DRIVER)

TYPE OF VEHICLE: _____ (VAN) _____ (STRAIGHT TRUCK) _____ (TRACTOR TRAILER)

NUMBER OWNED: _____ NUMBER LEASED TO Towne Air: _____

DO YOU HAVE VEHICLES LEASED TO OTHER COMPANIES? _____

IF YES, WHAT COMPANIES: _____

TAX INFORMATION

ARE YOU LEASING OR BUYING YOUR VEHICLE? _____ (BUYING) _____ (LEASING)

ARE YOU LOCAL (NOT AWAY FROM HOME OVERNIGHT)? _____ (YES) _____ (NO)

IF MARRIED, DO YOU FILE YOUR TAXES JOINTLY? _____ (YES) _____ (NO)

NUMBER OF DEPENDENTS YOU CLAIM ON YOUR TAX RETURN? _____ (DO NOT INCLUDE YOUR SPOUSE IN THIS NUMBER IF MARRIED)

NOTE: WE WILL NEED A COPY OF YOUR VEHICLE PURCHASE OR LEASE DOCUMENTS IN ORDER TO PROVIDE AN ACCURATE P&L AND TAX PROJECTIONS. WE WILL COPY AND RETURN THEM TO YOU.



Owner

**New Client Package
Authorization for Payroll Deduction**

The Owner/Lease Operator signed below hereby authorizes **Towne Air Freight** to deduct **\$20 per week**, per truck, from his/her settlement to pay for tax and accounting fees. Such fees will be remitted directly to Central Business Services, Inc. who will prepare/provide for the Owner/Lease Operator the following documents and services:

- Federal Income Tax Returns
- State Income Tax Returns (regardless of state of residence)
- Monthly Profit & Loss Statement
- Year to Date Profit & Loss Statement
- Quarterly Estimated Tax Forecast and Analysis and Payment Vouchers
- Cost/Revenue Per Mile Analysis
- Business and personal financial plans
- IRS Form SS-4; Application for Employer Identification Number (as needed)
- IRS Form 2290; Heavy Highway Vehicle Use Tax (as needed)
- Unlimited business advice via meetings and/or telephone conversations

The Owner/Lease Operator acknowledges that it is his/her responsibility to provide Central Business Services, Inc. with the necessary information to be able to prepare the above documents and that the above fees are nonrefundable. Such information includes operating expense receipts, weekly settlement statements, copies of the lease/purchase documents on his/her vehicle and any other tax documents as requested. The Owner/Lease Operator must be an active contractor with **Towne Air Freight** on December 31 to have their tax returns for the prior year prepared under the above fee schedule.

The Owner/Lease Operator authorized **Towne Air Freight** to release settlement statement information to CBSI.

This authorization may be cancelled by either party upon written notice. Central Business Services, Inc reserves the right to adjust fees periodically.

Please Print Name

Signature

Unit/Truck Number

Date



Driver

**New Client Package
Authorization for Payroll Deduction**

Client Name: _____

Payment Method: Debit/Credit Card: _____ Automatic Withdrawal: _____

PAYMENT INFORMATION:

I hereby authorize Central Business Services, Inc. (CBSI) to automatically withdraw or to automatically charge my debit/credit card for the following amount each month for accounting and tax services:

Amount: \$ 80.00 / month Day of Withdrawal/Charge _____
(1st or 15th of the month)

PLEASE FILL IN ONE

FOR DEBIT/CREDIT CARD CHARGES: (Visa or MC only)

Card # _____ Expiration Date: _____

CVV Code (last 3 digits printed on signature strip on back of card): _____

FOR AUTOMATIC WITHDRAWAL ONLY:

Bank Name: _____

Address: _____

Routing Number: _____ Account Number: _____

Type of Account (Checking or Savings): _____

Signature

Date

Printed Name