

**BOSS BUSINESS SERVICES**  
**3225 McLEOD DR. SUITE 100 LAS VEGAS, NEVADA 89121**  
**TELEPHONE 888-969-2677 FAX NUMBER 702-214-1213**  
**FOR THE TAX YEAR 2008 OR YEAR \_\_\_\_\_**

**CLIENT STATEMENT**

AS A CLIENT OF **BOSS BUSINESS SERVICES** I/WE HOLD **BOSS BUSINESS SERVICES** HARMLESS FOR ANY AND ALL INFORMATION SUPPLIED BY THE TAXPAYER FOR PREPARATION OF THE FEDERAL AND, IF APPLICABLE, STATE TAX RETURN. I/WE HAVE PROVIDED ALL INCOME AND LEGITIMATE EXPENSES AS REQUIRED BY LAW. I/WE HAVE ALL THE REQUIRED BACKUP PAPERWORK FOR THE INFORMATION THAT IS SUPPLIED ON THE TAX ORGANIZER. I/WE UNDERSTAND THAT ANY QUESTIONABLE ITEMS OR FIGURES LISTED ON THE TAX ORGANIZER MAY BE SUBJECT TO VERIFICATION AND SUBSTANTIATION.

**BOSS policy is to electronically file all tax returns, please be aware that there is a service fee of \$ 25.00 for the electronically filing over and above the costs of the tax preparation.**

All tax return preparation fees must be paid for before the tax return will be electronically processed. Once the payment is received and the proper forms signed to electronically file the tax return, we will process the payment and the tax return. Upon acceptance of the tax return by the taxing authority, we will mail a copy of the tax return to you.

**IMPORTANT!! We will be unable to complete your return until we have all pages of the organizer including the service agreement and credit card information supplied.**

I/We acknowledge this agreement by signature/signatures and dates below.

FOR JOINT FILING BOTH SIGNATURES ARE REQUIRED, ON THIS STATEMENT.

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PRINT NAME	DATE	SIGNATURE
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PRINT NAME	DATE	SIGNATURE
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Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**THIS PAGE MUST BE SIGNED AND RETURNED  
FAX TO 702-214-1213**

## USE THIS PAGE AS THE FAX COVERPAGE

From: \_\_\_\_\_

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

To: **BOSS TAX DEPARTMENT** 702-214-1213

Please fax includes the following (check all that apply):

- Client Statement
- Organizer for Individual
- Organizer for Corporation (Entity Name: \_\_\_\_\_)
- Organizer for LLC/LP (Entity Name: \_\_\_\_\_)
- Supporting Documentation
- Other \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

**INSTRUCTIONS FOR FILLING OUT PERSONAL (FORM 1040) 2008 TAX ORGANIZER PLEASE  
READ CAREFULLY**

**THIS ORGANIZER IS FOR INDIVIDUALS ONLY. DO NOT USE IT FOR CORPORATIONS, PARTNERSHIPS,  
OR LLC'S. IF YOU HAVE A CORPORATION, PARTNERSHIP, OR AN LLC, PLEASE CALL THE TAX  
DEPARTMENT AT THE ABOVE TELEPHONE NUMBER TO REQUEST AN ORGANIZER FOR YOUR  
PARTICULAR ENTITY, IF YOU HAVEN'T RECEIVED IT YET.**

PLEASE PRINT ALL INFORMATION CLEARLY.

KEEP A COPY OF THE COMPLETED ORGANIZER AND YOUR W-2'S AND 1099R'S FOR YOUR RECORDS

**E-MAIL US THE COMPLETED ORGANIZER OR MAIL THE ORIGINAL ORGANIZER WITH YOUR ORIGINAL  
W-2'S AND 1099'S AND SIGNED STATEMENT (PREFERABLY TWO-DAY PRIORITY WITH A  
CONFIRMATION OR CERTIFIED RETURN RECEIPT REQUESTED THROUGH THE UNITED STATES POST  
OFFICE) ALONG WITH A COPY OF YOUR 2007 FEDERAL AND STATE INCOME TAX RETURNS (ONLY IF  
THEY WERE NOT PREPARED BY BOSS).**

IF YOU HAVE MORE THAN ONE HOME BASED BUSINESS, SOLE PROPRIETOR, OR SELF EMPLOYED  
BUSINESS, **WE WILL NEED A SEPARATE BUSINESS INFORMATION SECTION FOR EACH BUSINESS.  
PLEASE CALL THE TAX DEPARTMENT TO REQUEST ADDITIONAL PAGES, OR YOU MAY PHOTOCOPY THE  
PAGES IN THE ORGANIZER.**

IF YOU HAVE ANY QUESTIONS REGARDING THE ORGANIZER PLEASE CONTACT THE TAX DEPARTMENT  
AT BOSS, AT:

888-969-2677

OR

**taxdept@bossoffice.com**

## HERE IS A LIST OF DOCUMENTS YOU MAY NEED

- \_\_\_\_\_ ALL W-2 FORMS FOR YOURSELF, YOUR SPOUSE, AND DEPENDENT CHILDREN.
- \_\_\_\_\_ ALL 1099 FORMS FOR YOURSELF AND SPOUSE, INCLUDING DEBT RELIEF.
- \_\_\_\_\_ ALL UNEMPLOYMENT FORMS.
- \_\_\_\_\_ ALL FORMS SSA FROM SOCIAL SECURITY FOR INCOME RECEIVED FROM SOCIAL SECURITY FOR THE YEAR.
- \_\_\_\_\_ SOCIAL SECURITY NUMBERS, DATES OF BIRTH, AND RELATIONSHIPS, OF ALL OF YOUR DEPENDENTS FOR 2008.
- \_\_\_\_\_ RECORDS OF INCOME, EXPENSES, AND ENDING INVENTORY, FOR YOUR SELF-EMPLOYED BUSINESS.
- \_\_\_\_\_ AUTO LOG IN WHICH YOUR MILEAGE IS KEPT.
- \_\_\_\_\_ YOUR TIP CALENDAR FOR THOSE OF YOU WHO ARE IN GAMING OR FOOD SERVICE, AND NEED TO REPORT ADDITIONAL ALLOCATED TIPS FOR 2008.
- \_\_\_\_\_ SALE OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) ON THE PURCHASE AND SALE, LIST OF MAJOR IMPROVEMENTS, ALONG WITH THE COSTS AND DATES OF IMPROVEMENTS.
- \_\_\_\_\_ RENTAL INCOME AND EXPENSES, ADDRESS OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) IF PURCHASED IN 2008.
- \_\_\_\_\_ FARM INCOME AND EXPENSES.
- \_\_\_\_\_ INTEREST EARNED ON TAX FREE MUNICIPAL BONDS, AND ORIGINAL ISSUE DISCOUNT. (OID)
- \_\_\_\_\_ DIVIDEND AND INTEREST YEAR END STATEMENTS, ALONG WITH THE APPROPRIATE 1099 FORM ISSUED.
- \_\_\_\_\_ MEDICAL BILLS, COST OF PRESCRIPTIONS, HEALTH INSURANCE PREMIUMS, AND SPECIAL EQUIPMENT PURCHASED PER DOCTOR PRESCRIPTION, AMOUNT OF MEDICAL MILEAGE INCURRED, HAS CONTRIBUTIONS.
- \_\_\_\_\_ PROPERTY TAXES PAID. PLEASE DO NOT GROUP THESE TOGETHER. LIST PROPERTY ADDRESS AND AMOUNT PAID.
- \_\_\_\_\_ AMOUNT OF COLLEGE TUITION, LAB FEES, AND GRANTS RECEIVED, FOR HIGHER EDUCATION.
- \_\_\_\_\_ INTEREST PAID ON STUDENT LOANS.
- \_\_\_\_\_ AMOUNTS OF INTEREST PAID ON MORTGAGES, AND THE 1098 FORM RECEIVED FROM THE MORTGAGE COMPANY, ALSO ANY INTEREST YOU PAID ON HOME EQUITY LOANS, PROVIDE COPY OF CLOSING STATEMENT (HUD-1) FOR REFINANCING OF PRINCIPAL MORTGAGE. IF YOU ARE PAYING YOUR MORTGAGE TO AN INDIVIDUAL, THEIR FULL NAME, ADDRESS AND SOCIAL SECURITY NUMBER WILL BE NEEDED.

\_\_\_\_\_ ALL PENSION STATEMENTS, DISTRIBUTIONS FROM PENSIONS, AND ROLLOVER INFORMATION, AND IF THEY WERE TRANSFERRED FROM ONE ACCOUNT TO ANOTHER, THE TRANSACTION DATES AND ACCOUNT NUMBERS OF BOTH THE OLD AND THE NEW COMPANIES, AMOUNTS CONTRIBUTED TO ROTH IRA'S, KEOGH'S AND SEP'S FOR 2007 AND WHAT NAME THEY WERE DEPOSITED TO, CONVERSIONS AND BALANCES ON DECEMBER 31, 2008.

\_\_\_\_\_ A COPY OF YOUR DIVORCE DECREE, IF DIVORCED IN 2008.

\_\_\_\_\_ COPY OF YOUR SPOUSES 2007 FEDERAL & STATE TAX RETURN IF YOUR WERE MARRIED IN 2008.

\_\_\_\_\_ LIST OF CASH CONTRIBUTIONS AND NON-CASH CONTRIBUTIONS MADE TO CHARITIES.

\_\_\_\_\_ STOCK SALES, ORIGINAL STOCK BUYS AND ORIGINAL STOCK SELLS RECEIVED FROM YOUR BROKER ALONG WITH THE BROKER STATEMENTS FOR YEAR END.

\_\_\_\_\_ COPY OF POLICE REPORT AND INSURANCE REIMBURSEMENT, IN RELATIONSHIP TO THEFTS, AND CASUALTIES AND LOSSES DUE TO ACCIDENTS, FIRES, ETC.

\_\_\_\_\_ CHILD CARE EXPENSES, WHO YOU PAID, PROVIDER NAME, ADDRESS, FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, IF AN INDIVIDUAL, AMOUNT PAID FOR EACH CHILD.

\_\_\_\_\_ AMOUNT OF ALIMONY RECEIVED, AMOUNT OF ALIMONY PAID, ALONG WITH NAME OF PERSON PAID TO AND THEIR SOCIAL SECURITY NUMBER.

\_\_\_\_\_ AMOUNTS PAID FOR MISCELLANEOUS EMPLOYEE EXPENSES IE. UNION DUES, SAFETY EQUIPMENT, REQUIRED BOOKS AND MANUALS, CONTINUING EDUCATION, ETC. AND AMOUNTS IF ANY REIMBURSED BY YOUR EMPLOYER NOT INCLUDED IN YOUR W-2 FORM.

\_\_\_\_\_ INFORMATION ON MEDICAL SAVINGS ACCOUNTS AND EDUCATIONAL SAVINGS ACCOUNTS THAT YOU ARE A PARTICIPANT IN THROUGH YOUR EMPLOYER.

\_\_\_\_\_ CUSTODIAL FEES FOR IRA ACCOUNTS, LEGAL FEES FOR PRESERVATION OF INCOME, COLLECTION FEES ON SELLER FINANCED MORTGAGES.

\_\_\_\_\_ GAMBLING LOSSES NOT TO EXCEED THE AMOUNT OF GAMBLING WINNINGS.

\_\_\_\_\_ MISCELLANEOUS OTHER INCOME RECEIVED, STATE INCOME TAX REFUND, JURY DUTY PAY, GAMBLING WINS.

**WITH THE ABOVE INFORMATION IN HAND YOU WILL BE BETTER EQUIPPED TO FILL OUT THE TAX ORGANIZER ACCURATELY AND WITH THE LEAST AMOUNT OF YOUR TIME EXPENDED.**

**THANK YOU FOR USING BOSS FOR ALL OF YOUR FINANCIAL SERVICES.**

**CALL US WITH QUESTIONS 888-969-2677**











**VEHICLE EXPENSES (UNREIMBURSED EMPLOYEE EXPENSES USE ONLY)  
(W-2 INCOME ONLY)**

**If Vehicles Are Used By Both Taxpayer And Spouse Or For More Than One Employer, Make A Copy Of This Form For Each**

	Vehicle 1	Vehicle 2
<b>Beginning Odometer Reading</b>		
<b>Mileage 1-1-08 - 6/30/08</b>		
<b>Mileage 7/1/08 - 12/31/08</b>		
<b>Ending Odometer Reading</b>		
Description Of Vehicle		
Date Placed In Service		
Total Miles For The Year		
Total Business Miles For The Year		
Total Commuting Miles For The Year		
Mileage Round Trip Each Day To Work		
<b>Actual Expenses:</b>		
Repairs & Maintenance		
Insurance		
Interest		
License & Registration		
Vehicle Lease		
Tolls and Parking		
<b>Other Expenses:</b>		
Cost Of Vehicle		
Is Another Vehicle Available For Personal Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Is The Evidence Written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was Vehicle Traded in 2008?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## DEPENDENT CARE EXPENSES & EDUCATION CREDITS

Enter Below The Persons Or Organizations Who Provided The Child & Dependent Care.

Name	Address	ID Number	Amount Paid
1.			
2.			
3.			

### Education Credits: (HIGHER EDUCATION ONLY)

Student's Name	Student's Social Security Number	Qualified Expenses (No Books)	First or Second Year of Post-Secondary Education?
1			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>



**BUSINESS INCOME & EXPENSES (CONTINUED)**

Supplies (Not Included In Cost Of Goods Sold)	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Telephone & Cellular	
Utilities	
Wages	
<b>Other Expenses:</b>	
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

## VEHICLE EXPENSES (FOR BUSINESS USE ONLY)

**If Vehicles Are Used By Both Taxpayer And Spouse Or In More Than One Business, Make A Copy Of This Form For Each**

General Information:	Vehicle 1	Vehicle 2
<b>Odometer Reading 1/1/08 - 6/30/08</b>		
<b>Odometer reading 7/1/08 - 12/31/08</b>		
Description Of Vehicle		
Date Placed In Service		
Total Miles For The Year		
Total Business Miles For The Year		
Total Commuting Miles For The Year		
Mileage Round Trip Each Day To Work		
<b>Actual Expenses:</b>		
Auto Club		
Gasoline & Oil		
Repairs & Maintenance		
Insurance		
Interest		
License & Registration		
Vehicle Lease		
Wash & Wax		
Tolls and Parking		
<b>Other Expenses: ATTACH LIST</b>		
Cost Of Vehicle		
Is Another Vehicle Available For Personal Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Is The Evidence Written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>







## MOVING EXPENSES

<b>Date of Move:</b> _____	
Number of Miles From Old Home To New Workplace	_____
Number of Miles From Old Home To Old Workplace	_____
Expenses Of Transport & Storage Of Household Goods & Personal Effects:	<b>Amount</b>
Transportation Expenses	_____
Storage Expenses	_____
Expenses Of Moving From Old To New Home:	_____
Travel <b>Not</b> Including Meals	_____
Lodging <b>Not</b> Including Meals	_____
Amount Employer Paid You For The Expenses Listed Above	_____

## OTHER ITEMS NOT INCLUDED ELSEWHERE PLEASE EXPLAIN FULLY

<b>DIRECT DEPOSIT OF REFUND TO FOLLOWING:</b>	
<b>NAME OF BANK</b>	
<b>ROUTING NUMBER</b>	
<b>ACCOUNT NUMBER</b>	
<b>DIRECT ELECTRONIC PAYMENT OF BALANCE DUE ON TAXES FROM THE FOLLOWING</b>	
<b>NAME OF BANK</b>	
<b>ROUTING NUMBER</b>	
<b>ACCOUNT NUMBER</b>	
<b>DATE OF ELECTRONIC WITHDRAWAL</b>	
<b>DIRECT ELECTRONIC PAYMENT FOR BALANCE DUE WITH EXTENSION FORM 4868</b>	
<b>NAME OF BANK</b>	
<b>ROUTING NUMBER</b>	
<b>ACCOUNT NUMBER</b>	
<b>DATE OF ELECTRONIC WITHDRAWAL</b>	