

THE 2019
TRAVEL
NURSE TAX
ORGANIZER





AFFORDABLE HEALTH CARE ACT

In order to comply with the new law we need some information regarding HEALTH INSURANCE.

If you (and your family) were insured all year long, there will be no change this year. If not, we need to know what months you and your family were insured.

Please fill out the following information.

Do you have health insurance: YES NO

If Yes: PART YEAR FULL YEAR

Does your spouse have insurance: YES NO

If Yes: PART YEAR FULL YEAR

Do your dependents have insurance: YES NO

If Yes: PART YEAR FULL YEAR

Did you purchase insurance through the exchange: YES NO

If Yes, please provide form 1095

Did you receive a credit: YES NO

If you answered yes to the above, you are done- thank you.
 If you answered no or part year, please complete the following.

PLEASE MARK THE APPROPRIATE BOXES FOR EACH DEPENDENT.

	SELF	SPOUSE	DEP 1	DEP 2	DEP 3
JAN					
FEB					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUG					
SEPT					
OCT					
NOV					
DEC					

General Guidelines

1. Completing the Organizer

This organizer is how we gather information in order to prepare your tax returns accurately. It is important that you make every effort to complete the organizer in its entirety. If there is missing information it may adversely impact your return, as well as delay our processing time.

All facts and figures that you place on the organizer must be true and correct (**do not round up or down**) and you must be able to substantiate them according to IRS guidelines. However, **there is no need for you to send all of your receipts** along with your completed organizer.

If you have questions, call us at 800.400.1829.

2. Mail (or Fax) us your tax information and organizer

If you mail us your information, take a copy of all forms that you send to us for your personal records. The organizer you fill-in and mail to us will not be returned to you, as it will become part of your tax file held at our offices. All tax forms (W-2s, 1099s, etc.) that you send to us will be returned to you along with any receipts unless we are required to attach the forms to file with the returns. When mailing us your organizer and tax forms please use a traceable type of mailing. These include express/priority mail USPS, FEDEX, UPS, etc. When we receive your package we will notify you by e-mail, or phone.

Mail To: Rarick Financial Group Fax To: (888) 658-3531
56913 Yucca Trail, Ste A
Yucca Valley, CA. 92284

Email to: travelnurse@raricktax.com

3. Scheduling an Appointment

Once we receive your completed organizer and tax information, we will contact you to let you know that we received it and to set up a phone appointment between you and a Rarick Financial Group tax preparer.

The phone interview will take approximately 30 minutes to complete.

While we are processing your return you can contact us by phone at 800.400.1829. If we find that there is missing information we will notify you with a phone call or via e-mail.

Tax Preparation Fees

Preparation of Federal Tax Return:

Itemized	\$ 300.00
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Preparation of State Tax Return (Per State):

Before February 15th	\$ 25.00
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Between February 16th & March 15th	\$ 50.00
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Between March 15th & April 18th	\$ 75.00
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IF you are no longer a travel nurse and work at a single location you are still allowed certain deductions. We would like to continue our relationship with you. The preparation fees are as follows:

Preparation of Federal Tax Return	\$ 225.00
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Preparation of State Tax Return (Per State)	\$ 25.00
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Note: The total price of prepared returns may be higher for exceptional circumstances (e.g., rental income, side business, independent contractor, stock sales, home sale, etc.). Spousal income may be subject to an additional \$50 charge depending on complexity. While the total price of prepared returns is figured on a case-by-case basis, this schedule is accurate for the vast majority of traveler tax returns. The shipping and handling charges are the same regardless of individual tax circumstances, unless excess bulk requires additional expense.

Tax Home Qualification Test

In order to qualify as travel expenses, the expenses must be incurred while away from home overnight (which means the taxpayer must be away from home for work substantially longer than an ordinary day and, while away, needs to get substantial rest or sleep to meet the demands of the job (not just a pause or brief interval)). They must stay away from their home for at least one night (Rev. Rul. 75-170).

- | | | | |
|---|---|--|--|
| 1 The taxpayer must be away from the tax home which is: | <u>Yes</u> <u>No</u> | | |
| a. In the metropolitan area where his/her regular or principal (if more than one regular) <u>PLACE OF BUSINESS</u> ; or | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;"></td><td style="width: 30px; height: 15px;"></td></tr></table> | | |
| | | | |
| b. The taxpayer's regular place of abode (if the taxpayer has no regular or principal place of business) | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;"></td><td style="width: 30px; height: 15px;"></td></tr></table> | | |
| | | | |

2 Local lodging is normally not deductible. However, pursuant to Prop. Reg. 137589-07 (IRB 942 2012-21) expenses for local lodging of an employee that an employer provides to the employee or requires the employee to obtain are excludable if: (1) the lodging is provided on a temporary basis; (2) the lodging is necessary for the employee to participate in or be available for a bona fide business meeting or function of the employer; and (3) the expenses are otherwise deductible by the employee, or would be deductible if paid by the employee, under section 162(a).

3 When a taxpayer has no principal place of business but changes work locations constantly (e.g., Travel Nurse), the IRS has adopted the following tests to determine whether the taxpayer's abode qualifies as the tax home (Rev. Rul. 73-529):

- | | | | |
|--|---|--|--|
| a. Does the taxpayer perform a portion of his business in the vicinity of the claimed abode and use such abode (for purposes of lodging) while performing business there? | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;"></td><td style="width: 30px; height: 15px;"></td></tr></table> | | |
| | | | |
| b. Does the taxpayer incur duplicate living expenses at the claimed abode and where he is currently required to be working? | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;"></td><td style="width: 30px; height: 15px;"></td></tr></table> | | |
| | | | |
| c. Has the taxpayer abandoned his main home, had a member or members of his family (marital or lineal) living at the main home, or used his claimed home frequently for lodging? | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 15px;"></td><td style="width: 30px; height: 15px;"></td></tr></table> | | |
| | | | |

If the taxpayer meets all three of the above factors, the tax home is the taxpayer's residence. If only two of the factors are met, the taxpayer's tax home is based on the facts and circumstances. If only one of the factors is met, the taxpayer is a transient and has no permanent tax home.

****WARNING: If the taxpayer has neither a principal place of business nor a principal place of abode, then the taxpayer is considered to be transient and has no "tax home." Accordingly, there can be no travel away from home overnight, and no deduction for travel expenses.**

Client Signature: _____ Date: _____

TAXPAYER INFORMATION

Last Name	
First Name	
Middle Initial	
Social Security Number	___ - __ - ____
Date of Birth	__/__/____
Occupation	
Are You a Returning Client?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPOUSAL INFORMATION

Last Name	
First Name	
Middle Initial	
Social Security Number	___ - __ - ____
Date of Birth	__/__/____
Occupation	

FILING STATUS

CHECK ONE

Single

Married/Jointly

Married/Separately

Head of Household

Qualifying Widow(er)

CONTACT INFORMATION

Mailing Address (To Send Completed Return)

Address	
City	
State	
Zip	
Home Phone	() ___ - ____
Cell Phone	() ___ - ____
Email Address	

Permanent Tax Home Address

Address			
City			
State/Province		Country	
Postal Code			
County		Co. Code	
School District		Sch. Code	
Permanent Phone	() ___ - ____		

Direct Deposit Info for Refund

Name of Bank	
Routing Number	___ ___ ___ ___ ___
Account Number	
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Please Attach a Voided Check!

DEPENDENT INFORMATION

First	M I	Last Name	Relationship	Social Security Number	Birth Date	Lived with whom and how long?
				___ - __ - ____	__/__/____	
				___ - __ - ____	__/__/____	
				___ - __ - ____	__/__/____	
				___ - __ - ____	__/__/____	
				___ - __ - ____	__/__/____	

I do declare that all facts and figures above are true and correct.
I can verify all figures according to IRS guidelines.

Client Signature: _____ Date: _____

INCOME				
	Please Provide	Totals	Stock or Bond Sales (Provide 1099-B)	
Wages	W-2 forms	\$	Security Name	
	Pay Stub's from Each Job		Purchase Date	___/___/___
Social Security Received	SSA-1099	\$	Purchase Cost	\$
Pensions /IRA's	1099-R	\$	Sale Date	___/___/___
2018 State Tax Refund(s)	1099-G	\$	Sale Proceeds	\$
Self-Employment	1099-M	\$	Security Name	
Rental Income	1099-M	\$	Purchase Date	___/___/___
Miscellaneous Income	1099-M	\$	Purchase Cost	\$
Interest	1099-INT	\$	Sale Date	___/___/___
Dividends	1099-DIV	\$	Sale Proceeds	\$
Gambling	W-2 G	\$		
Partnerships/Trusts	K-1'S	\$	Home Sale (1099-S)	
Alimony Received		\$	Purchase Date	___/___/___
Unemployment	1099-G	\$	Purchase Price	\$
Other _____		\$	Improvements	\$
		\$	Please Provide Escrow/Closing Statement	

ADJUSTMENTS		CHILD/DEPENDANT CARE EXPENSE	
Alimony Paid	\$	Care Expenses	\$
Recipient Social Security #	___ - ___ - ___	Provider Information	
2019 IRA Contributions	\$	Name	
2019 ROTH Contribution	\$	Tax ID # or Social Security #	___ - ___ - ___
College Loan Interest	\$	Provider Address	
Credits			
College Tuition (1098-T)			
Other		Provider Phone Number	() ___ - ___
Other			

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I can verify all figures according to IRS Guidelines.

Client Signature: _____ Date: _____

TRAVEL ASSIGNMENT ITINERARY				
	1 st Assignment		2 nd Assignment	
City & State				
Distance From Tax Home	miles		miles	
Facility Name (Hospital etc.)				
W-2 Employer				
Arrival Date	___/___/___		___/___/___	
Departure Date	___/___/___		___/___/___	
Days at Tax Home During Assignment	days		days	
Vacation Days During Assignment	days		days	
Other Days Away From Assignment	days		days	
Travel Reimbursement Received	\$		\$	
Did you receive an allotment for Meals & Incidentals on this assignment?	Yes	No	Yes	No
Was it taxed or non-taxed?				
Did you receive an allotment for Housing/Lodging on this assignment?	Yes	No	Yes	No
Was it taxed or non-taxed?				
	3 rd Assignment		4 th Assignment	
City & State				
Distance From Tax Home	miles		miles	
Facility Name (Hospital etc.)				
W-2 Employer				
Arrival Date	___/___/___		___/___/___	
Departure Date	___/___/___		___/___/___	
Days at Tax Home During Assignment	days		days	
Vacation Days During Assignment	days		days	
Other Days Away From Assignment	days		days	
Travel Reimbursement Received	\$		\$	
Did you receive an allotment for Meals & Incidentals on this assignment?	Yes	No	Yes	No
Was it taxed or non-taxed?				
Did you receive an allotment for Housing/Lodging on this assignment?	Yes	No	Yes	No
Was it taxed or non-taxed?				

I do declare that all facts and figures above are true and correct. 3
I can verify all figures according to IRS guidelines.

Client Signature: _____ Date: _____

DEDUCTIONS

DEDUCTIONS				
Professional Expenses	Total Paid	Reimbursed	Medical Deductions	Totals
State License Fees	\$	\$	Prescriptions	\$
Credentialing	\$	\$	Long Term Care Premiums	\$
Drug Test & Fingerprinting	\$	\$	Health Insurance Premiums	\$
Union & Association Dues	\$	\$	Doctors & Dentists Fees	\$
Publications & Journals	\$	\$	Hospitals & Clinics Fees	\$
Malpractice Insurance	\$	\$	Eyeglasses & Contacts	\$
Liability Insurance	\$	\$	Other _____	\$
Legal Expenses	\$	\$	General Deductions	Totals
Other _____	\$	\$	State & Local Sales Tax	\$
Job Search Costs	Totals			
Resume Expenses	\$		Home Mortgage Interest	\$
Counseling/Advice	\$		Equity Loan Interest	\$
Postage	\$		Real Property Taxes	\$
Other _____	\$		Personal Property Taxes	\$
Continuing Education	Totals			
Tuition/Seminar/Course Fees	\$		Tax Prep. Fees Paid for 2018	\$
Registration Fees	\$		Gambling Losses	\$
Lab Fees	\$		Other _____	\$
Reference and Text Books	\$		Other _____	\$
Supplies	\$			
Other _____	\$			
Other Work Expenses	Totals			
Long Distance Phone	\$		Charitable Contributions	
Cellular Calls	\$		Organization Name	Cash Contributions
Fax Expenses	\$			\$
Office Supplies	\$			\$
				\$
			Organization Name	Non-Cash
			IRS requires receipts for ALL contributions	
Uniforms, Tools				
Tops & Pants	\$		Stethoscope	\$
Shoes	\$		Other Equipment	\$
Lab Coats	\$		Cleaning & Alterations	\$

I do declare that all facts and figures above are true and correct. 4
I can verify all figures according to IRS guidelines.

Client Signature: _____ Date: _____

Vehicle Expenses		
Year, Make & Model		
Date Placed in Service	___/___/_____	
All Miles Driven On Vehicle 2019	mi.	
Average Daily Commuting Miles	mi.	
Total Annual Commuting Miles	mi.	
Business & Travel Miles Driven	For Jobseeking	mi.
	For Continuing Education	mi.
	For Professional Meetings	mi.
	For Call Backs	mi.
	En Route to 1 st Assignment	mi.
	En Route to 2 nd Assignment	mi.
	En Route to 3 rd Assignment	mi.
	En Route to 4 th Assignment	mi.
	Trips home from 1 st Assign.	mi.
	Trips home from 2 nd Assign.	mi.
	Trips home from 3 rd Assign.	mi.
	Trips home from 4 th Assign.	mi.
	Other _____	mi.
Other _____	mi.	
State Vehicle Registration	\$	

Lodging Away from Tax Home		
	Total You Paid	Reimbursed
During 1 st Assignment	\$	\$
During 2 nd Assignment	\$	\$
During 3 rd Assignment	\$	\$
During 4 th Assignment	\$	\$
Other _____	\$	\$

Travel Assignment Expenses		
	Total You Paid	Reimbursed
Airfare		
U-Haul Rental & Gas		
Parking Fees		
Taxi/Bus/Train		
Tolls		
Car Rental & Gas		
Laundry		
Other _____		

I do declare that all facts and figures above are true and correct. I can verify all figures according to IRS guidelines.

Client Signature: _____ Date: _____

Conditions of Engagement Letter

To: Rarick Financial Group

From: _____ I have engaged your firm to prepare my individual federal and state(s) income tax returns for the year ended December 31st, 2019. I understand that it is my responsibility to provide all of the information to complete my tax return. In that regard I state that, to the best of my knowledge and belief:

1. I have provided true, correct and complete information regarding my income as listed on the attached schedules, computer discs, tax organizers, W-2's, 1099's and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 4 years all documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
2. I have provided true correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of the tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that you will use your professional judgment in resolving the issues.
3. I understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to you, especially business travel and entertainment deductions, Tax Home determination, business use percentage of autos and other assets, and barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect.
4. I understand that you will not audit or otherwise verify information, that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes or, penalties or interest.
5. I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and interest that may be due, but that the extent of your responsibility is to pay for any penalty that the IRS or the above state revenue department may assess.
6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or State Taxing Authorities.
7. I understand that your policy is to put all tax advice in writing, and that I will not rely upon any non-written advice --it may be tentative, incomplete, or not fully reviewed.
8. I understand that your bill will be due and payable upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full.
9. I understand that you will not file any federal, state, or local tax extension without my specific request to do so.
10. If there are other services or tax returns that I expect you to prepare, such as corporation, partnership, estate, gift, sales fiduciary, property, or other states or cities, I will note them at the bottom of this letter.

I have read, understand and accept the "Conditions of Engagement" discussed above.

Client Signature _____

Date _____

Client (Spouse) Signature _____

Date _____

Privacy Policy

It has always been the policy of Rarick Financial Group to keep all information that we collect from you confidential from all sources. We allow access to your nonpublic information only to those members of our firm who need to know that specific information in order to provide services to you. We do collect nonpublic personal information about you from the following sources:

- Information we receive from you on tax preparation organizers, worksheets, Federal and State tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- Information about your transactions with us, our affiliates, and others.
- Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients and former clients, except as permitted, required by law or approved by you in writing as listed below.

- Requirements to comply with Federal, state or local law,
- Requirements to comply with National, state or local law licensing rules,
- Requirements to disclose information in response to legal subpoenas,
- Items you permit or request us to disclose, as authorized by you in writing,
- Information which you authorize us to disclose by signing this engagement letter, to electronically file your tax return, when applicable,
- Information, which you authorize us to disclose by signing this engagement letter, that disclose that you are our client, without disclosure of financial or other personal information.

I have read, understand and accept the "Privacy Policy" discussed above.

Client Signature _____ Date _____

Client (Spouse) Signature _____ Date _____

Last-Minute Checklist

- **Send a copy of your pay stub from each company you worked for.**
- **Send copies of all the companies “Tax Home Questionnaires.”**
- **Send all tax documents that you have received (W-2’s, 1099’s, 1098’s, escrow/closing statements, etc.)**
- **Send any receipts or papers that you have questions about.**
- **Keep the original copy of all forms you send.**
- **Send a copy of last year’s tax return (1st year clients only).**
- **Keep the original copy of all forms you send.**
- **Send a photocopy of Drivers License (or Picture ID) and Social Security Card.**
- **Please sign & send the attached ENGAGEMENT LETTER & PRIVACY POLICY.**
- **Send all documents by traceable delivery!**
- **Please attach a voided check (for direct deposit)!**
- **Make sure to sign the bottom of each page in appropriate area.**
- **Send a money order or cashiers check payable to “Rarick Financial Group” if you do not want to be billed over the phone by credit card/ATM. (Unfortunately because of some bad apples, personal checks will not be accepted.)**