

# **TRUCKING ACCOUNTING and TAX SERVICES**

**WE KNOW TRUCKING AND  
WE'RE HERE TO HELP!**



**Turn to the Accounting Professionals who KNOW trucking and specialize  
in independent contractors and owner/operators.**

**Join hundreds of your fellow owner/operators who have chosen  
Contractor Business Services, LLC and Pete McCole to prepare their  
business and personal income tax returns.**

## **Tax Services:**

- Federal, State and Local
- Individual income tax returns, all states
- Business income tax returns, all states
- Annual Reports and Property Tax Returns
- "C" and "S" Corporations
- Limited Liability Companies (LLC)



## **Accounting and Business Services:**

- Accounting data entry
- Monthly, quarterly and annual tax statements
- Projected annual tax planning statements
- Quarterly estimated tax calculations
- Quarterly payroll and IFTA tax (optional)
- Withholding tax calculations
- Year-end W-2 and 1099 filings
- Electronic Tax Payments (EFTPS)

**Weekly Fees: LLCs \$15, INCs \$20 – for accounting services and  
all required year-end business and individual tax returns.**

**Call Contractor Business Services at (800) 259-0693**

**Contractor Business Services, LLC and  
Pete McCole**

202 E Woodlawn Road, Suite 106  
Charlotte, NC 28217

**CONTRACTOR BUSINESS SERVICES, LLC**  
**Pete McCole**

**PROFESSIONAL AND ACCOUNTING SERVICES  
FOR SMALL BUSINESS AND SELF-EMPLOYED**

**Start-up of Business**

Assist in selection of appropriate Accounting system  
Prepare tax documents for Federal and State filing  
Obtain Federal Tax Identification Number and state tax numbers  
File IRS Form 2553 for Subchapter "S" Corporations  
**Fee: \$250, plus state filing fee (filing fees vary by state)**

**Accounting and Tax Services**

**Monthly**

Provide tax organizer with checklists for deductions  
Consult on tax strategies with each independent contractor  
Obtain and reconcile settlement sheets  
Prepare business tax planning spreadsheets  
Prepare "annualized" income and tax estimates

**Quarterly**

Recommend estimated income tax payment amounts  
Prepare federal and state estimated tax payment vouchers

**Year-end**

Prepare annual business tax planning statement  
Provide annual income tax organizer  
Prepare business and personal income tax returns:  
Federal and State, 1120s or 1065, if required  
Federal Form 1040, schedules A, B, C and SE  
Corresponding forms for any one State  
E-file all tax returns (unless requested otherwise)  
Advise on State Annual Reports

**Fee: \$15.00 per week (based on full year)\*\***

**Optional services**

Business planning and budgeting, Profitability analysis  
**Payroll tax reporting for Sub "S" Corporations (\$5.00 per week) or  
USDOT numbers, Motor Carrier Operating Authority, IFTA Taxes**  
Simplified Employee Pension ("SEP") Plan set-up  
Tax filings for multiple businesses or multiple states

**TO GET MORE INFORMATION OR MAKE ARRANGEMENTS FOR SERVICES, CALL:**  
**Contractor Business Services, LLC at (800) 259-0693 or Pete McCole at (704) 551-0626**  
[www.truckerbizservices.com](http://www.truckerbizservices.com)

**Fax completed forms to us at (866) 868-9681**

**Personal Information:**

**NAME (first, middle, last):** \_\_\_\_\_

**Physical street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Business (day) telephone:** \_\_\_\_\_

**Social security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Filing Status:** \_\_\_\_\_ **Dependents:** \_\_\_\_\_

**Business information:**

**Chosen Entity Type:** “S” Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_

**Business name (list 3 choices):**

**1<sup>st</sup> choice:** \_\_\_\_\_

**2<sup>nd</sup> choice:** \_\_\_\_\_

**3<sup>rd</sup> choice:** \_\_\_\_\_

**(We will always try to get your first choice, but if the name is taken, we will try your 2<sup>nd</sup> and 3<sup>rd</sup> choices.)**

**Registered agent information:**

All states require that an individual be appointed as the registered agent so that the state has a “registered” person and place to send any state notices or forms. There are many companies that charge you a fee (\$100 or more per year) to be the registered agent for your company. *You can serve as the registered agent for your company!* You’ll save that fee! We will assist you to interpret any notices that you might receive from the State. If you wish to name some other individual as your registered agent, enter the information below:

**Registered Agent information:**

**NAME (first, middle, last):** \_\_\_\_\_

**Physical street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Business (day) telephone:** \_\_\_\_\_

**Stockholder/Owner, Officer and Director or Member Information:**

Corporations require at least one Stockholder, one Director and one Officer. Limited Liability Companies require at least one Member/Owner. One person can serve as all of the officers.

If you are serving as the **SINGLE** stockholder, officer, director or member/owner, **check here** \_\_\_\_\_ and you do not need to complete the rest of this page.

If you have more than one stockholder, director or member/owner complete the information below: Officer titles are: President, Vice president, Secretary and Treasurer. All office titles should be represented.

**Officer, director or member information:**

**NAME (first, middle, last):** \_\_\_\_\_

**Physical street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Officer Titles:** \_\_\_\_\_ **Director (Y or N)** \_\_\_\_\_ **Member (Y or N)** \_\_\_\_\_

**Stockholder/owner (Y or N)** \_\_\_\_\_ **If Yes, then indicate percentage ownership:** \_\_\_\_\_

**Social security number:** \_\_\_\_\_ **Business (day) telephone:** \_\_\_\_\_

**Officer, director or member information:**

**NAME (first, middle, last):** \_\_\_\_\_

**Physical street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Officer Titles:** \_\_\_\_\_ **Director (Y or N)** \_\_\_\_\_ **Member (Y or N)** \_\_\_\_\_

**Stockholder/owner (Y or N)** \_\_\_\_\_ **If Yes, then indicate percentage ownership:** \_\_\_\_\_

**Social security number:** \_\_\_\_\_ **Business (day) telephone:** \_\_\_\_\_

**ATTACH ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE THAN TWO STOCKHOLDERS, DIRECTORS, OFFICERS OR MEMBER/OWNERS.**

**Contractor Business Services, LLC at (800) 259-0693 or Pete McCole at (704) 551-0626  
Fax completed forms to us at (866) 868-9681**

**Additional information: Date business started:** \_\_\_\_\_

**Tax year-end date will be December 31, unless noted otherwise here:** \_\_\_\_\_

**Any employees (Y or N) \_\_\_\_\_ if Yes, then enter date wages first paid:** \_\_\_\_\_

**Have you ever had a business with a tax identification number before (Y of N):** \_\_\_\_\_

**If Yes, enter name of business:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_

**Services authorized and fees:**

<b>Initial tax organization, federal and State including:</b>	<b>Fee: \$250</b>
State tax numbers for withholding and sales and use tax	
Federal tax identification Number filing (Form SS-4)	<b>TO ACCEPT SERVICE,</b>
Federal and State "S" corporation election (Form 2553)	<b>INITIAL HERE:</b> _____

<b>Accounting and tax service, including:</b>	<b>Fee: LLCs \$15.00 per week</b>
<b>Accounting and Tax Organizer file</b>	<b>INCs \$20.00 per week</b>
Monthly input from settlement sheets	<b>deducted from settlement</b>
Monthly input of other expenses	
Monthly, quarterly and year-end tax reports	<b>TO ACCEPT SERVICE,</b>
All annual Federal, State and Local tax returns	<b>INITIAL HERE:</b> _____

<b>IFTA quarterly returns:</b>	<b>Fee: \$5.00 per week</b>
File Qt. Returns based on information	<b>\$65.00 per quarter</b>
given by driver. CBS, LLC will provide	
IFTA logs upon request.	<b>TO ACCEPT SERVICE,</b>
	<b>INITIAL HERE:</b> _____

(We can not provide this ONLINE service without your credit card information – if you wish, you can call us with the credit card information.)

**CREDIT CARD INFO: CARD #:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

**NAME ON CARD:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **CARD TYPE** \_\_\_\_\_  
Visa, MC, or Amex

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**Acknowledgement and authorization:**

I acknowledge I have read pages 1 and 2 and that the information contained on pages 3, 4 and 5 is complete and accurate.

I acknowledge that no documents will be prepared or filed until the fees are paid.

I understand that once the tax organization process is started, there will be no refunds of service fees and that if the process is stopped before the State tax documents are mailed, State fees only may be refunded.

**By signing this document, I authorize John A. McCole, CPA to be my designated representative for the purpose of obtaining an Employer Identification Number ("TIN" or "EIN") and any required state or local tax withholding and tax account numbers.**

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

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