

# **THE 2022** **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 <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes:	PART YEAR <input type="checkbox"/>	FULL YEAR <input type="checkbox"/>
Does your spouse have insurance:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes:	PART YEAR <input type="checkbox"/>	FULL YEAR <input type="checkbox"/>
Do your dependents have insurance:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes:	PART YEAR <input type="checkbox"/>	FULL YEAR <input type="checkbox"/>
Did you purchase insurance through the exchange:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please provide form 1095		
Did you receive a credit:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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**  
56913 Yucca Trail, Ste A  
Yucca Valley, CA. 92284

**Fax To: (760) 369-7360**

**Email to: [travelnurse@raricktax.com](mailto: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 an 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	<b>\$ 300.00</b>
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### Preparation of State Tax Return (Per State):

Before February 15th	<b>\$ 25.00</b>
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Between February 16th & March 15th	<b>\$ 50.00</b>
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Between March 15th & April 15th	<b>\$ 75.00</b>
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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	<b>\$ 225.00</b>
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Preparation of State Tax Return (Per State)	<b>\$ 25.00</b>
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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).

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <b>1 The taxpayer must be away from the tax home which is:</b>  | <u><b>Yes</b></u>        | <u><b>No</b></u>         |
| a. In the metropolitan area where his/her regular or principal (if more than one regular) <u>PLACE OF BUSINESS</u> ; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The taxpayer's regular place of abode (if the taxpayer has no regular or principal place of business)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>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).</b> |                          |                          |
| <b>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):</b>   |                          |                          |
| 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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the taxpayer incur duplicate living expenses at the claimed abode and where he is currently required to be working?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?  | <input type="checkbox"/> | <input type="checkbox"/> |

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	No

SPOUSAL INFORMATION		
Last Name		
First Name		
Middle Initial		
Social Security Number	____ - ____ - ____	
Date of Birth	____ / ____ / ____	
Occupation		

FILING STATUS
<b>CHECK ONE</b>
<p>Single</p> <p>Married/Jointly</p> <p>Married/Separately</p> <p>Head of Household</p> <p>Qualifying Widow(er)</p>

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		Savings	
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	____/____/____
2021 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	
2022 IRA Contributions	\$	Name	
2022 ROTH Contribution	\$	Tax ID # or Social Security #	____-____-____
College Loan Interest	\$	Provider Address	
<b>Credits</b>			
College Tuition (1098-T)			
Other		Provider Phone Number	( ) ____-____
Other			

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRAVEL ASSIGNMENT ITINERARY				
	1 <sup>st</sup> Assignment		2 <sup>nd</sup> 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 <sup>rd</sup> Assignment		4 <sup>th</sup> 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
State License Fees	\$	\$
Credentialing	\$	\$
Drug Test & Fingerprinting	\$	\$
Union & Association Dues	\$	\$
Publications & Journals	\$	\$
Malpractice Insurance	\$	\$
Liability Insurance	\$	\$
Legal Expenses	\$	\$
Other _____	\$	\$
<b>Job Search Costs</b>	<b>Totals</b>	
Resume Expenses	\$	
Counseling/Advice	\$	
Postage	\$	
Other _____	\$	
<b>Continuing Education</b>	<b>Totals</b>	
Tuition/Seminar/Course Fees	\$	
Registration Fees	\$	
Lab Fees	\$	
Reference and Text Books	\$	
Supplies	\$	
Other _____	\$	
<b>Other Work Expenses</b>	<b>Totals</b>	
Long Distance Phone	\$	
Cellular Calls	\$	
Fax Expenses	\$	
Office Supplies	\$	
Medical Deductions	Totals	
Prescriptions	\$	
Long Term Care Premiums	\$	
Health Insurance Premiums	\$	
Doctors & Dentists Fees	\$	
Hospitals & Clinics Fees	\$	
Eyeglasses & Contacts	\$	
Other _____	\$	
General Deductions	Totals	
State & Local Sales Tax	\$	
Home Mortgage Interest	\$	
Equity Loan Interest	\$	
Real Property Taxes	\$	
Personal Property Taxes	\$	
Tax Prep. Fees Paid for 2021	\$	
Gambling Losses	\$	
Other _____	\$	
Other _____	\$	
Charitable Contributions		
Organization Name	Cash Contributions	
	\$	
	\$	
	\$	
Organization Name	Non-Cash	
<b>IRS requires receipts for ALL contributions</b>		
Uniforms, Tools		
Tops & Pants	\$	
Shoes	\$	
Lab Coats	\$	
Stethoscope	\$	
Other Equipment	\$	
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 2022	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 <sup>st</sup> Assignment	mi.
	En Route to 2 <sup>nd</sup> Assignment	mi.
	En Route to 3 <sup>rd</sup> Assignment	mi.
	En Route to 4 <sup>th</sup> Assignment	mi.
	Trips home from 1 <sup>st</sup> Assign.	mi.
	Trips home from 2 <sup>nd</sup> Assign.	mi.
	Trips home from 3 <sup>rd</sup> Assign.	mi.
	Trips home from 4 <sup>th</sup> Assign.	mi.
Other _____	mi.	
Other _____	mi.	
State Vehicle Registration	\$	

Lodging Away from Tax Home		
	Total You Paid	Reimbursed
During 1 <sup>st</sup> Assignment	\$	\$
During 2 <sup>nd</sup> Assignment	\$	\$
During 3 <sup>rd</sup> Assignment	\$	\$
During 4 <sup>th</sup> 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.

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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 31<sup>st</sup>, 2022. 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 (1<sup>st</sup> 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.)**