

Airline Crew Taxes

2016

TAX ORGANIZER

2016

New Client(s)

General Information

Returning Client(s)

Taxpayer

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security Number _____
 Date of Birth _____
 Occupation _____
 Company/Base _____
 Cell Phone _____
 Home Phone _____
 e-mail _____

Spouse

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security Number _____
 Date of Birth _____
 Occupation _____
 Company/Base _____
 Cell Phone _____
 Home Phone _____
 e-mail _____

*** None of your personal information is sold or shared.**

Filing Address

(For IRS residency purposes) Several factors must be considered in determining your state of residency, however, no single item (drivers' license, voter registration, mailing address for bank accounts, etc.) will make you a resident.

Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____

Mailing address if different from filing address (to send a copy of your tax return and receipt)

Dependents:

Full Name	SSN	DOB	Relationship	Full Time Student	Disabled
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Filing Status

Single Married Filing Jointly Married Filing Separately Head of Household

Estimated quarterly payments for 2016 \$ _____ Sent directly by you to IRS (not on W2)

Life Events

Marriage Yes No Divorce/Separation Yes No
 Purchased Home Yes No Started/Operated Business Yes No
 (Provide HUD/Closing Documents)
 Received Foreign Income / Paid foreign taxes Yes No

Wages and Compensation; Please enclose all W2's and/or 1099 Forms

Interest Income: Form 1099-INT	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dividend Income: Form 1099-DIV	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of Stock/Bonds: Form 1099-B	MUST include <u>complete</u> purchase and sale information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Plan Income: 1099-R	If yes, please provide form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment: Form 1099-G	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Benefits: Form SSA-1099 or RRB-1099	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State or Local Refund Received: Form 1099-G	If yes, Please include form. Itemized last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony Received?	If yes, please state amount \$_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K-1 from a Corporation, Estate, Trust, Partnership, Etc.	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collection of Debt: Form 1099-C	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gambling Winnings: Form W2-G	If yes, please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Income: Schedule C	Please provide 1099-MISC and attach schedule "C" with preliminary notes for us to work with. We will contact you for further information and details of your business expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Royalty Income: Form 1099-Misc	If yes, Please include form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental Property: Schedule E	Please attach Schedule "E" with preliminary notes for us to work with. We will contact you for further information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA Contributions (Other than payroll deducted)	Taxpayer <input type="checkbox"/> Traditional <input type="checkbox"/> Roth \$_____	Spouse <input type="checkbox"/> Traditional <input type="checkbox"/> Roth \$_____	
Student Loan Interest Paid	Taxpayer \$_____ Please provide 1098-E if available	Spouse \$_____ Please provide 1098-E if available	

Tuition Fees - Please provide form 1098-T

Name (Taxpayer/Dependent)	Amount Paid	Year of Degree Program (1st or 2nd) (it can be non-college, real estate, type rating)	Check if at least half time student
_____	\$_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/>
_____	\$_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/>
_____	\$_____	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<input type="checkbox"/>

Alimony Paid \$_____ Recipient's Social Security Number _____

Health Insurance. The Affordable Care Act requires individuals to have qualified health insurance

Did you have qualified health insurance throughout all of the year? Yes No

If yes, did you obtain insurance through the "Marketplace"? Yes No

Moving Expenses

Must be at least 50 miles Closer to your job/base. Include expenses like truck rental, hotel, laborers, Supplies (boxes, tape, etc.). Even if you used your own car you can still write off the mileage/gas, etc.

Date of Move _____ (Can be previous year move from 2015 if it was not written off in 2015 taxes.)
Moved from _____ to _____. Miles from old home to job _____. Miles from new home to job _____.
Transportation and Storage \$_____. Travel and Lodging \$_____. Supplies \$_____.
Notes _____

Medical Expenses (Must exceed 10% of Adjusted Gross Income)

Deductibles paid \$_____ Doctor/Dentist/Hospital \$_____ Prescription Medicine \$_____
Optometry/Eye Wear \$_____ Medical Equipment/Other \$_____

Sales Tax Include anything you paid sales tax on like cars, electronics, furniture, clothing, house wares, etc., Basically anything you paid tax on. We can also deduct a preset amount based on your income. However, the actual amount you paid may be higher, especially if you bought expensive items. For taxpayers in states with income tax, we will write off either your state income tax or the sales tax (whichever is higher)

Sales Tax paid on all items purchased during 2016 \$_____
Sales Tax paid on a vehicle purchase \$_____ (This amount can be added to the preset amount).

Other Taxes

State/Local (not on W2) \$_____ Yearly Automobile/RV/Boat \$_____ Investment Interest \$_____

Home Ownership Please provide 1098(s)

* Do not include Rental Property information. 1098 and Property taxes along with anything pertaining to the rental should go on a Schedule E *
Property Taxes \$_____ Mortgage Interest \$_____ Points Paid \$_____ PMI Insurance \$_____

Charity

Taxpayers must keep a record of cash contributions of any amount. Examples are canceled checks, a bank copy of a cancelled check, a bank statement containing the name of the charity with date and amount, or a receipt from the charity with date and amount of contribution.

Cash Contribution \$_____
Noncash Contribution (Goodwill, Salvation Army, etc... Receipt needs to be provided for donations over \$500)
\$_____ Detail if help is needed for value _____.

Casualty/Theft Loss/Floods/Hurricanes:

(Must exceed 10% of income)

Description of property _____
Date Acquired _____
Type of Damage _____
Date of Damage _____
Value Before Damage _____
Value After Damage _____
Insurance _____
Reimbursement _____
Additional Notes: _____

Employee / Work Related Itemized Expenses

Taxpayer

Spouse

Automobile Expenses

(N/A for commute to or from work by car, only for non-commuting for example: Work meetings, training, etc.)

Vehicle-Make/Model/Year		
Date placed in service		
Total miles driven during year		
Business related miles		
Average round trip distance to work		
If leased, list payments, yearly costs		
Tolls, Parking, Taxis, etc.		

Overnight Travel Expenses

Travel costs for commuters (airlines, trains, parking, etc.)		
Lodging		
Auto rentals, taxis, etc.		
Incidental expenses (overnights)		
Tips (Hotels vans, shoe shines, etc.)		
Commuter passes		
Other travel costs (cabs, buses, etc.)		
ATM fees, currency exchange fees		

Employee Expenses

Non taxable per diem <small>If not On W2, Box 12, Code L, then please submit your last pay stub of the year for us to obtain YTD information.</small>		
Meals and entertainment <small>Only applicable if we do not compute your per diem.</small>		
Safety Deposit Box Rental		
Computer, smart phone, tablet, iPad, etc. <small>(Include description, amount and date purchased)</small>		
Flight gear, Luggage		
Passport, Visas		
Union or professional dues		
Trade Subscriptions/Magazines		
Uniforms & Protective clothing <small>(shoes, pantyhose, tie, belt, coat, scarf, gloves, etc.)</small>		
Uniform upkeep (cleaning & alterations)		
Education to maintain skills <small>(aircraft rentals, classes, renewals, seminars, etc.)</small>		
Office Supplies and equipment <small>(Schedule, training, bid related printing)</small>		
Internet Fees (Monthly payments)		
Cell Phone (Monthly fees)		

Special Tools (Jepp binders, headset, sunglasses, etc) _____

Job Searching Costs (even if not hired) _____

Flight Physical exam (pilots only) _____

FFDO expenses (course, ammo, travel exp.) _____

Legal Fees _____
 Must be job related (income protection)

Investment or accounting fees _____
 Out of pocket payments paid directly by you.

Tax preparation fees (if new client) _____

Other Expenses (Items like ID replacements, wings, watch, alarm clock, travel hair dryer, bid service, publications updating service, answering machine, calling cards, flashlight, batteries, keys, pens, training out of base expenses, etc.) _____

Gambling Losses (only if claiming winnings) _____

Daycare Costs

Dependent Care Benefits by Employer? Yes No *Child must be under 13 years of age to qualify/Exception applies for qualifying adult

Dependent's Name	Provider	Address	Tax ID #	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Energy Savings Home Improvements to your main home? Describe and list amounts:

Special Notes or Instructions

Direct Deposit/Payment Information: Free! You can choose Direct Deposit even if not filing electronically.

Name of Bank _____ Checking Savings

Routing Number _____ Account Number _____



If you file electronically we will complete IRS Form 8879 Electronic Filing Authorization.

Tax preparation fees are due at time of filing. Payment methods are cash, check, credit cards, or ACH.



Referral Program Get \$15 off your fees per new referral!

Referred by: _____

Thank You!



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Please list overnight city codes OR print and enclose your computer generated company registers or flight logs (i.e. CCS Final Pay Registers from the end of each month for 2013, or the applicable year). These can also be faxed to our toll free fax, enter on line (website), or transferred to this form. Please contact us if you have any questions, we'll try to simplify the process. Note: Completion of this form is not required if you submit company reports
NOTE: Please leave blank the days you did not work and make sure every pairing always ends with your base airport code

EXAMPLE Base EWR	Name	Check box for per diem ONLY service <input type="checkbox"/>														
		Base	Phone #	e-mail	January	February	March	April	May	June	July	August	September	October	November	December
1																
2																
3	LAX															
4	SEA															
5	EWR															
6																
7																
8																
9	IAH															
10	MEX															
11	IAH															
12	EWR															
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