

Airline Crew Taxes

2017

TAX ORGANIZER

2017

New Client(s)

General Information

Returning Client(s)

Taxpayer

Spouse

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

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 | | New |
|-----------|-------|-------|--------------|--------------------------|--------------------------|--------------------------|
| | | | | 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"/> | <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 2017 \$ _____ Sent directly by you to IRS (not on W2)

Life Events

Marriage Yes No Divorce/Separation Yes No Started/Operated Business Yes No
 Purchased Home Yes No Received Foreign Income / Paid foreign taxes Yes No
 (If yes, provide HUD/Closing Documents) (If yes, provide Foreign Income Organizer)
 Casualty Loss (Hurricane/Flood/Fire) Yes No (If yes, please fill out the Casualty Loss section on page 3)

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 2016 if it was not written off in 2016 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 2017 \$ _____
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)
\$ _____ (Please attach itemized list of donated items if no value has been assigned to receipt)

Casualty/Theft Loss/Floods/Hurricanes:

(Must exceed 10% of income. This rule does not apply on Federally declared disaster areas Harvey or Irma.)

Description of property _____
Date Acquired _____
Type of Damage _____
Date of Damage _____
Value Before Damage _____
Value After Damage _____
Insurance/FEMA 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!



