

# Airline Crew Taxes

**2014**

**TAX ORGANIZER**

**2014**

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 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"/>

**Filing Status**

Single     Married Filing Jointly     Married Filing Separately     Head of Household

**Estimated quarterly payments for 2014** \$ \_\_\_\_\_ Sent directly by you to IRS (not on W2)

**Life Events**

- Marriage     Divorce/Separation     Bought Home     Received Retropay     Sold Stock
- Retirement (401-K) withdrawals     Own Rental Property     Moved (more than 50 miles)
- Started and/or operated a business     Educational expenses/Student Loan Interest paid
- Made "Energy Efficient" Home Improvements     Received foreign income/paid foreign taxes

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

**Interest Income**

Please Provide 1099-INT(s)

**Dividend Income**

Please provide 1099-DIV(s)

**Sale of Stock:**

All detailed information is required; year-end brokerage statements may not show purchase information. Enclose 1099-B, 1099 Consolidated Forms or personal spreadsheets / notes with this information.

Description of Stock & Quantity Sold	Date Acquired	Purchase Price	Date Sold	Sell Price	Cost to Buy/Sell
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Business Income**

Please provide 1099-MISC and attach schedule "C" (available on our web site) with preliminary notes for us to work with. We will contact you for further information and details of your business expenses.

**Rental Property**

Please attach Schedule "E" (available on our web site) with preliminary notes for us to work with. We will contact you for further information.

**Retirement Plan Income**

Please provide form 1099-R

**State and/or Local Refund**

Please provide form 1099-G  Check if itemized last year.

**Social Security Benefits**

Please provide form SSA-1099 or RRB-1099

**Alimony Received**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Unemployment Compensation**

Please provide 1099-G

**Gambling Winnings**

Amount received \$ \_\_\_\_\_ Please provide form W2-G if received.

**IRA Contributions**

Taxpayer  Traditional  Roth Spouse  Traditional  Roth  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Student Loan Interest Paid**

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Please provide 1098-E if available Please provide 1098-E if available

**Tuition Fees**

Name (Taxpayer/Dependent)	Amount Paid	Year of Degree Program (1st or 2nd) (it can be non-college, real estate, typer rating)	Qualify for AOC or other educational credit
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**Alimony Paid** \$ \_\_\_\_\_ Recipient's Social Security Number \_\_\_\_\_

**Medical Savings Account Contribution** \$ \_\_\_\_\_ **Coverage**  Self Only  Family

**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

### 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 2013 if it was not written off in 2013 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 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 2014** \$\_\_\_\_\_  
**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:** Include events not fully reimbursed by insurance. Explain: list costs, Fair Market Value & if job related.

\_\_\_\_\_  
\_\_\_\_\_

### State Tax Information (N/A in TX, FL, TN, WA, AK, NV, WY) Not all information is applicable for all states

Landlord Information (CA Renters Credit)

**Residents of:** NJ,NY,OH,IN,MA,MI,MN,PA,VA

Name: \_\_\_\_\_

Rents Paid \$\_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

City & Zip \_\_\_\_\_

Municipality \_\_\_\_\_

Phone \_\_\_\_\_

School District \_\_\_\_\_

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 <b>do not</b> compute your per diem.</small>		
Percentage of Domestic vs Int'l trips		
Computers, equipment, software <small>(if computer purchase, give month bought for depreciation)</small>		
Flight gear, luggage, passport		
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/purchase)		

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**

Provider(s) \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dependent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Dependent \_\_\_\_\_ Cost \$ \_\_\_\_\_

**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! (Up to \$75.00)!

Referred by: \_\_\_\_\_

**Thank You!**



