

# Airline Crew Taxes

**2011**

**TAX ORGANIZER**

**2011**

**NEW CLIENT(S)**  **YES.**

**GENERAL INFORMATION**

**Taxpayer**

**Spouse**

First Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Company/Base: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
(Important for file status updates/general communications.)

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.

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address if Different (to send a copy of your tax return and receipt):**

\_\_\_\_\_

**Dependents:** (social security numbers are not required if used in 2010)

Full Name	Social Security #	DOB	Relationship	Full time student? Disabled (yes/no)?

**Filing Status:**

Single    Married Filing Jointly    Married Filing Separately    Head of Household

**Estimated/Quarterly tax payments for 2011** \$ \_\_\_\_\_ Sent directly by you to the IRS during the year  
(\*\*\*Not from W2\*\*\*)

**Life Events: Please check all that apply for 2011**

- Marriage    Divorce/Separation    Birth/Adoption    Bought Home: ***Important for tax credits.***
- Retirement (IRA, 401K) withdrawals    Sold Stocks    Own rental property
- Moved (more than 50 miles)    Started a business or Operated a business
- Educational expenses/Interest Pd.    Made "Energy Efficient" Home Improvements

**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 Stocks:** All detailed information is required; year end brokerage statements may not show purchase information. Enclose 1099-B and/or 1099 Consolidated Forms.

Description of Stock & Qty. 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 received for 2011**

Please provide 1099-G  check if itemized last year.

**Social Security Benefits Received in 2011**

Please provide form SSA-1099 or RRB-1099

**Alimony Received:**

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

**Unemployment Compensation:**

Please provide 1099-G

**Gambling Winnings:**

Please provide form W2-G if received or write the amount received. \$ \_\_\_\_\_

**IRA Contributions:**

Taxpayer	<input type="checkbox"/> Traditional	Spouse	<input type="checkbox"/> Traditional
\$ _____	<input type="checkbox"/> Roth	\$ _____	<input type="checkbox"/> Roth

**Student Loan Interest Paid Deduction**

\$ _____	\$ _____
Please provide 1098-E if available	Please provide 1098-E if available

**Tuition Fees**  
Specify which tax payer or dependent.  
List year of Degree Program (1<sup>st</sup>, 2<sup>nd</sup>)  
It **can** be non college (real estate, etc.)

<input type="checkbox"/> Qualify for A.O.C.	<input type="checkbox"/> Qualify for A.O.C.
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Alimony Paid: \$ \_\_\_\_\_

Recipient's SSN: \_\_\_\_\_

Medical Savings Account \$ \_\_\_\_\_

Coverage  Self-only  
 Family

<p><b>Moving Expenses:</b>          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.</p> <p>Date of move: _____          (Can be previous year move from 2010 if it was not written off in 2010 taxes.)</p>	<p>Miles from old home to job: _____          Miles from new home to job: _____          Transportation and Storage: \$ _____          Travel and Lodging: \$ _____          Supplies: \$ _____          Notes: _____</p>
<p><b>Medical Expenses:</b> (*must exceed 7.5% of income!)</p> <p>Deductibles Paid: _____          Doctor/Dentist/Hospital: _____          Prescription Medicine: _____          Optometry/Eye Wear: _____          Medical Equipment/Other: _____          _____</p>	<p><b>Sales Tax \$</b> _____</p> <p>Include anything you paid sales tax on like cars, electronics, furniture, clothing, housewares, 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)</p> <p><b>Sales tax paid on a vehicle purchase</b>  <b>\$</b> _____          (This amount can be added to the preset amount)</p>
<p><b>Home Ownership:</b></p> <p>Property Taxes: _____          Mortgage Interest: _____          Points Paid: _____          PMI Insurance: _____</p> <p><i>Please provide 1098(s)</i></p> <p><small>* Do not include Rental Property information. 1098 and Property taxes along with anything pertaining to the rental should go on a Schedule E *</small></p>	<p><b>Charity</b> Taxpayers must now 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.</p> <p>Cash Contributions (Church etc.) \$ _____</p> <p><u>Non Cash Contributions:</u> Detail here or on notes section and we'll help with value.          \$ _____ (receipt needed over \$500)</p>
<p><b>Other Taxes:</b></p> <p>State/local income taxes "not on W2": \$ _____</p> <p>Yearly Automobile/RV/Boat taxes: \$ _____</p> <p>Investment Interest Taxes: \$ _____</p>	<p><b>Casualty/Theft Loss/Floods/Hurricanes:</b></p> <p>_____</p> <p>_____</p> <p>Include events not fully reimbursed by insurance. Explain: lists costs, Fair Market Value, and if job related.</p>
<p><b>State Tax Information:</b> (N/A in TX, FL, TN, WA, AK, NV, WY) <b>Not all information is applicable for all states</b></p>	
<p><u>California Renters Credit</u> : (Landlord info)</p> <p>Name _____          Address _____          City &amp; Zip _____          Phone _____          Notes Related To State Taxes: _____          _____          _____</p>	<p><b>Residents of:</b> <u>NJ,NY,OH,IN,MA,MI,MN,PA,VA</u></p> <p>Rents Paid _____          County _____          Municipality _____          School District _____          Notes: _____          _____</p> <p>529 Plan/College Savings Plan Contributions:          _____</p>

## 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, Taxi's, etc.		
Incidental Expenses (overnights)		
Tips (hotel vans, shoe shines, etc)		
Commuter Passes		
Other travel costs (cabs, buses, etc.)		
ATM fees, currency exchange fees		

**Employee Expenses:**

**Non taxable per diem:**

**If not On W2, Box 12, Code L, then please submit your last pay stub of the year for us to obtain YTD information.**

Meals & entertainment		
Only applicable if we <b>do not</b> compute your per diem.		
Percentage of Domestic vs. Int'l trips		
Computers, Equipment, Software		
<small>(for computer purchase give month bought for depreciation)</small>		
Flight gear, Luggage, Passport		
Union or Professional dues		
Trade Subscriptions/Magazines		
Uniforms & Protective clothing		
Uniform upkeep (cleaning & alterations)		
Education to maintain skills		
<small>(aircraft rentals, classes, renewals, seminars, etc.)</small>		
Office supplies & Equipment		

**“Employee/Work Related Itemized Deductions (Continued)”**

Internet Fees (Home and overnights/commute) \_\_\_\_\_

Cell phone, PDA (purchased/monthly fee) \_\_\_\_\_

Special tools (Jepp binders, headset, sunglasses, etc.) \_\_\_\_\_

Job searching costs (even if not hired) \_\_\_\_\_

Legal investment or accounting fees \_\_\_\_\_

Flight Physical exam (pilots only) \_\_\_\_\_

FFDO expenses (course, ammo, travel exp) \_\_\_\_\_

Tax prep fees 2010 (needed only if new client) \_\_\_\_\_

**Other expenses:** Items like ID replacements, wings, watch, alarm clock, travel hair dryer, bid service, answering machine, calling cards, flashlight, batteries, keys, pens, training out of base expenses, etc., etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gambling losses (only if claiming winnings): \_\_\_\_\_

**Day Care Costs:** Cost (Yr.) \$\_\_\_\_\_ Provider \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

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

\_\_\_\_\_

**Special Notes or instructions**

\_\_\_\_\_

\_\_\_\_\_

**Payment/Direct Deposit Information:** Free! You can choose Direct Deposit even if not filing electronically or choose to have our fees withdrawn from your account.

**Tax preparation fees are due at time of filing. Payment methods accepted are cash, check, credit cards or auto debit (ACH).**

Name of Bank: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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



**Referral Program** Get \$15 off your fees per new referral! (Up to \$75.00)!

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

**Thank You!**