



## 2025 Tax Year

**EXTENSIONS:** We file extensions for any individual returns received in our office before the filing deadline of April 15th. If you will not have your complete tax packet submitted to Flightax prior to this date, you must submit a formal request for an extension through our website.

### TAXPAYER INFORMATION (Please Print)

First Name	M.I.	Last Name (as on your SS Card)		Social Security Number		Date of Birth	Sex
							<input type="checkbox"/> M <input type="checkbox"/> F
Occupation		Airline	Base	Employee #	Date of Hire	Preferred Name/Nickname	
<input type="checkbox"/> Retired Date:		<input type="checkbox"/> Furlough Date:		<input type="checkbox"/> Leave of Absence Date:			
Cell Phone Number:		Home Phone Number:		Email:			
<b>Victim of Identity Theft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		IRS IP PIN:		6-digit IRS Identity Protection (IP) Pin			

### SPOUSE INFORMATION

First Name	M.I.	Last Name (as on your SS Card)		Social Security Number		Date of Birth	Sex
							<input type="checkbox"/> M <input type="checkbox"/> F
Occupation		Airline	Base	Employee #	Date of Hire	Preferred Name/Nickname	
<input type="checkbox"/> Retired Date:		<input type="checkbox"/> Furlough Date:		<input type="checkbox"/> Leave of Absence Date:			
Cell Phone Number:		Home Phone Number:		Email:			
<b>Victim of Identity Theft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		IRS IP PIN:		6-digit IRS Identity Protection (IP) Pin			

Street Address		Apt. #	City	State	Zip Code
Current Tax Address:					
Mailing Address:					
<p><b>Tax Address:</b> The current state to which you pay tax and the address we use on your tax return. Note: Must be able to receive mail.</p> <p><b>Mailing Address:</b> The address where we mail your documents if different from your tax address.</p>					

### FILING STATUS (Check One)

<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Qualifying Widow(er)	Spouse's date of death		
<input type="checkbox"/> Married Filing Separate		Spouse Name:		Spouse Soc. Sec. #:	
If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.		Did you live with your spouse any time during 2025?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you live with your spouse any time after June 30? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Head of Household		Name:		Soc. Sec. #:	
If you are the custodial parent & someone else is taking the exemption for your child, complete this section. Otherwise, list all dependents on the separate dependent worksheet.		Relationship:	Date of Birth:	# of months lived with you:	
Who is claiming this person on their tax return?					

### DIVORCE

Yes	No	Please Answer All Questions		Amount	Yes	No	Please Answer All Questions		Amount
		What date was your divorce/separation agreement finalized:			<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any alimony during 2025?		\$
<input type="checkbox"/>	<input type="checkbox"/>	Was the original divorce decree or separation agreement modified any time after 12/31/18? If yes, provide a full copy of the modified agreement.			<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any alimony in 2025?		\$
							To:		
							SSN:		

## IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions			Amount	Yes	No	Please Answer All Questions		
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out of state purchases without paying sales tax that you need to claim on your state return?			\$	<input type="checkbox"/>	<input type="checkbox"/>	Did the IRS garnish your refund last year?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any children under age 24 with investment income over \$2,700? If yes, please <b>provide 1099 statements</b> .				<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven? If yes, provide explanation in Comments on pg. 9. <b>Provide Form 1099-A and/or 1099-C</b> .		
<input type="checkbox"/>	<input type="checkbox"/>	Do you owe any back taxes to the IRS or your state?				<input type="checkbox"/>	<input type="checkbox"/>	Do you agree to allow Flightax to discuss this return with the IRS should questions arise?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any delinquent student loans or owe back child support?				What is your maiden name or previous married name?				

## FOREIGN ACCOUNTS

Yes	No	Please Answer All Questions				
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2025, did you have a financial interest in, or a signature authority over a financial account located in a foreign country? (Foreign Bank, Securities or other financial account)				
<input type="checkbox"/>	<input type="checkbox"/>	Did the combined value of these accounts exceed \$10,000 at any time during 2025? <b>If yes, provide the Country(ies) as these must be reported on your tax return.</b>  Additionally, you are required to submit an FBAR-FinCEN Report 114 electronically via the BSA E-Filing System; a link is available on our website. <b>Must be filed by April 15, 2026.</b>				
						If you live in the U.S. and the balance of your foreign account(s) exceeds \$50,000 for Single/MFS or \$100,000 for Joint filers on the last day of the year <b>OR</b> the balance exceeds \$100,000/\$150,000 at any point during the year, <b>you are required to file form 8938 with your tax return.</b> Taxpayers living outside of the U.S. have higher thresholds and are only required to file the form if the foreign account(s) balance exceeds \$200,000 for Single/MFS or \$400,000 for Joint filers on the last day of the year <b>OR</b> exceeds \$300,000/\$600,000 at any point during the year. If you are required to file form 8938, please visit our website and download the Foreign Accounts Worksheet.

## STATE RESIDENCY INFORMATION FOR 2025

All clients complete this section, even if you only lived in one state or lived in a state with no income tax. If you paid taxes to more than one state, you may receive a separate W-2 for each state. We must have ALL of these W-2's.

State	Own	Rent	Other	Date Moved In	Date Moved Out	Still a Resident?	County	School District
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## A. INCOME SOURCES

Yes	No	Please Answer All Questions			Amount	Yes	No	Please Answer All Questions			Amount	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment during 2025? If yes, please <b>provide Form 1099 G</b> .			\$	Gambling losses may only be used to offset winnings. Losses greater than winnings are not deductible. You need to have documentation of your gambling losses. <b>Note: Provide Forms W-2G reporting state where winnings were paid.</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a K-1 from any entities–Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.			\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling winnings in 2025?			\$	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security during 2025? <b>(Enclose SSA - 1099)</b>			\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses in 2025?			\$	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of additional income during 2025? (jury duty pay, training stipends, duty free commissions, taxable prizes, trustee fees, etc.) Specify type of income and provide amount. <b>Provide 1099 if applicable.</b> Do not include payments included in W2 wages or on your paystub.									Taxpayer	\$
											Spouse	\$

**1099 Misc / 1099 NEC / 1099 K—income should be reported in Small Business/Self Employment Section.**

## B. QUARTERLY ESTIMATED TAX PAYMENTS

The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment/investment income.

Federal Amount	Date of Payment	State Amount	Date of Payment	Local Amount	Date of Payment
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	

## C. FORM W-2: WAGE & TAX STATEMENT

Please list the 2025 employers for you and your spouse, indicate whether the employer is the Taxpayer's or Spouse's, and provide the original Forms W-2.

Employer	Taxpayer or Spouse?	Employer	Taxpayer or Spouse?	Employer	Taxpayer or Spouse?
	<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S
	<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S

## D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2025 interest income was received for you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$2,700, it must be reported on your return or be taxed at your tax rate on their return. Please provide the original Forms 1099-INT or other statements reporting interest income.

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D

## E. FORM 1099-DIV: DIVIDENDS AND DISTRIBUTIONS

Please list the institutions for which 2025 dividends and capital gains distributions were received by you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$2,700, it must be reported on your return or be taxed at your tax rate on their return. Please provide the original Forms 1099-DIV and all year-end summary statements.

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D

## F. FORM 1099-B: STOCKS AND BONDS SOLD AND CRYPTO/VIRTUAL CURRENCY INVESTMENT\*

The information below MUST be provided. Provide all broker 1099 Forms. Purchase price (cost basis) must be provided.

Description and Quantity	Purchase Date	Sale Date	Proceeds	Purchase Price Cost Basis
			\$	\$
			\$	\$

Did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?

Yes  No

## G. FORM 1099-R: DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT, IRAs, ETC.\*

Please list the institutions and provide the following information for which 2025 distributions were received for you and your spouse. Please provide the original Forms 1099-R.

Institution	Taxpayer or Spouse?	Date of Distribution	Reason for Distribution	Amount rolled over, if any
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$

## H. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS\*

### Traditional IRA

Have you ever made non-deductible contributions to any Traditional IRA? (If yes, we must have the amount of non-deductible contributions made.)

Yes  No

Yes  No

2025 contribution already made, if any. (May qualify for tax credit.)

\$

\$

### Roth IRA

2025 Roth contribution already made, if any. (May qualify for tax credit.)

\$

\$

### Back Door Roth Conversion

Did you complete a Back Door Roth Conversion? (If yes, we must have the amount.)

\$

\$

## I. EDUCATION DEDUCTION\* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2025? If so, provide Form 1098E.

T/P  S  D

\$

To claim an Education Credit or Deduction for yourself, your spouse and/or your dependent children: You must provide a copy of the 1098-T and the Account Transcript showing proof of tuition payment made. This information may be found in the students' online account.

For the American Opportunity Tax Credit the IRS defines Qualified Expenses as: tuition and fees, books and other required materials an individual is required to pay in order to be enrolled in an eligible institution.

529 Plan Qualified Expenses and Withdrawals are expanded to include: room and board, computer or peripheral equipment.

Please provide Form 1098T	Student #1	Student #2	Student #3	Student #4
Name of Student				
Name of Institution				
Year in College	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad
Was student at least halftime?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has student ever been convicted of a Federal or State Felony Drug Offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount of Tuition Paid	\$	\$	\$	\$
Amount of 529 Plan Withdrawals	\$	\$	\$	\$
Amount of 529 Plan Withdrawals used for Qualified Expenses	\$	\$	\$	\$

**J. NEW CAR LOAN INTEREST (2025–2028)**

Provide Sales Receipt and Lender Statement of Interest.

VIN	Year	Make	Model
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\*\* Must be New Vehicle (personal use only) purchased January 1, 2025, or after; leased vehicles do not qualify. Car, Minivan, SUV, pick-up truck or motorcycle with gross weight rating less than 14,000 pounds and has undergone final assembly in the United States.

**K. MISCELLANEOUS EXPENSES**

Investment Expense is no longer deductible

Margin or Investment Interest Paid	\$	Vehicle Excise/Ad Valorem Tax/Personal Property Tax	\$
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**L. K-12 EDUCATOR EXPENSES—W-2 INCOME ONLY\*****Educator Expenses** Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to \$300. Public Schools Only.

Total Classroom Expenses (keep receipts)	\$	Grade level taught	
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**M. SALES TAX**

**Sales Tax Deduction**—you have the option of taking the standard deduction plus major purchases (auto, boat, RV, aircraft) or providing a total amount of sales tax paid for all purchases during the year. The IRS requires you keep all receipts used for this deduction—provide total amount below. (Do not send receipts except for major purchases only.)

Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2025. (Enclose copy of receipts.)	\$
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Sales tax paid on all items purchased during 2025—IRS requires documentation for all items purchased.	\$
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**N. HEALTH SAVINGS ACCOUNTS (HSA)**

If you or your spouse has a Health Savings Account, please provide the following information. Please provide Forms 5498-SA and/or 1099-SA, as applicable.

What type of high deductible health plan do you have?	<input type="checkbox"/> Self Only <input type="checkbox"/> Family	Number of months in the high deductible health plan in 2025	months	Was high deductible health plan in effect for the month of December 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total HSA contributions for 2025 made through payroll deduction <b>Form 5498-SA required</b>		\$	Total HSA distributions for 2025 <b>Form 1099-SA required</b>		\$
Total HSA contributions for 2025 made by cash or check to your account (Do not include payroll deductions).		\$	How much of this distribution was used for medical expenses?		\$

**O. MEDICAL EXPENSES**

**Do not include amounts paid by insurance or with pre-tax dollars** (HSA's or FSA's). **Out-of-pocket** expenses must exceed 7.5% of your income. Your state may allow a medical deduction. Therefore, please complete this section to enable you to get the maximum federal and state medical deductions. **Do not include premiums for Accident or Disability insurance.**

Prescriptions	\$	Physician/Dentist/Chiropractor	\$		
Long-Term Care Insurance Premiums Paid	Taxpayer \$	Spouse \$	Long-Term Care Expenses (not covered by insurance)	Taxpayer \$	Spouse \$
Insurance Premiums— <b>Not Pre-Tax</b>	\$	Contacts/Glasses	\$	Lab Fees	\$
COBRA Premiums	\$	Psychotherapy/Counseling	\$	Laser Eye Surgery/Lasik	\$
Co-Pays	\$	Hospital	\$	Miles Driven for Medical	mi.

**Health Care Tax Credit**—send us Form 8885 or Form 1099-H. You should receive either of these forms if you are eligible.

**P. AFFORDABLE CARE ACT (ACA)\*—\*\*REQUIRED ANNUAL REPORTING\*\***

If your coverage was Employer-Provided, you must **provide Form 1095-C or 1095-B**. If your coverage was obtained through the Insurance Marketplace, you must provide **Form 1095-A**.

Was your entire family covered for the full year with minimum essential health care coverage?  Yes  No

If no, please download and complete the Affordable Care Act Worksheet from our website. Submit with this organizer and other tax information.

If yes, how was your coverage provided?  Employer  Insurance Marketplace  Government

**Q. CASUALTY LOSS—FEDERALLY DECLARED DISASTERS ONLY**

Only net amounts over 10% of your income are deductible. Please provide itemized insurance list.

Type of Property	Reason for Damage	Date of Event	Date Acquired	Value Before Loss/Damage	Value After Loss/Damage	Insurance Reimbursement
				\$	\$	\$

## R. CHARITABLE CONTRIBUTIONS\*

**IRS Requirements for Cash Contributions:** You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a cancelled check, a bank copy of a cancelled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.

<b>Cash</b>	Church	\$	Official Charities	\$	Airline Charity	\$
	Education Contributions		\$	Charitable Miles Driven		mi.
<b>Vehicle</b>	<b>IRS Requirements for Vehicle Contributions:</b> The IRS requires written acknowledgement (1098-C) received from the charitable organization be attached to the return if you are taking a deduction over \$500.					
<b>IRS Requirements for Non-Cash Contributions:</b> The IRS requires an itemized list of all items donated <u>and</u> a receipt from the charitable organization. <b>Name and address are required for any donation over \$500.</b> Please make sure your receipt has a dollar value on it; if over \$500, you must submit the receipts. Download additional worksheets at <a href="http://flightax.com">flightax.com</a>						
<b>Non-Cash</b>	Charitable Organization receiving donated goods:					
	Address of this organization:					
	Do you have an itemized list and the corresponding receipt?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Date of Donation			Resale Value of Furniture		\$
	Original Purchase Date:			Resale Value of Clothing		\$
How acquired? (purchase, inheritance, gift):			Resale Value of Appliances		\$	
Original Purchase Price:		\$	Resale Value of Household Items		\$	

## S. HOMEOWNER INFORMATION (Principal Residence and 2nd Home within the U.S.)

**Note: If you own a Principal Residence or 2nd Home outside of the U.S., complete section V. Foreign Residence Information.**

**Do not include rental property expenses**—see Section X. Provide 1098 statement from mortgage company. If you purchased, sold, or refinanced, send a copy of the closing statement.

Mortgage Interest on Principal Residence	\$	Real Estate Taxes on Principal Residence	\$
Home Equity Interest or 2nd Mortgage on your Principal Residence	\$	All other Real Estate taxes paid on personal residences, including vacant land	\$
Mortgage Interest on 2nd Home	\$	Real Estate Taxes on 2nd Home	\$
Mortgage Interest on Vacant Land	\$	Is this a Construction Loan on Vacant Land?	<input type="checkbox"/> Yes <input type="checkbox"/> No

At any time in 2025, did the mortgage balances on your principal and/or second homes exceed \$750,000?  Yes  No

*Interest paid on a boat/RV may qualify as a deduction if it has a lavatory and a range. HOA—Homeowner Association Fees are not deductible for primary residence.*

Did you refinance your home in 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide number of years you refinanced & closing statement.		
Did you use the Home Equity line of credit for anything other than home improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter the amount spent for each	Home Improvements \$	Other \$
Did you sell your home in 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide purchase & sale closing statements.		
If yes, what was the sale price?	\$	Sale Date:		
What was the original purchase price?	\$	Original Purchase Date:		
Was the property you sold your primary residence for 2 of the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years in home before sale:		
Was an office in home deduction ever taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide tax return from each year taken (new clients).		
Was this home ever used as a rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide tax return from each year rented (new clients).		
Did you purchase your home in 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <b>a copy of your closing statement is required.</b>		

## T. RESIDENTIAL ENERGY CREDITS\*

*If you made qualifying energy improvements to your home, you may be eligible for an energy credit.*

Did you install alternative energy equipment, such as solar hot water heaters, geothermal heat pumps, or wind turbines?

**If yes, you must provide a copy of the manufacturer's certificate, product serial numbers, and a copy of your sales receipt.**

Yes  No

## U. FOREIGN RESIDENCE INFORMATION (Principal and 2nd Home located outside the U.S.)

*Provide information below for Mortgage Interest paid in a country other than the U.S. Please list all amounts in U.S. dollars.*

Mortgage interest on principal residence	\$	Mortgage interest on 2nd home	\$		
<b>Name of Lender</b>	<b>Lenders' Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>

## V. SMALL BUSINESS—SELF EMPLOYED—1099 INCOME\*

Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.

Name of Business:	Type of Business:		
Taxpayer Name:	Taxpayer SSN: EIN:		

Note: If you are incorporated, please download the Corporate Organizer or submit your K-1.

1099 Income (provide any 1099's) \$	<b>+</b> Additional Income not reported on 1099 \$	<b>= Total Gross Income</b> \$
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### Expenses

Advertising	\$	Supplies	\$	Telephone/Internet Services	\$
Business Insurance (not health)	\$	Taxes (Not Estimated Payments)	\$	Bank Charges	\$
Interest: Mortgage	\$	Travel	\$	Self Employed Health Insurance	\$
Other Interest	\$	Meals	\$	Other (specify)	\$
Legal & Professional Fees	\$	Utilities (outside of home)	\$	Equipment Purchases (complete information below)	
Rent (outside of home)	\$	Dues & Publications	\$	Date you started your business	
Repairs & Maintenance	\$	Postage & Shipping	\$		

Contract Labor \$	<b>Taxpayer Responsibility: You must file a 1099 for each Contract Laborer paid more than \$600. This may include money paid for repairs or maintenance services.</b>	Did you issue any 1099 forms? If yes, provide copies of all forms issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List Equipment Purchased		Date Purchased	Placed in Service	Cost
				\$
				\$
				\$
				\$

**Inventory** If you purchase goods to have available for resale or you manufacture goods for resale in your business, you may carry an inventory. Beginning inventory should be the same as ending inventory for the previous tax year. Please include, in the cost of inventory purchased during the year, only the cost of materials and supplies which became a part of the product which you sell. All other materials and supplies related to your business should be listed separately in the categories above.

Inventory at beginning of year. If different from last year's closing inventory, attach explanation. <b>Provide Cost, not Retail Amount.</b>	\$
Inventory purchased during the year—less the cost of items withdrawn for personal use.	\$
Inventory at the end of the year.	\$

### Vehicle Expense

Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!

Type & Year of Vehicle:			Miles Driven for Personal Jan. 1–Dec. 31	mi.
Date First Used for Business			Miles Driven for Business Jan. 1–Dec. 31	mi.
Do you have another car for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Miles Driven for Commuting Jan. 1–Dec. 31	mi.
Do you have evidence to support the deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Were you reimbursed or paid for any of your vehicle expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what was the amount?	\$

### Home Office

Must be used exclusively and regularly for business.

Square Footage of Home	sq./ft	Cost of Utilities during the year (excluding water)	\$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
Purchase Price of Home	\$	Insurance—Homeowners/Renters	\$
Months Office was in Home during the year		HOA Fees, Security, Other (specify)	\$

### Self Employment Retirement Plan

2025 contribution already made, if any. (May qualify for tax credit.)	\$	\$
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### Small Business Comments and Other Expenses

**Estimated Tax Payments should be included in Section B.**

**Are you a Real Estate Agent? Call us for a special RE Professional Worksheet or download one at [www.flighthax.com](http://www.flighthax.com)**

**W. RENTAL INCOME AND EXPENSE\***

If you have more than two properties, download additional forms from [www.flighthax.com](http://www.flighthax.com). Use yearly totals below! Send last year's tax return with this organizer if Flightax did not prepare your return. If you own only a portion of the property or only a portion is rented out, please include only the amounts that apply.

		Property 1	Property 2
Date First Used as a Rental		OFFICE USE ONLY	OFFICE USE ONLY
Purchase Price of Home	\$		
Ownership %	%		
Type of Property			
Property Street Address, City, State			
<b>Total Rent Received for the year</b>	\$		\$
Annual Expenses	Property 1		Property 2
Advertising	\$		\$
Travel / Hotel Expense	\$		\$
Cleaning / Maintenance	\$		\$
Insurance	\$		\$
Legal / Professional Fees	\$		\$
Management Fees & Commissions	\$		\$
Mortgage Interest	\$		\$
Real Estate Tax	\$		\$
Repairs <small>If total exceeds \$1,000—please provide itemized list</small>	\$		\$
Supplies	\$		\$
Utilities	\$		\$
Telephone	\$		\$
Condo / HOA Fees	\$		\$
Lawn Care	\$		\$
Bank Fees	\$		\$
Other—Specify:	\$		\$

**List Furniture & Equipment Purchased and Major Improvements made in 2025 (not included above)**

Description of Purchase/Major Improvement <small>Do not include routine maintenance or minor repair items.</small>	Property 1		Property 2	
	Cost	Purchase/Improvement Date	Cost	Purchase/Improvement Date
	\$		\$	
	\$		\$	
	\$		\$	

**Important Questions**

Enter the number of months that this property was available for rent this year.

List the number of days each property was used for personal use.

Did you pay anyone a fee to manage this property for you this year?

Yes  No  Yes  No

Do you actively participate in the management of this property?

Yes  No  Yes  No

Is the average rental period/lease for the property 7 days or less?

Yes  No  Yes  No

**Sale of Rental Property** New clients should send prior year tax returns where the property was claimed as a rental.

If you bought or sold a rental property in 2025 please provide the Closing / Settlement Statement for each transaction.

**Vehicle Expense** Must answer ALL questions and have written evidence as required by the IRS to qualify for this deduction.

Type and Year of Vehicle:	Date First Used for Rental Activity	
Total Miles Driven for Personal	mi.	Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Miles Driven for Rental Activity—All Properties	mi.	Is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Car Expenses (rental fee & gas), please total them here and do not include the mileage above!		\$

**Rental Comments and Other Expenses**

## LOCAL ISSUES—Residents of OH Only

**ATTENTION OHIO RESIDENTS:** We will prepare your Ohio state and school district return, where appropriate; however, **we will not prepare** any local or municipality returns (RITA, CCA, COL, CIN, etc.).

## LOCAL ISSUES—Residents of DE, MI, MO and PA Only

**ATTENTION RESIDENTS OF DE, MI, MO, and PA:** Clients with local returns must be received by March 1st. If you want Flightax to prepare your city return, please complete the section below and provide the proper form or earnings statement required by the taxing location. Local tax paid with the filing of your return last year should be entered under Important Questions on page 2. **Please send Instructions with forms to be completed.** (No additional forms for NYC are required.)

Do you want Flightax to prepare your local earnings or income tax return? (If yes, provide tax form.)  Yes  No

Name of Locality:

Did you pay any estimated tax to your locality during 2025? (Do not include amounts withheld on your W-2.) \$

## STATE SPECIFIC ISSUES—Residence State Only If you are eligible for a state credit or deduction not listed, please let us know.

If you are eligible for a state credit or deduction not listed, please let us know.

<b>AL</b>	Drivers License information required to E-File																									
	Taxpayer DL #:				Issue Date:		Expiration Date:																			
	Spouse DL #:				Issue Date:		Expiration Date:																			
<b>CT</b> Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax. (Maximum total credit is \$300)																										
<table border="1"> <thead> <tr> <th>Property</th><th>Date Paid</th><th>Amount Paid</th><th>Property</th><th>Date Paid</th><th>Amount Paid</th><th>Property</th><th>Date Paid</th><th>Amount Paid</th></tr> </thead> <tbody> <tr> <td>Home</td><td></td><td>\$</td><td>Auto 1</td><td></td><td>\$</td><td>Auto 2</td><td></td><td>\$</td></tr> </tbody> </table>									Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid	Home		\$	Auto 1		\$	Auto 2		\$
Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid																		
Home		\$	Auto 1		\$	Auto 2		\$																		
<b>ID</b>	Cost of insulation installed in primary residence during 2025. (Home must have been built or started prior to 1/1/02.)																									
<b>IL</b>	Property owners provide PIN #. (PIN=Property Index Number on Property Tax Statement)																									
<b>MA</b>	Please provide qualified commuter expenses (public transportation only).																									
	Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty.																									
<b>MI</b>	Provide the property tax statement showing 2025 taxable value of your home.																									
<b>MN</b>	Send statement of property taxes “ <b>payable in 2026</b> ”. You should receive this statement in March of 2026.																									
<b>OH</b>	Amount of job training expenses incurred during 12 months after employment layoff.																									

## RENTER'S CREDIT—Residents of IN, MA, MI, MN, NJ, WI OR CA Only

If you paid rent at your TAX ADDRESS in IN, MA, MI, MN, NJ, WI, or CA, complete the following section.

MN residents send us your Certificate of Rent Paid (CRP). Note: For NJ residents to qualify for the credit, all roommate information must be provided.

Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Total Monthly Rent \$ \_\_\_\_\_ # of Months Rented: \_\_\_\_\_ Your Portion of Monthly Rent \$ \_\_\_\_\_

Apartment Address: \_\_\_\_\_

**NJ Residents**—Do you have a roommate? If yes, roommate's name: \_\_\_\_\_ Roommate's SSN: \_\_\_\_\_

NJ Roommate's Number of Months Rented mos. NJ Roommate's Monthly Rent \$ \_\_\_\_\_

## K-12 EDUCATION CREDITS

**K-12 Education Credits for AZ, IL, IN, IA, LA, MN & WI** See state specific qualified expenses below. Keep all related receipts!

Name of Student	Grade	Qualified Expenses	Name of School	Address	State	Zip
		\$				
		\$				
<b>Arizona</b>	Only fees or donations to a public or charter school located in Arizona, for extracurricular activities or character education programs qualify. Expenses in excess of the \$250 maximum credit may be carried forward.			<b>Louisiana</b>	Expenses for required school uniforms, tuition, fees, textbooks, curricula, instructional materials and educational supplies.	
<b>Illinois</b>	Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify (must be over \$250).			<b>Minnesota</b>	Tuition & fees paid to public or private schools. Other education supplies including up to \$400 for the purchase of a home computer & educational software.	
<b>Indiana</b>	List children enrolled in non-public private, parochial or home school for grades K-12.			<b>Wisconsin</b>	Fees for tuition and textbooks paid to a private school. Tuition <b>does not</b> include amounts paid with a voucher or amounts paid as a separate charge for other items or fees.	
<b>Iowa</b>	Fees for tuition and textbooks to an Iowa accredited not-for-profit school. Some extracurricular expenses qualify, such as activity/club fees or dues, fees to participate in school sports, etc.					

## EDUCATION SAVINGS ACCOUNTS

You must provide the end of the year statement for all plans. Some states may allow carryover of credits for Education Savings Plans. If you are a new client, please provide prior year state return.

Education Savings Plans Only list contributions made on or before 12/31/25	Account Number	Beneficiary/Student	Amount
Contributions to Coverdell Education Savings Plan			\$
Contributions to Coverdell Education Savings Plan			\$
Contributions to State College Savings 529 Plan	St. Plan Name:		\$
Contributions to State Prepaid Tuition Program	St. Plan Name:		\$

Did you take a 529 Plan distribution for grades K-12?  Yes  No If yes, provide 1099-Q Statement for each student.

# Military Worksheet

**Active Duty Military:** Professional Deductions are disallowed on Federal returns but may still be allowed on state returns.

**Reserve Component & National Guard Members:** If located more than 100 miles from post, certain travel deductions are allowed as an adjustment to income. These deductions are not allowed on the Federal Return for Reservists and National Guard located 100 miles or less from their post, however, they may still be allowed on state returns.

## MOVING EXPENSES—ACTIVE DUTY MILITARY ONLY\*

Moved Primary Residence From:		Old Duty Station:	Number of Vehicles driven:	#
Moved Primary Residence To:		New Duty Station:	Miles driven for move:	#
Distance (Miles from old home to new home):	mi.	Lodging Expense (only while in transit):	\$	
Date Moved:		Moving Expense (material, rental, movers, & storage):	\$	
Pay Grade:		Was this move for change of job for spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## RESERVE COMPONENT & NATIONAL GUARD MEMBERS

Branch of Military & Rank:				
Are you Active Duty? <input type="checkbox"/>	Reservist? <input type="checkbox"/>	National Guard? <input type="checkbox"/>		
1st Post of Duty:	Three Letter Code:			
2nd Post of Duty:	Three Letter Code:			
Number of miles from Home to 1st Post:	2nd Post:			
<b>Reservist</b>				
<p><i>Travel expenses related to your Reservist Activities are deductible. This deduction includes meals, lodging and transportation expense, and is based on the rates applied to federal employees. If you travel over 100 miles from your post of duty, you are no longer required to itemize your deductions in order to receive this benefit, as these expenses are now deducted on the front of the tax return. If you travel 100 miles or less, your deduction will be taken as itemized deductions.</i></p>				
	<b>1st Post</b>	<b>2nd Post</b>		
Number of Nights Spent at Post				
From:	To:			
Number of round trips <b>driven</b> to/from Post				
Did the military provide housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hotel/Housing Expense Paid by You	\$	\$		
Miles driven while at post in personal car	mi.	mi.		
Rental Car Expense	\$	\$		
Were you paid a per diem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the total per diem paid?	\$	\$		
<b>General Military Deductions</b> <i>Do not include airline expenses.</i>				
Dress Uniform Purchase	\$			
Dress Uniform Shoes	\$			
Uniform Accompaniments	\$			

### General Military Deductions *Do not include airline expenses.*

Subscriptions to Military Related Publications	\$
Professional Dues	\$
Job Related Training	\$
Personal Organizer	\$
Log Book	\$
Foreign Visa	\$
Passport Fee	\$
Passport Photo	\$
Uniform Maintenance:	
Home Laundering Expense	\$
Professional Laundering Expense	\$
Dry Cleaning Expense	\$
Shoe Shine/Supplies	\$
Military Business Cards	\$
Military Copy/Fax Expense	\$
Military Mailing Expense	\$
Military Phone Expense	\$
Office Supplies	\$
Misc. (specify)	\$

## ADDITIONAL COMMENTS

# **—IMPORTANT—**

**Please Complete each Section Below!**

## Electronic Filing

**All returns will be filed electronically when allowed by Federal, State and or Local Tax Authorities**

1. Taxpayer and Spouse (if Married Filing Jointly) must physically sign Form 8879.
2. Enter a 5-digit PIN (zip-code).
3. Submit the signed Form 8879 along with your documents via Portal, US Mail or FedEx/UPS delivery service.

## Direct Deposit

**Starting with Tax Year 2025, the IRS will no longer mail paper checks. If Direct Deposit information is not provided, the IRS will issue your refund in the form of a pre-paid debit card. We strongly recommend utilizing direct deposit to avoid refund delays.**

1. Submit a Voided Check.
2. If you do not have paper checks, submit a statement from your Bank showing Bank Name, Routing Number and Account Number.

## **Paper Copy** *If you would like a paper copy of your tax return, initial here*

***Due to printing and shipping costs, \$25 will be added to your fee.***

INITIAL HERE

Digital Copies of tax returns will be posted to a Secure Portal only for those clients not requesting a paper copy.

# Payment Method

***We require all tax preparation fees to be Paid in Full by credit card, check, or online bill pay before we will Electronically File or Mail a Paper Return.***

<input type="checkbox"/> <b>Check or Money Order</b>	Make payable to Flightax. (\$40.00 charge for all returned checks.)	
<input type="checkbox"/> <b>Credit/Debit Card</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
(Will appear on your receipt as <i>Specialty Tax Services, Inc.</i> )		
Card Number	Exp. Date	3 or 4 digit Security Code*
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder Name	Signature of Cardholder	Billing Zip Code

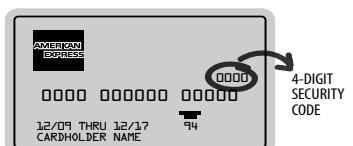
**Online Bill Payment via Flighttax.com**

If you would like to pay by Credit Card online, check the box. Once your return has been completed, we will contact you with instructions and the final invoice amount for you to submit payment. This correct amount must be paid prior to the processing of your return with the IRS.

## **\*How to find your security code:**



The security code is on the **back** of MasterCard, VISA and Discover cards.



The security code is on the **front** of American Express cards.

# PRICING INFORMATION

**\$30 processing fee for all Organizers postmarked after March 1st!**

An Extension will be filed for all returns received after March 15th.

Item	Form #	Price	Item	Form #	Price
Federal Return	1040	\$189	Federal Estimated Payment Vouchers	1040 ES	\$30
First State Return		\$40	Foreign Income Exclusion/Bona Fide Resident	2555	\$70
Joint Filing Fee		\$20	Foreign Source Income Calculation		\$70
Additional State Return(s)		\$50 each	Foreign Tax Credit	1116	\$50
State w/Filing Status Change		\$60 each	Foreign Financial Asset ( <i>1st Account</i> )	8938	\$30
Domestic Partner State		\$80	Foreign Financial Asset ( <i>Each Additional</i> )	8938	\$10
Premium Tax Credit	8962	\$30	Injured Spouse/Innocent Spouse	8379/8857	\$50
Health Coverage Exemptions	8965	\$30	Installment Gain	6252	\$80
<b>Physical Copy of Return</b> ( <i>printing &amp; postage</i> )		\$25	Interest & Dividend Income over \$1500	Sch. B	\$30
<b>Additional Forms</b>			Investment Interest Expense	4952	\$30
Local Tax Return		\$50 each	Investment Tax—Children Under 18	8615	\$40
Standard Return ( <i>Non E-File</i> )		\$50	Mortgage Interest Credit	8396	\$20
W-2's in excess of 2 per Taxpayer		\$5 each	Military Moving Expense	3903	\$30
1099-R Retirement Stmt's in excess of 2 per Taxpayer		\$10 each	Net Operating Loss	1045	\$100
1099 Retirement—Tax and Penalty	5329	\$30	Non Cash Contributions in excess of \$500	8283	\$30
Additional Child Tax Credit	8812	\$10	Non Deductible IRA	8606	\$30
Alternative Minimum Tax	6251	\$50	Parents Reporting of Child's Income	8814	\$40
Alternative Motor Vehicle Credit	8910	\$50	Partnerships & S Corporations	K-1	\$50
Business Use of Home	8829	\$30	K-1 Publicly Traded Partnership	multiple	\$100
Capital Gains & Losses ( <i>see note below</i> )	Sch. D	\$30*	Passive Activity Loss	8582	\$30
Casualty Loss—Federally Declared Disaster	4684	\$50	Prior Year Minimum Tax Credit	8801	\$30
Child Care Credit	2441	\$40	Reduction of Tax Attributes	982	\$50
Contract & Straddles	6781	\$30	Rental Property ( <i>price per property</i> )	Sch. E	\$80
First Time Home Buyers Credit/Recapture	5405/8859	\$30	Rental Property ( <i>New—first time reporting</i> )	Sch. E	\$100
Depreciation Worksheet		\$10 each	Retirement Savings Credit	8880	\$10
Earned Income Credit	Sch. EIC	\$50	Sale of Business Assets	4797	\$100
Education Credits or Deductions	8863/1040	\$40	Self Employment Tax	Sch. SE	\$20
Energy Credit	5695	\$50	1099 Misc. Income	Sch. C	\$50 each
Farm Income	Sch. F	\$80	Small Business	Sch. C	\$80 each
Farm Rental	4835	\$80	Vehicle Credit	8936	\$50

*Note: Sale of Stocks and Bonds are calculated at \$30 for the first three transactions and \$3.00 for each additional transaction.*

*Sale of Capital Assets (Form 8949)—\$1.00 per required transaction reported.*

**\*Note on fees:** Our base fee of \$189 includes the federal long form, itemized deductions, interest income and various other items. However, more complex returns require additional forms to be filed. The fees for the additional forms are on a per form basis. An asterisk(\*) has been placed next to each section of the Organizer that requires additional forms and an additional fee. Please call if you have any questions concerning the fee for your return.

# Privacy Policy

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for example, providing information to our employees and those of our affiliates, Pilot-Tax, Specialty Tax Services, Inc. and to our tax return processing center for purposes of preparing and processing your tax return. In all situations we stress the confidential nature of information being shared. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards and the law.

## All Clients MUST Sign Below for Return to be Processed!

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal tax return. All returns in house after March 15th will have an extension automatically filed. The forms listed in the Pricing Information section are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. (If filing a joint return, both you and your spouse must sign.)

Signature

Signature of Spouse

Date

## Final Checklist

- Originals of all W-2's
- Copy of Last Pay Stub
- Original Employer-Provided Health Insurance Offer and Coverage 1095-C or 1095-B
- Original Health Insurance Marketplace Statement 1095-A
- Originals of Interest Statements 1099 INT
- Original Tuition Statement 1098T
- Original Dividend Statements 1099 DIV
- Copies of Sale of Stock/Bonds 1099B
- Copies of Brokerage Statements for All Sales
- Original Retirement Statements 1099R
- Copies of Mortgage Statements 1098
- Copy of Closing Statement if Bought/Sold Home

- Copy of Receipt for Sales Tax on Car or Boat
- Original Voided Check for Direct Deposit
- Copy of Last Year's Federal and State Tax Return if you are a New Client
- Copy of Any Statement of which you are unsure
- Copy of K-1's for Partnership, S-Corp, or Trusts
- Copies of Divorce Decree / Separation Agreement
- Copies of Modified Divorce Decree/Separation Agreement
- Payment**
- Signed Back Page!**
- Completed Organizer!**
- Completed and Signed Dependent Worksheet**

Under the new tax law, **Professional Deductions** are no longer allowed for your Federal Return. If you live in AL, AR, CA, HI, MN, NY or PA, they still allow them. You will need to download the "Professional Deduction Organizer" and submit it with this Organizer.



**U.S. Postal  
Mailing Address**  
PO Box 139  
Cicero, IN 46034

**317-984-5812** PHONE  
**800-951-8879** FAX  
**317-984-5841** LOCAL FAX

**FedEx/UPS  
Shipping Address**  
220 W. Jackson St.  
Cicero, IN 46034

**flighttax.com**  
**info@flighttax.com**

# Dependent Worksheet

To comply with the tax law, you must sign and complete this form in its entirety in order to claim a dependent.

**Child Care:** Qualifying expense for care which allows you to work, look for work, or go to school full time. This information must be provided even if you have dependent care benefits.

## TAXPAYER AND SPOUSE SIGNATURES (Required)

Under penalties of perjury, the information provided about my dependent(s) is to my (our) knowledge true and accurate.

*Taxpayer Must Sign Here*

*Spouse Must Sign Here*

Taxpayer's  
Printed Name:

Date

Spouse's  
Printed Name

Date

## DEPENDENT #1 (Please Print)

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship

Child lived with taxpayers?  Yes  No Number of months: Dependent's Earned Income: \$ Full Time Student?  Yes  No

Has this dependent filed a tax return?  Yes  No Is there another parent who could claim this child as a dependent?  Yes  No

**If yes, must provide copy of first page of dependent return**

If yes, who?

Did you provide more than 50% of the financial support of this child?  Yes  No Divorced/Separated: Do you alternate claiming in even/odd years?  Yes  No

## Child Care Provider (if child under age 13)

Provider's Name:	Provider's ID# or SS#:	Amount Paid for Childcare: \$
------------------	------------------------	-------------------------------

Provider's Address, City, State:

## DEPENDENT #2 (Please Print)

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship

Child lived with taxpayers?  Yes  No Number of months: Dependent's Earned Income: \$ Full Time Student?  Yes  No

Has this dependent filed a tax return?  Yes  No Is there another parent who could claim this child as a dependent?  Yes  No

**If yes, must provide copy of first page of dependent return**

If yes, who?

Did you provide more than 50% of the financial support of this child?  Yes  No Divorced/Separated: Do you alternate claiming in even/odd years?  Yes  No

## Child Care Provider (if child under age 13)

Provider's Name:	Provider's ID# or SS#:	Amount Paid for Childcare: \$
------------------	------------------------	-------------------------------

Provider's Address, City, State:

**DEPENDENT #3 (Please Print)**

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, must provide copy of first page of dependent return</b>		If yes, who?			
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Care Provider (if child under age 13)</b>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #4 (Please Print)**

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, must provide copy of first page of dependent return</b>		If yes, who?			
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Care Provider (if child under age 13)</b>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

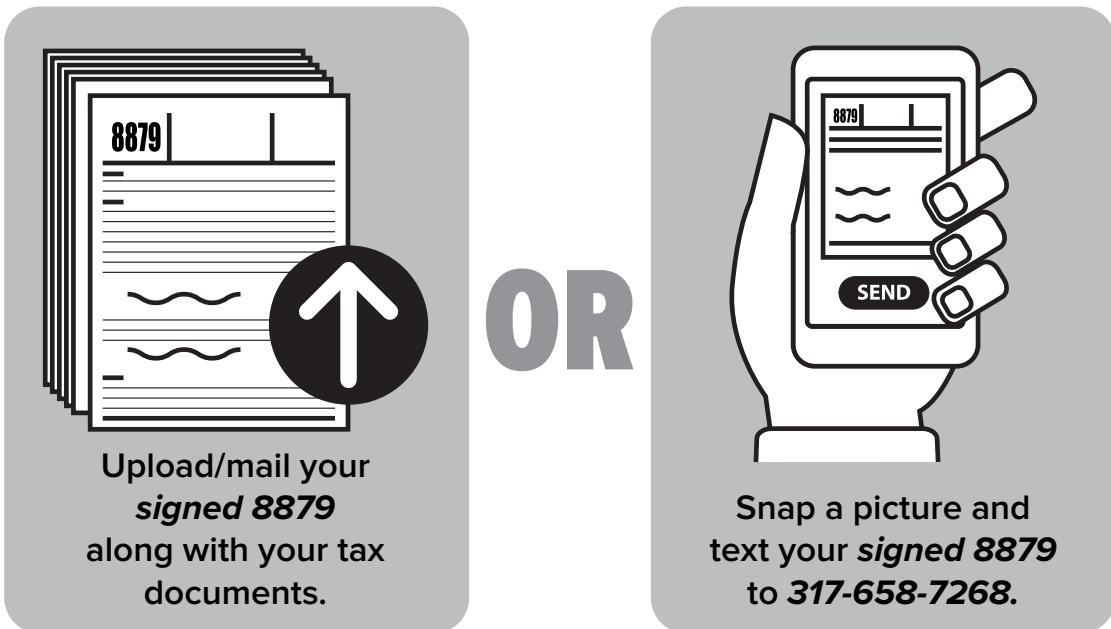
**DEPENDENT #5 (Please Print)**

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, must provide copy of first page of dependent return</b>		If yes, who?			
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Care Provider (if child under age 13)</b>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

**DEPENDENT #6 (Please Print)**

First Name	M.I.	Last Name	Social Security Number	Date of Birth	Relationship
Child lived with taxpayers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of months:	Dependent's Earned Income: \$		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this dependent filed a tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there another parent who could claim this child as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, must provide copy of first page of dependent return</b>		If yes, who?			
Did you provide more than 50% of the financial support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorced/Separated: Do you alternate claiming in even/odd years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child Care Provider (if child under age 13)</b>					
Provider's Name:		Provider's ID# or SS#:		Amount Paid for Childcare: \$	
Provider's Address, City, State:					

# For your refund to be electronically filed by **Flightax**, you must complete the following:



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

- You must fill in your name on the top portion of the 8879 form. Leave your Social Security Number blank for security.
- Select a personal identification number (PIN) as your signature for your electronic income tax return. This five digit PIN can be any combination of numbers you choose. Most of our clients choose to use their zip code. You will not be asked to remember this number for any future purpose.
- Under Part II, You (and spouse if applicable) must **SIGN** and enter your PIN number(s) where appropriate.
- Return this **SIGNED** copy of the 8879 Electronic Filing Authorization form to our office along with your tax documents.



**ADDRESS:** PO Box 139, Cicero, IN 46034

**VOICE:** 317-984-5812

**TEXT:** 317-658-7268

**FAX:** 1-800-951-8879

**EMAIL:** 8879@flightax.com

**IRS e-file Signature Authorization**

- ERO must obtain and retain completed Form 8879.
- Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ► *Assigned at E-File*

Taxpayer's name	Social security number <i>Leave Blank</i>
Spouse's name	Spouse's social security number <i>Leave Blank</i>

**Part I Tax Return Information — Tax Year Ending December 31,** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1
2 Total tax . . . . .	2
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3
4 Amount you want refunded to you . . . . .	4
5 Amount you owe . . . . .	5

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

<input checked="" type="checkbox"/> I authorize <u>Flightax/Specialty Tax Services</u> ERO firm name	to enter or generate my PIN	<input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black;" type="text"/>	as my <i>Enter five digits, but don't enter all zeros</i>
signature on the income tax return (original or amended) I am now authorizing.			
<input type="checkbox"/> I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			

Your signature ►  Date ►**Spouse's PIN: check one box only**

<input checked="" type="checkbox"/> I authorize <u>Flightax/Specialty Tax Services</u> ERO firm name	to enter or generate my PIN	<input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black; margin-right: 10px;" type="text"/> <input style="width: 40px; height: 15px; border: 1px solid black;" type="text"/>	as my <i>Enter five digits, but don't enter all zeros</i>
signature on the income tax return (original or amended) I am now authorizing.			
<input type="checkbox"/> I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box <b>only</b> if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			

Spouse's signature ►  Date ►**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

     *Don't enter all zeros*

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**