



PILOT TAX

2017 Tax Year

Please make sure this Organizer is complete and all requested materials are provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest and most efficient manner. Only complete the sections which apply to your tax situation. **If you are based in a foreign country and/or have foreign earned income, do not use this Organizer, please complete the Foreign Domicile Organizer.** You can download this Organizer at www.pilot-tax.com. Please call if you have any questions.

PERSONAL DATA (Please Print)

First Name	M.I.	Last Name (as on your SS Card)	Social Security Number	Date of Birth	Sex
Taxpayer:					<input type="checkbox"/> M <input type="checkbox"/> F
Spouse:					<input type="checkbox"/> M <input type="checkbox"/> F
Street Address		Apt. #	City	State	Zip Code
Current Tax Address:					
Mailing Address:					
<i>Tax Address: The current state to which you pay tax and the address we use on your tax return. Note: Must be able to receive mail.</i>					
<i>Mailing Address: The address where we mail your documents if different from your tax address.</i>					
Occupation	Airline	Base	Employee #	Date of Hire	Preferred Name/Nickname
Taxpayer:					
Spouse:					
Home Phone Number:		Cell Phone Number:		Email:	
Primary Contact Name:		Spouse's Cell Number:		Spouse's Email:	
Best way to contact you:		May we notify you via text messages to your cell phone when your return is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, tell us which carrier to use (e.g. Verizon, Sprint, etc.)					

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 <i>If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.</i>	Spouse Name: _____ Spouse Soc. Sec. #: _____	
	Did you live with your spouse any time during 2017? <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 <i>If you are the custodial parent & someone else is taking the exemption for your child, complete this section. Otherwise, list all dependents in the following section.</i>	Name: _____ Soc. Sec. #: _____	
	Relationship: _____ Date of Birth: _____	# of months lived with you: _____
	Who is claiming this person on their tax return?	
<input type="checkbox"/> Domestic Partner/Civil Union <i>If you are in a legal union recognized by your state (e.g. civil union, registered domestic partnership).</i>	List State(s) where your relationship is registered: _____	
	For your state return(s), please identify your preferred filing status: <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate	
Victim of Identity Theft? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you, your spouse or any dependents listed have been a victim of Identity Theft, you must provide a copy of the IRS Letter(s) received with the assigned 6-digit Identity Protection (IP) Pin.</i>	

DEPENDENT INFORMATION

Dependent's income must be under \$4,050 unless they are a full time student under the age of 24. If your dependent children do not live with you, YOU MUST PROVIDE CURRENT FORM 8332 RELEASE OF CLAIM IN ORDER FOR IRS TO GRANT THE EXEMPTION.

Name (as it appears on the SS Card)	Date of Birth	SSN	Relationship	Income	# Months in your home	Full Time Student?	Dep. Tax Return Filed?
				\$		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Divorced/Separated Parents: Do you alternate claiming child(ren) in even/odd years? Yes No **A \$50 Admin fee will be added to any return that is E-File rejected due to a dependent return already filed claiming the exemption.**

IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions	Amount
<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"/>	Do you have any children under age 24 with investment income over \$2,100? If yes, please provide 1099 statements.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt a child during 2017? If yes, contact us for additional information.	
<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 have any delinquent student loans or owe back child support?	
<input type="checkbox"/>	<input type="checkbox"/>	Did the IRS garnish your refund last year?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven? If yes, provide explanation in Comments on pg. 10. Provide Form 1099-A and/or 1099-C.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you agree to allow Pilot-Tax to discuss this return with the IRS should questions arise?	
What is your maiden name or previous married name?			

NEW CLIENTS ONLY			
Yes	No	New Clients Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did Pilot-Tax prepare your 2016 tax return?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a federal refund last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a state and/or local tax refund last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay additional tax when you filed your state or local tax return last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you itemize your deductions for 2016?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you take a distribution from a retirement plan (401K, IRA, SEP, Roth) during 2015 or 2016?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been (or are you being) audited for 2015 or 2016?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you claim a Net Operating Loss (NOL) or carry over loss in 2016?	
Who referred you to Pilot-Tax?			

FOREIGN ACCOUNTS

Yes	No	Please Answer All Questions
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2017, 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 2017? If yes, provide the Country(ies) as these must be reported on your tax return.
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. Must be filed by April 15, 2018.		

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 **OR** the balance exceeds \$100,000/\$150,000 at any point during the year, **you are required to file form 8938 with your tax return.** 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 **OR** 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 2017

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		

If you are required to file a state return and **DO NOT** want Pilot-Tax to prepare your state return for you, initial here.
(Remember, you **should not** file your state return before you file your federal return.)

DO NOT File my State Initial Here

A. INCOME SOURCES

Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any alimony during 2017?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any alimony in 2017? To: SSN:	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment during 2017? If yes, please provide Form 1099 G.	\$
<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 receive any Social Security during 2017? (Enclose SSA - 1099)	\$
1099 Misc.—income should be reported in Small Business/Self Employment Section.			

Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of additional income during 2017? (jury duty pay, training stipends, duty free commissions, taxable prizes, trustee fees, etc.) Specify type of income and provide amount. Provide 1099-MISC if applicable.	Taxpayer \$ Spouse \$
<i>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.</i> Note: Provide Forms W-2G reporting state where winnings were paid.			
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling winnings in 2017?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses in 2017?	\$

B. FORM W-2: WAGE & TAX STATEMENT

Please list the 2017 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

C. 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
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	

D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2017 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 \$2,100, 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 2017 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 \$2,100, 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*

The information below **MUST** be provided. **Provide your complete year-end statement including Form 1099-B from your broker.** Purchase price (cost basis) must be provided.

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

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

Please list the institutions and provide the following information for which 2017 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*

	Taxpayer	Spouse
Traditional IRA		
Do you want us to calculate the maximum amount you may contribute for 2017? <i>Not available if tax return is filed after 4/17/18. (\$10 additional fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make this contribution even if it is non-deductible? <i>(Required form and fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever made non-deductible contributions to any Traditional IRA? <i>(If yes, we must have the amount of non-deductible contributions made.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2017 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$
Roth IRA		
Do you want us to calculate the maximum amount you may contribute for 2017? <i>Not available if tax return is filed after 4/17/18. (\$10 additional fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2017 Roth contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$
Self Employment Retirement Plan		
Do you want us to calculate the maximum amount you may contribute for 2017? <i>(\$10 additional fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2017 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$

I. EDUCATIONAL DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2017? **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 ST	2 ND	3 RD	4 TH	Grad	1 ST	2 ND	3 RD	4 TH	Grad	1 ST	2 ND	3 RD	4 TH	Grad	1 ST	2 ND	3 RD	4 TH	Grad
Was student at least halftime?	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<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					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<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. MOVING EXPENSES*

Only report job related relocations of primary residence below. See Professional Deductions for relocation of commuter pad.

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

K. CHILD CARE EXPENSES*

Qualifying expense for care which allows you to work, look for work, or go to school full time. Deduction only allowed for children under age 13.

NOTE: Provider Social Security Number or ID Number is required to receive credit! This information must be provided even if you have dependent care benefits through your employer.

Provider Name	Provider Address	Provider I.D.# or SS#	Child's Name	Amount
				\$
				\$

L. SALES TAX

For the **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 listed below.)

Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2017. (Enclose copy of receipts.)	\$
Sales tax paid on all items purchased during 2017—IRS requires documentation for all items purchased.	\$

M. FLEXIBLE SPENDING ARRANGEMENTS (FSA)

A Flexible Spending Arrangement (FSA) is the “use it or lose it” account that allows you to contribute pre-tax dollars through payroll deduction to an account used for reimbursement of medical expenses incurred in 2017. These reimbursed expenses cannot subsequently be used as medical expenses for the purpose of a deduction on your tax return.

Did you contribute to an FSA in 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount contributed?	\$
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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 2017	months	Was high deductible health plan in effect for the month of December 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total HSA contributions for 2017 made through payroll deduction Form 5498-SA required	\$	Total HSA distributions for 2017 Form 1099-SA required		\$	
Total HSA contributions for 2017 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— Not Pre-Tax	\$	Contacts/Glasses	\$
COBRA Premiums	\$	Psychotherapy/Counseling	\$
Co-Pays	\$	Hospital	\$
		Lab Fees	\$
		Laser Eye Surgery/Lasik	\$
		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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Employer <input type="checkbox"/> Insurance Marketplace <input type="checkbox"/> Government

Q. 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.

Cash	Church	\$	Official Charities	\$	Airline Charity	\$
	School/Education Contributions		\$	Charitable Miles Driven		mi.

IRS Requirements for Vehicle Contributions: 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. If your donation was valued at less than \$500 please complete the following:

Vehicle	Name of Charitable Organization:					
	Date of Donation		Method to determine value:	Original Purchase Date & Price	\$	
	Fair Market Value under \$500	\$	Make and Model of Vehicle:	How acquired?		

IRS Requirements for Non-Cash Contributions: The IRS requires an itemized list of all items donated and a receipt from the charitable organization. **Name and address are required for any donation over \$500.** Please make sure your receipt has a dollar value on it; if over \$500, you must submit the receipts.

Non-Cash	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	\$		

Non-Cash	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	\$		

R. 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 U. Foreign Residence Information.

Do not include rental property expenses—see Section Y. 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 2017, did the mortgage balances on your principal and/or second homes exceed \$1,100,000? 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 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide number of years you refinanced & closing statement.
Did you spend the proceeds from the refinance on 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 2017?	<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 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a copy of your closing statement is required.

S. FIRST-TIME HOMEBUYER (FTHB) CREDIT RECAPTURE*

Did you take the FTHB credit of up to \$7,500 for a new home purchased in 2008 that must be paid back on a yearly basis? Yes No

If Pilot-Tax did not prepare your 2008 return, you must provide a full copy of the 2008 return.

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?

Yes No

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

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

Provide information below for Mortgage Interest and/or property taxes you paid in a country other than the U.S. Please list all amounts in U.S. dollars.

Mortgage interest on principal residence	\$	Real Estate taxes on principal residence	\$		
Mortgage interest on 2nd home	\$	Real Estate taxes on 2nd home	\$		
Name of Lender	Lenders' Street Address		City	State	Zip

V. CASUALTY THEFT & LOSS

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

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

W. MISCELLANEOUS EXPENSES

Tax Prep Fees Paid in 2017 (Mailing Fees not allowed)	\$	Investment Expense	\$
Tax Prep Books/Software	\$	IRA Fees (not paid out of IRA account)	\$
Safe Deposit Box Rental	\$	Personal Property Tax	\$
Margin or Investment Interest Paid	\$	Vehicle Excise/Ad Valorem Tax	\$

X. NON AIRLINE EMPLOYEE BUSINESS DEDUCTIONS—W-2 INCOME ONLY*

If you have a 2nd job, or your spouse has a job with non-reimbursed employee business expenses, please list them below. If you are a Policeman or Fireman, we have a detailed professional worksheet designed for your deductions. Call us or download one at www.Pilot-Tax.com.

Name of Employer:	Office Equip. (Provide list)	\$	Travel	\$	
Name of Employee:	Uniform Items	\$	Company Business Cards	\$	
Union Dues/Initiation Fee	\$	Uniform Maint./Alterations	\$	Cell Phone (if required for job)	\$
Professional Publications	\$	Company Related Phone Calls	\$	Job Related Education Expense	\$
Office Supplies	\$	Licenses	\$	Meals/Entertainment	\$
Were you reimbursed or paid for any of the above expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what was the amount?	\$

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 Business Jan. 1–June 30	mi.	
Date First Used for Business	Miles Driven for Business July 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–June 30	mi.
Do you have evidence to support the deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Commuting July 1–Dec. 31	mi.
Is this evidence written?	<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
Miles Driven for Personal Jan. 1–Dec. 31	mi.	If yes, what was the amount?	\$

Home Office Must be required by Employer!

Square Footage of Home	sq./ft	Cost of Utilities during 2017 (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 2017		HOA Fees, Security, Other (specify)	\$

Educator Expenses Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to \$250.

Total Classroom Expenses (keep receipts)	\$	Grade level taught	
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Y. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. 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:
<i>Note: If you are incorporated, please download the Corporate Organizer or submit your K-1.</i>			
1099 Income (provide any 1099's) \$	+	Additional Income not reported on 1099 \$	= Total Gross Income \$

Expenses

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

Contract Labor	\$	Taxpayer Responsibility: You must file a 1099-Misc. for each Contract Laborer paid more than \$600. This may include money paid for repairs or maintenance services.	Did you issue any 1099-Misc. forms for 2017? <i>If yes, provide copies of all forms issued.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List Equipment Purchased in 2017	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. Provide Cost, not Retail Amount.	\$
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 Business Jan. 1–June 30	mi.
Date First Used for Business	Miles Driven for Business July 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–June 30	mi.
Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Commuting July 1–Dec. 31	mi.
Is this evidence written? <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
Miles Driven for Personal Jan. 1–Dec. 31	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 2017 (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 2017		HOA Fees, Security, Other (specify)	\$

Small Business Comments and Other Expenses

Estimated Tax Payments should be included in Section C.

Are you a Real Estate Agent? Call us for a special RE Professional Worksheet or download one at www.Pilot-Tax.com

Z. RENTAL INCOME AND EXPENSE*

If you have more than three properties, download additional form from www.pilot-tax.com. Use yearly totals below! Send last year's tax return with this organizer if Pilot-Tax 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		Property 3	
Date First Used as a Rental						
Purchase Price of Home	\$		\$		\$	
Ownership %	%		%		%	
Type of Property						
Street Address of Property						
City, State						
Total Rent Received in 2017	\$		\$		\$	
Annual Expenses	Property 1		Property 2		Property 3	
Advertising	\$		\$		\$	
Travel / Hotel Expense	\$		\$		\$	
Cleaning / Maintenance	\$		\$		\$	
Commissions	\$		\$		\$	
Insurance	\$		\$		\$	
Legal / Professional Fees	\$		\$		\$	
Management Fees	\$		\$		\$	
Mortgage Interest	\$		\$		\$	
Real Estate Tax	\$		\$		\$	
Supplies	\$		\$		\$	
Repairs <i>If total exceeds \$1,000—please provide itemized list</i>	\$		\$		\$	
Utilities	\$		\$		\$	
Telephone	\$		\$		\$	
Condo / HOA Fees	\$		\$		\$	
Lawn Care	\$		\$		\$	
Bank Fees	\$		\$		\$	
Personal Auto Miles Driven for Rental Activity	mi.		mi.		mi.	
Other—Specify:	\$		\$		\$	

List Furniture & Equipment Purchased and Major Improvements made in 2017 (not included above)

Description of Purchase/Major Improvement <i>Do not include routine maintenance or minor repair items.</i>	Property 1		Property 2		Property 3	
	Cost	Purchase/Improvement Date	Cost	Purchase/Improvement Date	Cost	Purchase/Improvement Date
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Important Questions	Property 1	Property 2	Property 3
Enter the number of months that this property was rented this year.			
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.			
If you do not have full ownership, do these amounts reflect your share of income and expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay anyone a fee to manage this property for you this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you actively participate in the management of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you maintain a log of the number of hours that you personally worked on this property during this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the average rental period/lease for the property 7 days or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Date of Original Purchase <i>(Must provide copy of settlement/closing statement)</i>			
Date of Sale <i>(Must provide copy of settlement/closing statement)</i>			
Did you receive a 1099-C for this property? <i>(If yes, you must provide copy of the 1099-C)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Pilot-Tax 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 Pilot-Tax to prepare your local earnings or income tax return? <i>(If yes, provide tax form.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Locality:	
Did you pay any estimated tax to your locality during 2017? <i>(Do not include amounts withheld on your W-2.)</i>	\$

STATE SPECIFIC ISSUES—Residence State Only

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

AK	Did you, your spouse, or dependent receive an AK Permanent Fund Dividend? <i>(If yes, please send statements)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
CA	Carryover of prior year Solar Energy Equipment Credit.		\$
CT	Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax. <i>(Maximum total credit is \$300)</i>		
	Property	Date Paid	Amount Paid
	Property	Date Paid	Amount Paid
	Home		\$
	Auto 1		\$
	Auto 2		\$
DE	Clothing or other expenses incurred for the active volunteer firefighter.		\$
GA	Amount spent on home care services for person(s) over 62 years old.		\$
HI	Cost of child restraint seat purchased during 2017.		
ID	Cost of insulation installed in primary residence during 2017. <i>(Home must have been built or started prior to 1/1/02.)</i>		\$
IL	Property owners provide PIN #. <i>(PIN=Property Index Number on Property Tax Statement)</i>		
IN	Insulation Installed <i>(include store where purchased, date of purchase and installation, and cost)</i>	Where Purchased	Purchase Date
		Install Date	Amount Paid
			\$
			years
LA	Provide copy of homeowner's or property's insurance declaration page showing the separate line item charges for LA Citizens assessments not already claimed.		\$
MA	Please provide qualified commuter expenses <i>(public transportation only)</i> .		\$
	Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty.		
MI	Provide the property tax statement showing 2017 taxable value of your home.		\$
MN	Send statement of property taxes " payable in 2018 ". You should receive this statement in March of 2018.		
MT	Contributions to First Time Homebuyers Savings Account		\$
NH	If you have interest/dividends in excess of \$2400, do you want Pilot-Tax to prepare your state return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OH	Amount of job training expenses incurred during 12 months after employment layoff.		\$
TN	If you have interest/dividends in excess of \$1250 (single) or \$2500 (MFJ), do you want Pilot-Tax to prepare your state return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RENTER'S CREDIT

If you paid rent at your TAX ADDRESS during year 2017, and it is in IN, MA, MI, MN, NJ, WI, or CA or a state with a renter's credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).

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		\$

Note: For NJ residents to qualify for the credit, all roommate information must be provided.

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
		\$				
		\$				
		\$				
		\$				
		\$				

- Arizona** 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.
- Illinois** Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify (*must be over \$250*).
- Indiana** List children enrolled in non-public private, parochial or home school for grades K-12.
- Iowa** 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.
- Louisiana** Expenses for required school uniforms, tuition, fees, textbooks, curricula, instructional materials and educational supplies.
- Minnesota** Tuition and fees paid to public or private schools. Other education supplies including up to \$400 for the purchase of a home computer and educational software.
- Wisconsin** Fees for tuition and textbooks paid to a private school. Tuition **does not** include amounts paid with a voucher or amounts paid as a separate charge for other items or fees.

EDUCATION SAVINGS ACCOUNTS

You must provide the end of the year statement for all plans.

Education Savings Plans Only list contributions made on or before 12/31/17	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:		\$

Some states may allow carryover of credits for Education Savings Plans. If you are a new client, please provide prior year state return.

ADDITIONAL COMMENTS

PROFESSIONAL DEDUCTIONS

Uniform Items Purchased

Enter the total amount of payroll deducted uniform items. For most airlines, this amount can be found on the last pay check stub of the year. \$

Enter additional "out of pocket" uniform expenses below. Do not include items provided by the company through replacement programs. You need a receipt for each item purchased, regardless of the amount. The \$75 rule does not apply as this is not a travel related deduction. Uniform items must have a company insignia or logo; no type of "street" clothes qualify for the deduction.

Uniform Items	Amount
Uniform Belt	\$
Uniform Epaulets	\$
Uniform Jacket	\$
Uniform Hat	\$
Uniform Pants	\$
Uniform Shirt	\$
Uniform Sweater	\$
Uniform Tie	\$
Uniform Winter Coat, Gloves, Cap	\$
Uniform Shoes (must be purchased from a Uniform Store)	Amount
Uniform Shoes	\$
Shoe Repair	\$
Shoe Shine	\$
Uniform Maintenance	Amount
Uniform Alterations	yearly amount \$
Home Laundering	monthly amount \$
Laundering	monthly amount \$
Dry Cleaning	monthly amount \$
Airline Reimbursement Amount	\$

If you were reimbursed for any of your uniform maintenance expenses such as alterations or dry cleaning, do not include these amounts. We cannot take a deduction for any expense for which you were reimbursed. IRS regulations go even a little further. We cannot take a deduction for any expense for which you COULD have been reimbursed. For example: if your airline will reimburse you for your uniform alteration expenses but you just did not get around to submitting your receipts for reimbursement. The IRS will not allow this expense as a deduction because you 'could' have been reimbursed. Thus, do not include any expenses for which you were reimbursed, or any expenses for which you could have been reimbursed, but were not.



Please be aware that you, as the taxpayer, are responsible for keeping all evidence and support of all items reported on your tax return (flight schedules, log book, receipts, wage forms, and all other support) for a period of at least five years.

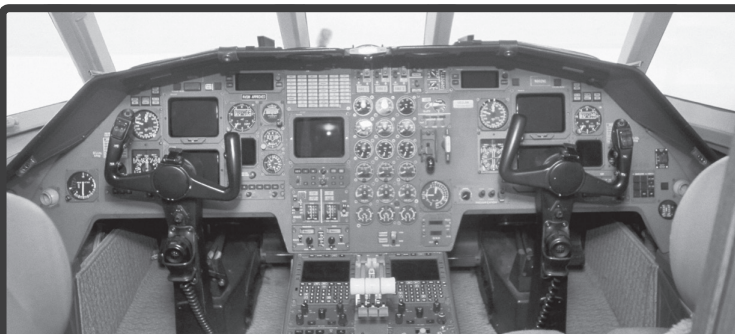
Transportation Expenses

Layover Transportation Expense	
List the amount you spend per month on taxi, bus, subway, rental car, etc.	monthly amount \$
Satellite/Co-Terminal Transportation	Amount
Three Letter Airport Code	
Number of Round Trips Per Year	
Cost Per Round Trip or Mileage Driven	
Three Letter Airport Code	
Number of Round Trips Per Year	
Cost Per Round Trip or Mileage Driven	
If you cover more than one airport, transportation between your base (company mailbox) and another airport is deductible. Do not include expenses for transportation to your base (company mailbox) or home.	
Other Related Expenses	Amount
Airport Parking Expense	\$
Reserve Emergency Cab Fares	\$

Computer & Related Expenses

Computers are not deductible. The IRS has issued a Letter Ruling (#8615024 & Bryant, U.S. Ct. App. 3rd cir. 74 AFTR2d 94-5440) disallowing a deduction for home computers. Although they are a huge asset to our jobs, the airline does not require that we have a personal computer or laptop as a condition of employment.

Accessories for Company Provided Tablet (replacement charger, case, screen protector)	\$
Printer/Software Deductions	Amount
Yearly Cost of Paper for Company Usage	\$
Yearly Cost of Toner/Ink Cartridges for Company Usage	\$
Bidding Computer Software	\$
Trip Trading Computer Software	\$
Internet/Online Services	Amount
Airline Schedule Service Fees i.e. Flightline, FLICA, etc.	\$
Yearly Cost of Home Internet Access Fees, DSL, Cable, Aircard, VoIP, Skype	\$
Yearly Cost of Hotel Access Fees (paid while on layovers)	\$



Remember! Amounts are annual totals unless otherwise specified.

Travel/Required Items

Your profession requires you to have specific items for travel and to perform your job in areas of service and safety. Enter the expense below for the items you have purchased during the applicable tax year. Receipts are required for items priced over \$75.00 each. If you purchase an item that is under \$75.00 you need to make a record of that purchase in your log book or on your schedule. **You must have documentation, either a receipt or log book/schedule entry, for each item you list below.**

Travel Related Expenses	Monthly Amount	Yearly Amount	Safety and Professional Items	Amount
Tips to Hotel Van Drivers	\$	\$	Portable Hair Dryer	\$
ATM Fees (while on layovers)	\$	\$	Portable Iron	\$
Check Cashing Fees (while on layovers)	\$	\$	Portable Security Device	\$
Safety and Professional Items			Amount	
Luggage Items (wheels, repairs, locks, lunch bag)		\$	Portable Smoke Detector	\$
Garment Bag		\$	International Voltage Converter	\$
Flight Kit		\$	International Currency Converter	\$
Luggage Tags		\$	Manual Replacement	\$
Wings		\$	Update and Revision Services	\$
Watch Battery/Repair Expenses <i>Purchase price of watch not deductible</i>		\$	ID Replacement	\$
Airline Access Keys		\$	Company Business Cards	\$
Cockpit Sunglasses		\$	Foreign Visa Expense	\$
Cockpit Supplies (maps, charts, etc.)		\$	Global Entry Fee	\$
Ear Piece/Headset		\$	Passport Fee	\$
Personal Organizer		\$	Passport Photo Expense	\$
Logbook		\$	Professional Publications	\$
Flashlight		\$	Bid Service Fees	\$
Batteries		\$	2nd Language Education Expense	\$
Portable Alarm Clock		\$	Drug Testing Fees	\$
Portable Curling Iron		\$	Dues for Pilot Organizations	\$
			FAA Medical Expenses	\$

Communications

Cell Phone	Amount	Calling Card	Amount
Cell Phone Purchase (your phone only)	\$	Direct Bill Calling Card	<i>per month</i> \$
Cell Phone Base Charge per Month (single line)	\$	International Prepaid Calling Card	<i>per month</i> \$
% Airline Business Usage per Month: Choose One: <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Other _____ %		If you fly domestic and don't have a cell phone (yes, it does happen) or are flying international and do not have international service on your cell, the amount you place on a calling card or prepaid calling card is deductible under the same qualifications as your cell phone. Please provide the monthly or yearly dollar amount on your business/layover usage calls.	
Additional Communication Expenses			Amount
Company Fax Expense			\$
Company Copy Expense			\$
Company Mailing Expense			\$
Company Overnight Expense			\$
If you have any expenses related to required communication between you and the company or the union, these expenses are deductible. If you are required to fax a copy of a doctor's note to your supervisor and Kinko's charges you to do this, make sure you save the receipt or put it on a credit card. Enter any expenses for copying, faxing or mailing in these specific entry areas.			

Temporary Duty/Special Assignment

If you are on Temporary Duty assigned by the company for any reason, your related expenses may be deductible. The IRS defines Temporary Duty as any assignment that has an expected completion date of less than one year. If your assignment is greater than one year, you do not qualify for this deduction.

You may also qualify for some very substantial deductions if you are on a special assignment away from your base. For example, if you are based in New York and accept a training position in Dallas; your housing, meal and transportation expenses are all deductible (assuming these expenses are not provided by the airline).

Do NOT enter any TDY or SPA days that are on your schedule. If you are providing your schedules to us or using our online per diem calculator, we/you will include these dates and locations in your schedule per diem calculations. Only enter days below that are NOT included on your flight schedule.

Temporary Duty/Special Assignment Expenses		Entry
Number of Days on TDY at Location <i>Do not include any days that you had scheduled flying, this deduction will be taken in the per diem section.</i>		
From: To:	Three Letter City Code of TDY Location	
Number of Days on TDY at 2nd Location		
From: To:	Three Letter City Code of 2nd TDY Location	
Local Transportation Expense <i>(rental car, public transportation, etc.)</i>		\$
Were you provided housing for your TDY?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, enter cost of housing during TDY.		\$
Commuting Expense during TDY		\$
Utility Expense during TDY		\$
Local/Long Distance Phone Usage during TDY		\$
If you drove to the TDY location and used your car while on assignment, enter the total miles driven from departure until your return.		mi.
Purpose of TDY?		

Union Expenses

As a unionized employee, your union dues, initiation fee and any union publications are all deductible. If you actually work for the union as a union rep. or direct employee, you will have additional deductions. Please download our Union Rep. Worksheet at www.Pilot-Tax.com.

Union Expenses	Amount
Union Dues <i>(amount actually paid during year)</i>	\$
Union Initiation Fees	\$
Union Publications	\$
Travel Expense for Union Meetings/Events	\$



American Airlines

Get your Pilot-Tax App!

Now available for your Droid!

(soon to be available for most airlines)

Download it now from your play store!

Training

Your job requires, at a minimum, yearly training per the FAA. You are allowed to take a per diem deduction for each day that you spend in training. For example, if you have training in Atlanta, you are allowed a deduction of \$52 for each day you are in Atlanta for training. We are, however, required to subtract the amount of per diem that your airline paid you for your time in training.

If you are based where your training is held, you are NOT allowed to take a per diem deduction for training. As in the example above, if you are based in Atlanta, you are not eligible for this deduction.

An easy way to determine this deduction, in general, if your airline pays you a per diem for your meal expenses during training, you are able to take the per diem deduction based on the city of training. If you are not paid a per diem (excluding initial training) you generally will not qualify for this deduction.

You may also have additional expenses for your time in training. Transportation expenses, housing, cell phone, etc. We have done our best to break down each type of training below for you to benefit from this deduction.

Initial Training	Entry
Number of Days you were in Initial Training	
Three Letter City Code of Training Location	
Days Spent in Initial Training at a Different Location	
Three Letter City Code of 2nd Training Location	
Date Initial Training Started	
Date Initial Training Ended	
Amount of Per Diem Paid for Training <i>(if not included in yearly amount provided by your airline)</i>	\$
Hotel Expense while in Initial Training	\$
Transportation Expense while in Initial Training	\$
Phone Expense while in Initial Training	\$
Recurrent/Upgrade Training	Entry
Number of Days you were in Training	
Three Letter City Code of Training Location	
Days Spent in Training at a Different Location	
Three Letter City Code of 2nd Training Location	
Hotel Expense if not Provided by Airline	\$
Transportation Expense while at Training	\$
Type Rating/Upgrade Training Expenses	Entry
Aircraft/Type Rating Expense	\$
Training Course/DVD Expenses not included above	\$
Ground School Prep Fees	\$
Aircraft of Rating?	
<i>Enter per diem and housing expenses above.</i>	

Job Search

Due to the instability of the airline industry, more and more of our clients are having job search related expenses. Your cost of finding a job within the airline industry is deductible. What does this mean? The job search expenses of finding another position within the same industry are deductible, the job search expenses of looking outside of the airline industry are NOT deductible.

This is one of those IRS regulations that sometimes does not make sense. If you are a flight attendant and update your resume or fly to an interview, these expenses are deductible. If you do the same for another position outside of the industry, such as a retail position or professional job, these expenses may not be taken as a deduction.

Several of our clients have requested a deduction for the purchase of a new suit or professional attire for the interviewing process. Although this is an additional expense to you, it is not a recognized deduction by the IRS. The only type of clothing that is deductible is that which has a company logo or insignia, such as a uniform.

Qualified Job Search Expense	Amount
Resume Expenses	\$
Fax/Postage/Overnight Delivery	\$
Airline Job Placement Services	\$
Application Fees	\$
Simulator Prep Time for Interview	\$
Airfare for Interview	\$
Airfare for Physical	\$
Hotel Expense for Interview	\$
Hotel Expense for Physical	\$
If you drove to your interview or physical, list the total miles driven round trip for all.	mi.



Remember!

Amounts are annual totals unless otherwise specified.

Married Pilots must use a separate form for each person—do NOT combine expenses on one form! If you need another copy, you can download it at www.pilot-tax.com.

Reserve Emergency Cab Fares—If you are on reserve and get called on a short call that is less than your contractual minimum and the only way you can make the departure is to take a cab/taxi, this fare is deductible.



Remember!

Do not send us receipts. Keep them for your records.

FFDO

Training Expenses	Entry	Training Expenses	Entry
No. of Days you were in Training		Equipment Expense	\$
Three letter City Code of Training Location		Ammunition/Target Expense	\$
Housing Expense during Training	\$	Personal Gun Safe	\$
Travel Expense to/from Training	\$	Permit Fees	\$
Transportation Expense during Training	\$	Range Fees	\$
Local/LD Phone Usage during Training	\$		



If you are based in a foreign country and/or have foreign earned income, do not use this Organizer, please complete the Foreign Domicile Organizer. You can download this Organizer at www.pilot-tax.com.

Questions? 317-984-7666

Commuter Pad Moving Expense

If you transferred bases but did not move your primary home, these expenses are considered a professional deduction versus a moving deduction. If you had any expenses related to moving your crash pad or airport car from one base to another, list these expenses below. You must have receipts!

If you changed your tax address and had a full blown move, complete the section in the Organizer for moving expenses.

Commuter Pad Moving Expenses	Entry
Old Base	
New Base	
Distance Driven to Transport Belongings/Vehicle	mi.
Date Moved	
Travel Expense	\$
Shipping Expense	\$
Lodging Expense (only while in transit)	\$



Remember! Keep your receipts at all times, even if the item is less than \$75—this will help us in the case of an audit. The IRS will not accept cancelled checks or credit card statements as receipts.

Military Worksheet

Branch of Military & Rank:

Are you Active Duty? Reservist? National Guard?

1st Post of Duty: Three Letter Code:

2nd Post of Duty: Three Letter Code:

Number of miles from Home to 1st Post: 2nd Post:

Reservist

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.

	1st Post	2nd Post
Number of Nights Spent at Post		
From: To:		
Number of round trips <i>driven</i> 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?	\$	\$

General Military Deductions Do not include airline expenses.

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)	\$



You may see us in your company publication, on the internet or on your paycheck stub...but nothing is as effective as you telling your friends about Pilot-Tax! To say "thank you" we will give you a referral reward of \$25.00 for each Pilot or Flight Attendant you refer to us or our sister company Flightax.

PER DIEM DEDUCTION INFORMATION

The government allows a deduction for each day that you are away from base. The IRS states that you can either itemize each layover city or you may take a standard rate per day. It is to your advantage to provide your schedules so your per diem allowance can be calculated based on your specific flying. The IRS will not allow a mix of schedules and days flown! All schedules must include three-letter layover city codes, dates and times of each trip.

Provide all 12 months of Flight Schedules —OR— complete the Log Book Grid

PER DIEM PAID	We must have the non-taxable per diem amount you were paid! This amount may be found on your W-2 next to the letter "L", or on your last pay stub of the year. If you can't locate it, contact your employer for this required amount.		\$
MONTHS FLOWN	Total Months Flown	months	Did you fly <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Both
	Aircraft flown? (eg. MD80, 737, etc.)		Position? (eg. Captain, 1st Officer, etc.)
	Did you fly for more than one airline during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide schedules, last pay stub and W-2's for each airline.</i>		
	For any month during the year in which you were eligible to fly but did not, please explain. <i>(examples: Retired in May, Off work April to August due to reserve activity, Began Maternity Leave in November)</i>		
BASE LOCATION	Base at Start of 2017:	Transfer Date:	Base at End of 2017:

Provide Schedules

Provide all 12 months of schedules as indicated below by airline. If your airline is not listed, provide schedules which include the required information of three-letter layover city codes, dates and times of each trip. Call our office if you have any questions.

AMERICAN	Flight schedule data will only be accepted electronically via the Pilot-Tax App...saves time and paper! Download the Pilot-Tax App for your Droid phone, or go directly to our website at www.pilot-tax.com under START THE PROCESS go to GET SCHEDULES and select your airline. From either place you will be able to securely sign in to our app which will extract your schedules and send them directly to us. If you don't have a Droid or can't access thru our website, give us a call and we can help.
	Was the Pilot-Tax App used to send your schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:
DELTA	Provide "Monthly Activity Pay Statements" for all 12 months. Obtain these from DeltaNet by selecting Employee Info., then Self Service, then My Pay & Tax Info. Select "Monthly Activity Reports After May 2013". You will need to print each individual month.
	Comments:
FED-EX	Provide Pilot Per Diem Recap sheets for all 12 months —obtain from "VIPS" system.
	Comments:
NETJETS	Provide the Crew Member <u>Duty Report</u> for all 12 months —obtain from "CRC Online" within "Crew My Pages".
	Comments:
UPS	Provide Pairing Detail Report for all 12 months. Obtain these from "FlightOps/CrewApp/schedView".
	Comments:
US AIRWAYS	Provide Trip Pairings for all trips during the year showing the layover city codes.
	Comments:
UNITED	Flight schedule data will only be accepted electronically via the Pilot-Tax App...saves time and paper! Download the Pilot-Tax App for your Droid phone, or go directly to our website at www.pilot-tax.com under START THE PROCESS go to GET SCHEDULES and select your airline. From either place you will be able to securely sign in to our app which will extract your "Crew Pay Registers" or your "Annual Per Diem Letter" and send to us directly. If you don't have a Droid or can't access thru our website, give us a call and we can help.
	Was the Pilot-Tax App used to send your schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:
COMPASS, FREEDOM, FRONTIER, GO-JET, JETBLUE, MESA, REPUBLIC, SHUTTLE AMERICA, SPIRIT, TRANS STATES, VIRGIN AMERICA	Provide "Schedule Detail Report" for all 12 months. These can be printed from Sabre CrewTrac; be sure to print each month individually to get the correct detail.
	If you prefer to utilize Flightline Services, you must contact them directly at 800-659-9859 or www.flightline.com to order your Expense Report and Flight Log. Submit all pages of both reports with your tax documents. Flightline does not make these reports available to you until mid February at the earliest. Not available for Freedom Airlines.
	Comments:

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, Flighttax, 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

- | | |
|--|---|
| <input type="checkbox"/> Originals of all W-2's | <input type="checkbox"/> Copy of Closing Statement if Bought/Sold Home |
| <input type="checkbox"/> Copy of Last Pay Stub of 2017 | <input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat |
| <input type="checkbox"/> Original Employer-Provided Health Insurance Offer and Coverage 1095-C or 1095-B | <input type="checkbox"/> Copies of Monthly Flight Schedules |
| <input type="checkbox"/> Original Health Insurance Marketplace Statement 1095-A | <input type="checkbox"/> Original Voided Check for Direct Deposit |
| <input type="checkbox"/> Originals of Interest Statements 1099 INT | <input type="checkbox"/> Original Local Tax Forms with Instructions |
| <input type="checkbox"/> Original Tuition Statement 1098T | <input type="checkbox"/> Copy of Last Year's Federal and State Tax Return if you are a New Client |
| <input type="checkbox"/> Original Dividend Statements 1099 DIV | <input type="checkbox"/> Copy of Any Statement of which you are unsure |
| <input type="checkbox"/> Copies of Sale of Stock/Bonds 1099B | <input type="checkbox"/> Copy of K-1's for Partnership, S-Corp, or Trusts |
| <input type="checkbox"/> Copies of Brokerage Statements for All Sales | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Original Retirement Statements 1099R | <input type="checkbox"/> Signed Back Page! |
| <input type="checkbox"/> Copies of Mortgage Statements 1098 | <input type="checkbox"/> Complete Organizer! |



www.pilot-tax.com

317-984-7666

FAX 800-951-8879

LOCAL FAX 317-984-5841

U.S. Postal Mailing Address:

P.O. Box 945
Cicero, IN 46034

FedEx / UPS Shipping:

220 West Jackson Street
Cicero, IN 46034

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

2017

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Pilot-Tax/Specialty Tax Services to enter or generate my PIN

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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ~~X~~ Date ▶

Spouse's PIN: check one box only

- I authorize Pilot-Tax/Specialty Tax Services to enter or generate my PIN

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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ~~X~~ 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.

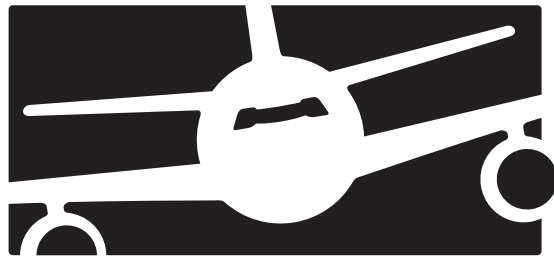
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return 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



PILOT-TAX

ELECTRONIC FILING INSTRUCTIONS

For your refund to be electronically filed by
Pilot-Tax, you must complete the following:

- Specify that you would like to electronically file your return in the Client Organizer.
- You must fill in your Name and Social Security number on the top portion of the 8879 form.
- 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 no later than April 17th, 2018.
- You may fax the form to us at **800-951-8879**
- You also may email signed form to: **8879@pilot-tax.com**
- You can snap a photo with your phone and text it to us at: **317-658-7268**
- Or you may mail it: **Pilot-Tax, P.O. Box 945, Cicero, IN 46034**
- Most important!! Call us at (317) 984-7666 and confirm receipt of your fax/email.

Your Name: _____