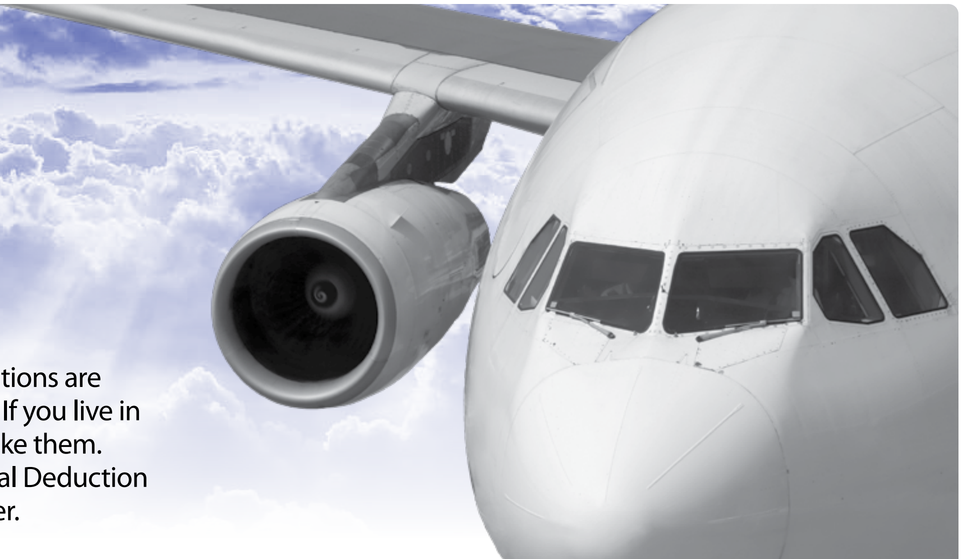
PILOT-TAX



2018 Tax Year

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

PERSONAL DATA *(Please Print)*

First Name	M.I.	Last Name (as on your SS Card)	Social Security Number	Date of Birth	Sex
Taxpayer:					☐ M ☐ F
Spouse:					☐ M ☐ F

Street Address	Apt. #	City	State	Zip Code
Current Tax Address:				
Mailing Address:				

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.*
Mailing Address: *The address where we mail your documents if different from your tax address.*

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? ☐ Yes ☐ No **If yes, tell us which carrier to use (e.g. Verizon, Sprint, etc.)**	

FILING STATUS *(Check One)*

☐ **Single** ☐ **Married Filing Joint** ☐ **Qualifying Widow(er)** Spouse's date of death

☐ **Married Filing Separate** *If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.*	Spouse Name:	Spouse Soc. Sec. #:
	Did you live with your spouse any time during 2018? ☐ Yes ☐ No	If yes, did you live with your spouse any time after June 30? ☐ Yes ☐ No
☐ **Head of Household** *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.*	Name:	Soc. Sec. #:
	Relationship: Date of Birth:	# of months lived with you:
	Who is claiming this person on their tax return?	
☐ **Domestic Partner/Civil Union** *If you are in a legal union recognized by your state (e.g. civil union, registered domestic partnership).*	List State(s) where your relationship is registered:	
	For your state return(s), please identify your preferred filing status: ☐ Married Filing Joint ☐ Married Filing Separate	

Victim of Identity Theft? ☐ Yes ☐ No *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.*

DEPENDENT INFORMATION

If you have dependents, complete and physically sign the attached dependent worksheet.

DIVORCE

Yes	No	Please Answer All Questions	Amount
		What date was your divorce/separation agreement finalized:	
☐	☐	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.*	

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you receive any alimony during 2018?	$
☐	☐	Did you pay any alimony in 2018? To: SSN:	$

IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you make any out of state purchases without paying sales tax that you need to claim on your state return?	$
☐	☐	Do you have any children under age 24 with investment income over $2,100? If yes, please provide 1099 statements.	
☐	☐	Did you adopt a child during 2018? If yes, contact us for additional information.	
☐	☐	Do you owe any back taxes to the IRS or your state?	
☐	☐	Do you have any delinquent student loans or owe back child support?	
☐	☐	Did the IRS garnish your refund last year?	
☐	☐	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.	
☐	☐	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
☐	☐	Did Pilot-Tax prepare your 2017 tax return?	
☐	☐	Did you receive a federal refund last year? If yes, amount?	$
☐	☐	Did you receive a state and/or local tax refund last year? If yes, amount?	$
☐	☐	Did you pay additional tax when you filed your state or local tax return last year? If yes, amount?	$
☐	☐	Did you itemize your deductions for 2017?	
☐	☐	Did you take a distribution from a retirement plan (401K, IRA, SEP, Roth) during 2016 or 2017?	
☐	☐	Have you been (or are you being) audited for 2016 or 2017?	
☐	☐	Did you claim a Net Operating Loss (NOL) or carry over loss in 2017?	

Who referred you to Pilot-Tax?

FOREIGN ACCOUNTS

Yes	No	Please Answer All Questions
☐	☐	At any time during 2018, 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)
☐	☐	Did the combined value of these accounts exceed $10,000 at any time during 2018? **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, 2019*.**

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 2018

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
	☐	☐	☐			☐ Yes ☐ No		
	☐	☐	☐			☐ Yes ☐ No		
	☐	☐	☐			☐ Yes ☐ 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
☐	☐	Did you receive any unemployment during 2018? If yes, please provide Form 1099 G.	$
☐	☐	Did you receive a K-1 from any entities–Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.	$
☐	☐	Did you receive any Social Security during 2018? (Enclose SSA - 1099)	$

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.
Note: Provide Forms W-2G reporting state where winnings were paid.

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you have any gambling winnings in 2018?	$
☐	☐	Did you have any gambling losses in 2018?	$

Yes	No	Question		Amount
☐	☐	Did you receive any type of additional income during 2018? (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	$

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

B. 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 2018 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?*
	☐T/P ☐S		☐T/P ☐S		☐T/P ☐S
	☐T/P ☐S		☐T/P ☐S		☐T/P ☐S

D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2018 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?*
	☐T/P ☐S ☐D		☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D		☐T/P ☐S ☐D

E. FORM 1099-DIV: DIVIDENDS AND DISTRIBUTIONS

Please list the institutions for which 2018 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?*
	☐T/P ☐S ☐D		☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D		☐T/P ☐S ☐D

F. FORM 1099-B: STOCKS AND BONDS SOLD*

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
			$	$
			$	$

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

Please list the institutions and provide the following information for which 2018 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
	☐T/P ☐S			$
	☐T/P ☐S			$

H. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS*

Traditional IRA	Taxpayer	Spouse
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
2018 contribution already made, if any. *(May qualify for tax credit.)*	$	$
Roth IRA		
2018 Roth contribution already made, if any. *(May qualify for tax credit.)*	$	$
Self Employment Retirement Plan		
2018 contribution already made, if any. *(May qualify for tax credit.)*	$	$

I. EDUCATION DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2018? ***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	☐1ST ☐2ND ☐3RD ☐4TH ☐Grad	☐1ST ☐2ND ☐3RD ☐4TH ☐Grad	☐1ST ☐2ND ☐3RD ☐4TH ☐Grad	☐1ST ☐2ND ☐3RD ☐4TH ☐Grad
Was student at least halftime?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Has student ever been convicted of a Federal or State Felony Drug Offense?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Amount of Tuition Paid	$	$	$	$
Amount of 529 Plan Withdrawals	$	$	$	$
Amount of 529 Plan Withdrawals used for Qualified Expenses	$	$	$	$

J. MISCELLANEOUS EXPENSES

Investment Expense is no longer deductible

Personal Property Tax	$	Margin or Investment Interest Paid	$	Vehicle Excise/Ad Valorem Tax	$

K. 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 $250.*

Total Classroom Expenses *(keep receipts)*	$	Grade level taught	

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 2018. *(Enclose copy of receipts.)*	$
Sales tax paid on all items purchased during 2018—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 2018. 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 2018?	☐ Yes ☐ No	Amount contributed?	$

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?	☐ Self Only ☐ Family	Number of months in the high deductible health plan in 2018	months	Was high deductible health plan in effect for the month of December 2018?	☐ Yes ☐ No

Total HSA contributions for 2018 made through payroll deduction *Form 5498-SA required*	$	Total HSA distributions for 2018 *Form 1099-SA required*	$
Total HSA contributions for 2018 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	$	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 or police report.

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

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.*

Cash	Church	$	Official Charities	$	Airline Charity	$
	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. Download additional worksheets at pilot-tax.com*

Non-Cash	Charitable Organization receiving donated goods:			
	Address of this organization:			
	Do you have an itemized list and the corresponding receipt? ☐ Yes ☐ 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 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?	☐ Yes ☐ No

At any time in 2018, 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 2018?	☐ Yes	☐ 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?	☐ Yes	☐ No	If yes, enter the amount spent for each	Home Improvements $	Other $

Did you sell your home in 2018?	☐ Yes	☐ 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?	☐ Yes	☐ No	Number of years in home before sale:
Was an office in home deduction ever taken?	☐ Yes	☐ No	If yes, please provide tax return from each year taken *(new clients)*.
Was this home ever used as a rental property?	☐ Yes	☐ No	If yes, please provide tax return from each year rented *(new clients)*.
Did you purchase your home in 2018?	☐ Yes	☐ No	If yes, ***a copy of your closing statement is required***.

T. 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.

U. 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.

V. 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	$

Name of Lender	Lenders' Street Address	City	State	Zip

W. 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:

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

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 2018? *If yes, provide copies of all forms issued.*	☐ Yes ☐ No

List Equipment Purchased in 2018	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?	☐ Yes ☐ No	Miles Driven for Commuting Jan. 1–June 30	mi.
Do you have evidence to support the deduction?	☐ Yes ☐ No	Miles Driven for Commuting July 1–Dec. 31	mi.
Is this evidence written?	☐ Yes ☐ No	Were you reimbursed or paid for any of your vehicle expenses?	☐ Yes ☐ No
Miles Driven for Personal Jan. 1–Dec. 31	mi.	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 2018 (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 2018		HOA Fees, Security, Other (specify)	$

Small Business Comments and Other Expenses

Estimated Tax Payments should be included in Section B.

X. RENTAL INCOME AND EXPENSE*

If you have more than two properties, download additional forms 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	
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				
Total Rent Received in 2018	**$**		**$**	

Annual Expenses	Property 1		Property 2	
Advertising	$	OFFICE USE ONLY	$	OFFICE USE ONLY
Travel / Hotel Expense	$		$	
Cleaning / Maintenance	$		$	
Insurance	$		$	
Legal / Professional Fees	$		$	
Management Fees & Commissions	$		$	
Mortgage Interest	$	OFFICE USE ONLY	$	OFFICE USE ONLY
Real Estate Tax	$		$	
Supplies	$		$	
Repairs *If total exceeds $1,000–please provide itemized list*	$		$	
Utilities	$		$	
Telephone	$	OFFICE USE ONLY	$	OFFICE USE ONLY
Condo / HOA Fees	$		$	
Lawn Care	$		$	
Bank Fees	$		$	
Other—Specify:	$		$	

List Furniture & Equipment Purchased and Major Improvements made in 2018 ***(not included above)***

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

Important Questions	Property 1	Property 2
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 2018 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?	☐ Yes ☐ No
Total Miles Driven for Rental Activity—All Properties	mi.	Is the evidence written?	☐ Yes ☐ 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? *(If yes, provide tax form.)*	☐ Yes ☐ No
Name of Locality:	
Did you pay any estimated tax to your locality during 2018? *(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.

AL Drivers License information required to E-File

Taxpayer DL #:	Issue Date:	Expiration Date:	Issue State:
Spouse DL #:	Issue Date:	Expiration Date:	Issue State:

CT Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax. *(Maximum total credit is $300)*

Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid
Home		$	Auto 1		$	Auto 2		$

ID	Cost of insulation installed in primary residence during 2018. *(Home must have been built or started prior to 1/1/02.)*	$
IL	Property owners provide PIN #. *(PIN=Property Index Number on Property Tax Statement)*	
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 *(public transportation only)*.	$
	Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty.	
MI	Provide the property tax statement showing 2018 taxable value of your home.	$
MN	Send statement of property taxes **"payable in 2019"**. You should receive this statement in March of 2019.	
OH	Amount of job training expenses incurred during 12 months after employment layoff.	$

RENTER'S CREDIT

*If you paid rent at your TAX ADDRESS during year 2018, 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). 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
		$				
		$				

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 & fees paid to public or private schools. Other education supplies including up to $400 for the purchase of a home computer & 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. 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 12/31/18*		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:			$

Military Worksheet

Active Duty Military: Professional Deductions are disallowed on Federal for 2018 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?		☐ Yes ☐ No

RESERVE COMPONENT & NATIONAL GUARD MEMBERS

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 ***driven*** to/from Post		
Did the military provide housing?	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ 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)*	$

ADDITIONAL COMMENTS

—IMPORTANT—

Please Complete each Section Below!

Electronic Filing—*No additional fee for this service!*

☐ **Yes!** Electronically file my federal and state returns.

What you need to do: *(yes…it's free)*

1. Check the above box.
2. Keep the yellow copy of Form 8879 with you.
3. We will contact you with the final numbers.
4. Fill in the final numbers on the form.
5. Select any 5 digit PIN and sign the form. See instructions on the back of form.
6. Fax it to us at 800-951-8879.

☐ **No!** I do not want to electronically file my returns.

What you need to do: *($50 additional fee)*

1. Check the above box.
2. When you receive your information back from us, sign the federal & state tax returns.
3. Mail them in the appropriate envelopes (they will be included with your returns).

Additional Fee of $50.00 for all Mail-In Returns

Direct Deposit—*No additional fee for this service!*

☐ **Yes!** Have my refund deposited!

FREE!

What you need to do: *(yes…it's free)*

1. Check the above box.
2. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it.

☐ **No!** Do not deposit my refund into my account!

What you need to do:

1. Check the above box.
2. The refund will be mailed to your **TAX ADDRESS**. Allow an extra 2–4 weeks to receive your refund.

Digital Copy! *Instead of a paper copy, all clients will receive a digital copy of their return via our secure online portal at no additional cost.*

Again, all clients will receive a digital copy of their return via our secure online portal. Initial here if you ***do not*** want a digital copy, and would prefer a physical copy of your return. Due to printing and shipping costs, **$10 will be added to your fee**.

INITIAL HERE

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. Again, payment is required before filing of return. We no longer offer "Fee From Refund" as a payment option.*

☐ **Check or Money Order** **Make payable to Pilot-Tax.** ($25.00 charge for all returned checks.)

☐ **Credit/Debit Card** ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

(Will appear on your receipt as *Specialty Tax Services, Inc.*)

Card Number

Exp. Date /

3 or 4 digit Security Code*

Cardholder Name

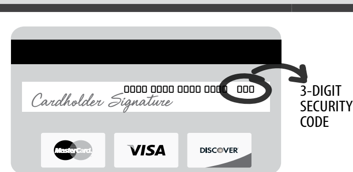
Signature of Cardholder

Billing Zip Code

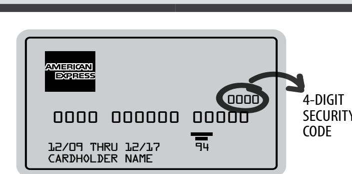
☐ **Online Bill Payment via Pilot-Tax.com**

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
Federal Long Form—Schedule A	**1040**	**$259**
First State Return		**$40**
Additional State Return(s)		**$50 each**
State w/Filing Status Change		**$60 each**
Domestic Partner State		**$80**
Premium Tax Credit	**8962**	**$30**
Health Coverage Exemptions	**8965**	**$30**
Physical Copy of Return *(printing & postage)*		**$10**
Additional Forms		
Local Tax Return		$50 each
Joint Return		$20
Standard Return *(Non E-File)*		$50
W-2's in excess of 2 per Taxpayer		$3 each
1099-R Retirement Statements		$20 each
1099 Retirement—Tax and Penalty	5329	$30
Additional Child Tax Credit	8812	$10
Alternative Minimum Tax	6251	$50
Alternative Motor Vehicle Credit	8910	$50
Business Use of Home	8829	$30
Capital Gains & Losses *(see note below)*	Sch. D	$30*
Sale of Capital Assets		**see below*
Casualty Loss – Federally Declared Disaster	4684	$50
Child Care Credit	2441	$40
Contract & Straddles	6781	$80
First Time Home Buyers Credit / Recapture	5405/8859	$30
Depreciation Worksheet		$10 each
Earned Income Credit	Sch. EIC	$50
Education Credits or Deductions	8863/1040	$40
Energy Credit	5695	$50
Extension of Time to File	4868	NC
Farm Income	Sch. F	$80
Farm Rental	4835	$80
Federal Estimated Payment Vouchers	1040 ES	$30

Item	Form #	Price
Foreign Income Exclusion/Bona Fide Resident	*see Foreign Domicile Organizer*	
Foreign Source Income Calculation	*see Foreign Domicile Organizer*	
Foreign Tax Credit	1116	$50
Foreign Financial Asset *(1st Account)*	8938	$30
Foreign Financial Asset *(Each Additional)*	8938	$10
Health Insurance Credit	8885	$30
Injured Spouse/Innocent Spouse	8379/8857	$50
Installment Gain	6252	$80
Interest & Dividend Income over $1500	Sch. B	$30
Investment Interest Expense	4952	$30
Investment Tax—Children Under 18	8615	$40
Mortgage Interest Credit	8396	$20
Military Moving Expense	3903	$30
Net Operating Loss	1045	$100
Non Cash Contributions in excess of $500	8283	$30
Non Deductible IRA	8606	$30
Parents Reporting of Childs Income	8814	$40
Partnerships & S Corporations	K-1	$50
K-1 Publically Traded Partnership	multiple	$100
Passive Activity Loss	8582	$30
Prior Year Minimum Tax Credit	8801	$30
Reduction of Tax Attributes	982	$50
Rental Property *(price per property)*	Sch. E	$80
Rental Property *(New–first time reporting)*	Sch. E	$100
Retirement Savings Credit	8880	$10
Sale of Business Assets	4797	$100
Self Employment Tax	Sch. SE	$20
1099 Misc. Income	Sch. C	$50 each
Small Business	Sch. C	$80 each
Vehicle Credit	8936	$50
Small Business Disclosure Statement	8275	$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.

Representation Fees: Our fees for Audit Representation will be $100 for current clients and $250 for non-clients. Representation for IRS/State Correspondence letters will be $50 for current clients and $100 for non-clients (per incident/year).

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.

***Note on fees:** Most federal returns will be completed for the base fee of $259. This 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, Flightax, 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 of 2018
- ☐ 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**

PILOT-TAX

317-984-7666 PHONE

800-951-8879 FAX
317-984-5841 LOCAL FAX

pilot-tax.com
info@pilot-tax.com

U.S. Postal Mailing Address
PO Box 945
Cicero, IN 46034

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