



PILOT-TAX

2020 Tax Year

STIMULUS PAYMENT

As part of the CARES Act passed by Congress, you may have received a coronavirus stimulus payment (officially known as an Economic Impact Payment) in 2020.

YES, I received a stimulus payment

NO, I did not get a stimulus payment

Amount of payments \$

\$

\$

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>						
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.)				
Occupation	Airline	Base	Employee #	Date of Hire	Preferred Name/Nickname	
Taxpayer:						
Spouse:						
Taxpayer:	<input type="checkbox"/> Retired	Date:	<input type="checkbox"/> Furlough	Date:	<input type="checkbox"/> Leave of Absence	Date:
Spouse:	<input type="checkbox"/> Retired	Date:	<input type="checkbox"/> Furlough	Date:	<input type="checkbox"/> Leave of Absence	Date:

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 2020? <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 on the separate dependent worksheet.</i>	Name: _____ Soc. Sec. #: _____	
	Relationship: _____ Date of Birth: _____	# of months lived with you: _____
Who is claiming this person on their tax return?		
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

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

DIVORCE

Yes	No	Please Answer All Questions	Amount	Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	What date was your divorce/separation agreement finalized:		<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any alimony during 2020?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Was the original divorce decree or separation agreement modified any time after 12/31/18? <i>If yes, provide a full copy of the modified agreement.</i>		<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any alimony in 2020?	\$
				To:			
				SSN:			

IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions	Amount	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"/>	Did you have any debts cancelled or forgiven? If yes, provide explanation in Comments on pg. 9. Provide Form 1099-A and/or 1099-C.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any children under age 24 with investment income over \$2,200? If yes, please provide 1099 statements.		<input type="checkbox"/>	<input type="checkbox"/>	Do you agree to allow Pilot-Tax to discuss this return with the IRS should questions arise?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt a child during 2020? If yes, contact us for additional information.		What is your maiden name or previous married name?			
<input type="checkbox"/>	<input type="checkbox"/>	Do you owe any back taxes to the IRS or your state?		NEW CLIENTS ONLY			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any delinquent student loans or owe back child support?		New Clients must provide full copy of prior year Federal and State Tax Return.			
<input type="checkbox"/>	<input type="checkbox"/>	Did the IRS garnish your refund last year?		Who referred you to Pilot-Tax?			

FOREIGN BASED PILOTS

If you are based abroad for any part of the tax year, you will need to complete the Foreign Domicile Organizer. Download a copy at www.Pilot-Tax.com.

FOREIGN ACCOUNTS

Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2020, 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 2020? If yes, provide the Country(ies) as these must be reported on your tax return.	
<p>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, 2021.</p>			

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 2020

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	Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment during 2020? If yes, please provide Form 1099 G.	\$	<p><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></p> <p>Note: Provide Forms W-2G reporting state where winnings were paid.</p>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a K-1 from any entities—Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling winnings in 2020?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security during 2020? (Enclose SSA - 1099)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses in 2020?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of additional income during 2020? (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 2020 employers for you and your spouse, indicate whether the employer is the Taxpayer's or Spouse's, and **provide the original Forms W-2.**

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

D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2020 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 \$2,200, 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 2020 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 \$2,200, 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 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 2020 distributions were received for you and your spouse. **Please provide the original Forms 1099-R.**

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

H. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS*

Traditional IRA	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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2020 contribution already made, if any. (May qualify for tax credit.)	\$	\$
Roth IRA		
2020 Roth contribution already made, if any. (May qualify for tax credit.)	\$	\$
Self Employment Retirement Plan		
2020 contribution already made, if any. (May qualify for tax credit.)	\$	\$

I. EDUCATION DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2020? **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. 529 PLAN WITHDRAWALS FOR K-12

If you took a 529 Plan distribution for grades K-12 tuition, provide 1099-Q Statement for each student.

Did you take a 529 Plan distribution for grades K-12? Yes No *If your 529 withdrawal was for college or grad school tuition, see Section I on page 3.*

K. MISCELLANEOUS EXPENSES

Investment Expense is no longer deductible

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

L. K-12 EDUCATOR EXPENSES—W-2 INCOME ONLY*

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

Total Classroom Expenses (keep receipts) \$ _____ Grade level taught _____

M. 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 2020. (Enclose copy of receipts.) \$ _____

Sales tax paid on all items purchased during 2020—IRS requires documentation for all items purchased. \$ _____

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 _____ months Was high deductible health plan in effect for the month of December 2020? Yes No

Total HSA contributions for 2020 made through payroll deduction **Form 5498-SA required** \$ _____ Total HSA distributions for 2020 **Form 1099-SA required** \$ _____

Total HSA contributions for 2020 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.

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

R. CHARITABLE CONTRIBUTIONS*

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Date of Donation		Resale Value of Furniture	\$		
	Original Purchase Date:		Resale Value of Clothing	\$		
	How acquired? (purchase, inheritance, gift):		Resale Value of Appliances	\$		
	Original Purchase Price:	\$	Resale Value of Household Items	\$		

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

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

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

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

At any time in 2020, 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 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide number of years you refinanced & closing statement.	
Did you use the Home Equity line of credit for anything other than home improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter the amount spent for each	Home Improvements \$ Other \$
Did you sell your home in 2020?	<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 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a copy of your closing statement is required.	

T. FIRST-TIME HOMEBUYER (FTHB) CREDIT RECAPTURE* If Pilot-Tax did not prepare your 2008 return, you must provide a full copy of the 2008 return.

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

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 \$
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Expenses

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

Contract Labor	\$	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 2020? If yes, provide copies of all forms issued.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List Equipment Purchased in 2020	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 Personal Jan. 1–Dec. 31	mi.
Date First Used for Business	Miles Driven for Business Jan. 1–Dec. 31	mi.
Do you have another car for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Commuting Jan. 1–Dec. 31 mi.
Do you have evidence to support the deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you reimbursed or paid for any of your vehicle expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the amount? \$

Home Office *Must be used exclusively and regularly for business.*

Square Footage of Home	sq./ft	Cost of Utilities during 2020 (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 2020		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 2020	\$			\$	
Annual Expenses	Property 1	OFFICE USE ONLY		Property 2	OFFICE USE ONLY
Advertising	\$			\$	
Travel / Hotel Expense	\$			\$	
Cleaning / Maintenance	\$			\$	
Insurance	\$			\$	
Legal / Professional Fees	\$			\$	
Management Fees & Commissions	\$			\$	
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	\$			\$	
Other—Specify:	\$			\$	

List Furniture & Equipment Purchased and Major Improvements made in 2020 (not included above)

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

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 2020 please provide the Closing / Settlement Statement for each transaction.

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

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

Rental Comments and Other Expenses

LOCAL ISSUES—Residents of OH Only

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

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

ATTENTION RESIDENTS OF DE, MI, MO, and PA: Clients with local returns must be received by March 1st. If you want 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 2020? (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 2020. (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 2020 taxable value of your home. \$

MN Send statement of property taxes "payable in 2021". You should receive this statement in March of 2021.

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 2020, 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.			Louisiana	Expenses for required school uniforms, tuition, fees, textbooks, curricula, instructional materials and educational supplies.	
Illinois	Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify (must be over \$250).			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.	
Indiana	List children enrolled in non-public private, parochial or home school for grades K-12.			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.	
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.					

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 12/31/20	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 2020 but may still be allowed on state returns.

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

MOVING EXPENSES—ACTIVE DUTY MILITARY ONLY*

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

RESERVE COMPONENT & NATIONAL GUARD MEMBERS

<p>Branch of Military & Rank:</p> <p>Are you Active Duty? <input type="checkbox"/> Reservist? <input type="checkbox"/> National Guard? <input type="checkbox"/></p> <p>1st Post of Duty: Three Letter Code:</p> <p>2nd Post of Duty: Three Letter Code:</p> <p>Number of miles from Home to 1st Post: 2nd Post:</p> <p style="text-align: center;">Reservist</p> <p><i>Travel expenses related to your Reservist Activities are deductible. This deduction includes meals, lodging and transportation expense, and is based on the rates applied to federal employees. If you travel over 100 miles from your post of duty, you are no longer required to itemize your deductions in order to receive this benefit, as these expenses are now deducted on the front of the tax return. If you travel 100 miles or less, your deduction will be taken as itemized deductions.</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">1st Post</th> <th style="width: 20%; text-align: center;">2nd Post</th> </tr> </thead> <tbody> <tr> <td>Number of Nights Spent at Post</td> <td></td> <td></td> </tr> <tr> <td>From: To:</td> <td></td> <td></td> </tr> <tr> <td>Number of round trips <i>driven</i> to/from Post</td> <td></td> <td></td> </tr> <tr> <td>Did the military provide housing?</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Hotel/Housing Expense Paid by You</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Miles driven while at post in personal car</td> <td style="text-align: center;">mi.</td> <td style="text-align: center;">mi.</td> </tr> <tr> <td>Rental Car Expense</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Were you paid a per diem?</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>What was the total per diem paid?</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p style="text-align: center;">General Military Deductions <i>Do not include airline expenses.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Dress Uniform Purchase</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Dress Uniform Shoes</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Uniform Accompaniments</td> <td style="text-align: center;">\$</td> </tr> </table>		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.	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ADDITIONAL COMMENTS

PRICING INFORMATION

\$30 processing fee for all Organizers postmarked after March 1st!
An Extension will be filed for all returns received after March 15th.

Item	Form #	Price	Item	Form #	Price
Federal Long Form—Schedule A	1040	\$259	Farm Rental	4835	\$80
First State Return		\$40	Federal Estimated Payment Vouchers	1040 ES	\$30
Joint Return		\$20	Foreign Income Exclusion/Bona Fide Resident	<i>see Foreign Domicile Organizer</i>	
Additional State Return(s)		\$50 each	Foreign Source Income Calculation	<i>see Foreign Domicile Organizer</i>	
State w/Filing Status Change		\$60 each	Foreign Tax Credit	1116	\$50
Domestic Partner State		\$80	Foreign Financial Asset (<i>1st Account</i>)	8938	\$30
Premium Tax Credit	8962	\$30	Foreign Financial Asset (<i>Each Additional</i>)	8938	\$10
Health Coverage Exemptions	8965	\$30	Health Insurance Credit	8885	\$30
Physical Copy of Return (<i>printing & postage</i>)		\$10	Injured Spouse/Innocent Spouse	8379/8857	\$50
Additional Forms			Installment Gain	6252	\$80
Local Tax Return		\$50 each	Interest & Dividend Income over \$1500	Sch. B	\$30
Standard Return (<i>Non E-File</i>)		\$50	Investment Interest Expense	4952	\$30
W-2's in excess of 2 per Taxpayer		\$5 each	Investment Tax—Children Under 18	8615	\$40
1099-R Retirement Statements		\$20 each	Mortgage Interest Credit	8396	\$20
1099 Retirement—Tax and Penalty	5329	\$30	Military Moving Expense	3903	\$30
Additional Child Tax Credit	8812	\$10	Net Operating Loss	1045	\$100
Alternative Minimum Tax	6251	\$50	Non Cash Contributions in excess of \$500	8283	\$30
Alternative Motor Vehicle Credit	8910	\$50	Non Deductible IRA	8606	\$30
Business Use of Home	8829	\$30	Parents Reporting of Childs Income	8814	\$40
Capital Gains & Losses (<i>see note below</i>)	Sch. D	\$30*	Partnerships & S Corporations	K-1	\$50
Sale of Capital Assets		<i>*see below</i>	K-1 Publicly Traded Partnership	multiple	\$100
Casualty Loss—Federally Declared Disaster	4684	\$50	Passive Activity Loss	8582	\$30
Child Care Credit	2441	\$40	Prior Year Minimum Tax Credit	8801	\$30
Contract & Straddles	6781	\$80	Reduction of Tax Attributes	982	\$50
First Time Home Buyers Credit/Recapture	5405/8859	\$30	Rental Property (<i>pPrice per property</i>)	Sch. E	\$80
Depreciation Worksheet		\$10 each	Rental Property (<i>New—first time reporting</i>)	Sch. E	\$100
Earned Income Credit	Sch. EIC	\$50	Retirement Savings Credit	8880	\$10
Education Credits or Deductions	8863/1040	\$40	Sale of Business Assets	4797	\$100
Energy Credit	5695	\$50	Self Employment Tax	Sch. SE	\$20
Extension of Time to File	4868	NC	1099 Misc. Income	Sch. C	\$50 each
Farm Income	Sch. F	\$80	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.

***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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Originals of all W-2's <input type="checkbox"/> Copy of Last Pay Stub of 2020 <input type="checkbox"/> Original Employer-Provided Health Insurance Offer and Coverage 1095-C or 1095-B <input type="checkbox"/> Original Health Insurance Marketplace Statement 1095-A <input type="checkbox"/> Originals of Interest Statements 1099 INT <input type="checkbox"/> Original Tuition Statement 1098T <input type="checkbox"/> Original Dividend Statements 1099 DIV <input type="checkbox"/> Copies of Sale of Stock/Bonds 1099B <input type="checkbox"/> Copies of Brokerage Statements for All Sales <input type="checkbox"/> Original Retirement Statements 1099R <input type="checkbox"/> Copies of Mortgage Statements 1098 <input type="checkbox"/> Copy of Closing Statement if Bought/Sold Home | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat <input type="checkbox"/> Original Voided Check for Direct Deposit <input type="checkbox"/> Copy of Last Year's Federal and State Tax Return if you are a New Client <input type="checkbox"/> Copy of Any Statement of which you are unsure <input type="checkbox"/> Copy of K-1's for Partnership, S-Corp, or Trusts <input type="checkbox"/> Copies of Divorce Decree / Separation Agreement <input type="checkbox"/> Copies of Modified Divorce Decree/Separation Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Signed Back Page! <input type="checkbox"/> Completed Organizer! <input type="checkbox"/> Completed and Signed Dependent Worksheet |
|--|---|

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



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

Dependent Worksheet

Changes in Federal Tax Law require Tax Practitioners to adhere to Due Diligence rules for claiming dependents. In order to comply with the new law, complete this form in its entirety to claim a dependent.

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

TAXPAYER AND SPOUSE SIGNATURES *(Required)*

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

<i>Taxpayer Must Sign Here</i>		<i>Spouse Must Sign Here</i>	
Taxpayer's Printed Name:	Date	Spouse's Printed Name	Date

DEPENDENT #1 *(Please Print)*

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

DEPENDENT #2 *(Please Print)*

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

DEPENDENT #3 *(Please Print)*

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

DEPENDENT #4 *(Please Print)*

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

DEPENDENT #5 *(Please Print)*

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

DEPENDENT #6 *(Please Print)*

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

DEPENDENT #7 *(Please Print)*

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



ELECTRONIC FILING INSTRUCTIONS

Your Name: _____

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

- You must fill in your name on the top portion of the 8879 form. Leave your Social Security Number blank for security.
- Select a personal identification number (PIN) as your signature for your electronic income tax return. This five digit PIN can be any combination of numbers you choose. Most of our clients choose to use their zip code. You will not be asked to remember this number for any future purpose.
- Under Part II, You (and spouse if applicable) must **SIGN** and enter your PIN number(s) where appropriate.
- Return this **SIGNED** copy of the 8879 Electronic Filing Authorization form to our office no later than April 15th, 2021.
- 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**
- Most important!! Call us at (317) 984-7666 and confirm receipt of your fax/email.



IRS e-file Signature Authorization

OMB No. 1545-0074

▶ ERO must obtain and retain completed Form 8879.
 ▶ Go to www.irs.gov/Form8879 for the latest information.

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

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

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

Enter whole dollars only on lines 1 through 5.

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

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

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

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

Taxpayer's PIN: check one box only

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

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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.

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Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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