

F.C. TAX AND ACCOUNTING, INC.

CHECKLIST & CREW DEDUCTIONS WORKSHEET

NEW CLIENTS - PLEASE COMPLETE APPLICABLE PORTIONS OF THIS FORM AND PROVIDE A COPY OF LAST YEAR'S TAX RETURN, A COPY OF YOUR LAST PAYSTUB OF THE YEAR, ALL W2s, 1098s, 1099s AND BANK ACCOUNT INFORMATION (FOR DIRECT DEPOSIT). REVIEW THE ENTIRE FORM TO ENSURE COMPLETE INFORMATION IS PROVIDED.

RETURNING CLIENTS - PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED FROM THE PRIOR YEAR. PROVIDE A COPY OF YOUR LAST PAYSTUB OF THE YEAR AND ALL W2s, 1098s and 1099s. REVIEW THE ENTIRE FORM TO ENSURE COMPLETE INFORMATION IS PROVIDED.

UNLESS OTHERWISE NOTIFIED, A COPY OF YOUR COMPLETED TAX RETURN WILL BE SENT TO YOU VIA PORTALSAFE SO WE MUST HAVE YOUR VALID EMAIL ADDRESS. PAPER COPIES WILL NOT BE MAILED.

EXAMPLES OF TAX FORMS YOU MAY RECEIVE:

W2, W2G, 1098, 1098-E, 1098-T, 1099, 1099-INT, 1099-DIV, 1099-B, 1099-R, 1099-G, SSA-1099, RRB-1099, 1099-MISC

IF YOU HAVE BUSINESS INCOME OR A RENTAL PROPERTY, PLEASE LET US KNOW AND WE WILL CONTACT YOU FOR FURTHER DETAILS.

I have business income_____ I have a rental property_____

CLIENT INFORMATION

Name (first, middle, last): _____

Date of birth: _____ Social security number: _____

Address: _____

County: _____

Municipality (if known): _____

School district: _____

Phone number: _____ Email: _____

Spouse name (first, middle, last): _____

Spouse date of birth: _____ Spouse social security number: _____

Spouse phone #: _____ Spouse email: _____

Mailing address (if different than above): _____

DEPENDENTS

Name: _____ Relationship: _____

Date of birth: _____ Social security number: _____

Name: _____ Relationship: _____

Date of birth: _____ Social security number: _____

Name: _____ Relationship: _____

Date of birth: _____ Social security number: _____

Name: _____ Relationship: _____

Date of birth: _____ Social security number: _____

FILING STATUS:

Single: _____ Married filing jointly: _____ Married filing separately: _____

Head of household: _____

LAST YEAR, DID YOU?

Get married _____ Divorce/separate _____ Adopt _____ Buy/sell/refinance home _____

If you bought/sold/refinanced a home, please provide the HUD 1/settlement/closing statement.

If you adopted, we will contact you for further details.

QUARTERLY TAX PAYMENTS (sent by you to the IRS/your state)

IRS:

State: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

Date & amount: _____

MUTUAL FUND/STOCK SALES* (not from employer benefit accounts)

MUST provide the following:

Fund/description: _____ Quantity sold: _____

Date acquired: _____ Purchase price: _____ Date sold: _____

Sell price: _____ Cost to buy/sell: _____

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Date acquired: _____ Purchase price: _____ Date sold: _____

Sell price: _____ Cost to buy/sell: _____

***MUST provide year end brokerage statements, personal
spreadsheets (IF USED) and 1099-B and 1099 consolidated forms**

ALIMONY

Amount received: _____ Amount paid: _____

Recipient's name: _____

Recipient SS#: _____

HOME OWNERS*

Property taxes: _____ Mortgage interest: _____ Points paid: _____

PMI Insurance: _____

***MUST provide 1098(s)**

MOVING

If you moved last year, please provide date(s) you moved and state(s) you moved from/to:

Was your move work related? _____ If yes, was it more than 50 miles _____

If you answered yes to both questions, we will contact you for more details.

MEDICAL EXPENSES

Must exceed 10% of your adjusted gross income, unless you or your spouse were born before January 2, 1949 and then it must exceed 7.5%.

Deductibles paid: _____

Doctor/dentist/hospital: _____

Prescription medicines: _____

Optometry/eye wear: _____

Medical equipment/supplies: _____

Medical mileage: _____

Supplemental health insurance (paid post tax): _____

SALES TAX

Amount paid for vehicle/boat/airplane(s): _____

CHILD CARE EXPENSES

Facility/provider name: _____

Address: _____

Tax ID#: _____

Names of dependents receiving care & costs per dependent: _____

IRA CONTRIBUTIONS

Contributor

name: _____

Amount: _____ Traditional or Roth: _____

Contributor

name: _____

Amount: _____ Traditional or Roth: _____

STUDENT LOANS/TUITION*

Dependent: _____

Student loan interest: _____ Tuition paid: _____

***MUST provide 1098-E(s) or 1098-T(s)**

MEDICAL SAVINGS ACCOUNT

Amount: _____ Coverage for self or family: _____

GAMBLING*

Winnings: _____ Losses: _____

***MUST provide W2G**

ENERGY EFFICIENT HOME IMPROVEMENTS

Improvements made and costs: _____

529 Plan/College Savings Plan contributions

Contributor: _____

Beneficiary: _____

Amount: _____

Contributor: _____

Beneficiary: _____

Amount: _____

Rents paid (if applicable)

Amount: _____

OTHER TAXES

Local income taxes not on W2: _____

Yearly automobile/RV/boat taxes: _____

Investment interest taxes: _____

DIRECT DEPOSIT

You may have any potential refund deposited directly into your bank account. This allows for quicker refund processing.

Bank name: _____

Routing number: _____ Account number: _____

Checking: _____ Savings: _____

PAYMENT OPTIONS

You may pay by cash, check, credit card or by utilizing our Fee Collect option (see below). Tax prep fees must be paid at time of filing.

FEE COLLECT

You may have our fee deducted from any potential refund you receive. If you would like to utilize this option, please provide a copy of your (and spouse's if applicable) driver's license or government issued ID. We will provide an authorization form as well that you must sign to utilize this option.

Yes, I would like to sign up for fee collect: _____

If you are not a US citizen, please advise us if you are a resident alien or non-resident alien and country of citizenship: _____

REFERRALS

For each client you send our way, receive a \$25 discount on your total fee. Just make sure the referral mentions your name.

CREW DEDUCTIONS WORKSHEET

If you flew more than 50% international trips last year, please list those cities: _____

If you DID NOT fly more than 50% international trips last year, please list number of days worked (count a 2 day as 2 days and not 1 night): _____

Please provide amounts spent on the following (example: Hotel van-driver tips - \$10 monthly; Shoes/boots - \$200 yearly)

Hotel van-driver tips	Hotel maid tips
Dry cleaning costs (not reimbursed by company)	Uniforms and accessories (tie, scarf, epaulets, etc.)
Uniform alterations	Other clothes for work and/or training
Shoes/Boots	Shoe repair/shoe shines
Gloves/mittens	Hose/socks/undergarments
Toiletries (shampoo, shaving supplies, makeup)	Nail care (if polish or clear coat is required by employer)
Flight luggage	Flight luggage repair
Wings	Company ID replacement
Logbook/calendar/organizer	Flashlight
Batteries	Travel hotel door alarm
Travel clock	Travel curling iron
Travel hair dryer	Travel iron
Travel smoke detector	International voltage converter
Manual fees (replacement)	Updates & revision services

Bidding services	Travel passes (employee only)
Professional aviation publication subscriptions	Faxing/copying
Recurrent training expenses (not covered by employer)	New aircraft training
New cabin service training	Other training
Travel expenses to Union or Company meetings	Foreign language courses or seminars
Unreimbursed flight tickets	Union dues
Union initiation dues	Other aviation organization dues
Cell phone purchase	Cell phone service/calling card fees
Internet service provider	Computer supplies
Passport	Passport photos
Foreign visas	Business cards & supplies
Loss of license/medical insurance	FAA medical expense
Cockpit supplies (maps, charts, etc)	Ear piece/headset
Hearing protection	Sunglasses
2nd phone line for scheduling	Answering service/machine

ATM fees on layovers	Drug testing expenses
Airport parking fees	Emergency cab fares (reserve only)
Layover transportation expenses (taxi, rental car, subway, bus, etc)	Mailing expenses
Charitable contributions - cash	Charitable contributions - clothes, books, furniture
Tax prep fees from prior year	

WE DO NOT REQUIRE YOU TO SUBMIT RECEIPTS WITH YOUR TAX DOCUMENTS. HOWEVER, IN THE EVENT OF AN IRS AUDIT, YOU MUST BE ABLE TO PROVIDE THEM.