

# 2005 Tax Organizer

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Thank you for choosing **Tax Crew**

Please complete the sections of the Organizer that apply to you. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. Please mail the organizer and copies of your applicable forms to the address below. We recommend that you keep the originals of your forms in your possession.

Forms W-2  
 Copy of last year's tax return (new clients)  
 Flight Information (please see Per Diem Calculation page)

Forms 1099, 1099R, 1099-MISC, Forms 1098, 1098G  
 Schedules K-1  
 Any other information notices you have received

## If someone referred you to us, please include their name here

<b>Free Electronic Filing</b>	The IRS requires us to keep a signed copy of Form 8879. Once we complete your return we'll provide you with the information for lines 1-5. Select a 5 digit PIN, sign the form and mail to us.	<b>To e-file your return, initial here.</b>
<b>Authority to discuss your return with IRS</b>	Tax preparers may discuss return preparation, refund and payment issues with the IRS on your behalf. If you authorize Tax Crew to discuss these matters for you, please initial here:	

## A. Personal Information

	Name (as it appears on your Social Security Card)	Social Security	Occupation	Birth date	Pres election campaign fund
Taxpayer					Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse					Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax Address					
Mailing Address (if different)					
Telephone	Second phone	Email	Fax	Best method/time to contact you	<b>Check here to receive tax news by email.</b> <input type="checkbox"/>
Direct Deposit	For direct deposit of your refund, please include a voided check.				
<b>Filing Status (circle one)</b>					
<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Qualifying Widow(er)	Spouse's date of death		
<input type="checkbox"/> Married Filing Separately	Spouse name	Spouse Social Security number			
<input type="checkbox"/> Head of Household	Did you live with your spouse any time after June 30? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If you are the custodial parent for a qualifying child, but someone else is claiming the exemption, complete this section. List all other dependents in Section B.					
	Name	Social Security Number	Relationship		
	Number of months living w/ you	Who is claiming this exemption?			

## B. Dependent Information

Name (as on Social Security card)	SSN	Birth Date	Relationship	Mos a home in 2005	Income >\$3100?	Code+
					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 <input type="checkbox"/>	

+Codes L=Dependent who lived with you; CN=Child who did not live with you due to divorce or separation (include copy of Form 8332 or divorce decree); Y=Child was a full time student for at least 5 months and age 19-24; O=Other dependent (other than child) who did not live with you.

### C. Questions for new clients

Please circle the Federal form you filed last year	1040 <input type="checkbox"/>	1040A <input type="checkbox"/>	1040EZ <input type="checkbox"/>
Amount of last year's Federal refund		Amount of last year's State refund	
Or additional tax due		Or additional tax due	

### D. Miscellaneous Income

Unemployment compensation		Alimony received	
Social Security income		Other	

If you received an Advanced Child Tax Credit check from IRS last year, please enter the exact amount of the check

### E. Adjustments to Income

If you are the original owner of a qualifying hybrid vehicle – one that combines an electric motor with a gasoline-powered engine – you may be eligible to claim a one-time tax deduction on your federal income tax return. There are three Toyotas – the 2001, 2002 and 2003 Prius models – and four Hondas – the 2000, 2001 and 2002 Insight and the 2003 Civic Hybrid – that qualify for this tax deduction. If you purchased a qualifying vehicle, please list vehicle make, model, and purchase date and price below.

Contributions to Traditional IRA made between last January 1 and April 15 of this year		If you previously filed Form 8606 (non-deductible IRA contributions) enter amount on Line 12 of last 8606 of filed				
Contributions to Roth IRA made between last January 1 and April 15 of this year		Contributions to Self Employed Retirement Plan made between last January 1 and April 15 of this year				
Would you like us to calculate your maximum allowed contribution to a:	Traditional IRA?	Yes No	Roth IRA?	Yes No	Self-employed retirement plan?	Yes No
Alimony payments	Name and Social Security Number of recipient					

### Retirement Plan Distributions, Rollovers, Recharacterizations

401(k)/Traditional IRA	Distribution	Distribution	Distribution	Distribution
Name of payer				
Gross distribution				
Distribution date				
Basis in account (non-tax deductible contributions)				
Amount of prior distributions				
Reason for distribution (first home purchase, higher education costs, converted to Roth IRA, etc)				
Amount rolled over				
Name of receiving institution				
New account type (Roth, Traditional Ira)				
Roth IRA				
Name of payer				
Gross distribution				
Distribution date				
Reason for distribution				
Basis in account (your contributions)				
Amount of prior distributions				
Value of account on December 31				

### F. Interest Income (please enclose copies of interest statements)

Institution	Amount	Institution	Amount

**G. Dividend Income** (please enclose copies of dividend statements)

Institution	Box 1 Dividends	Box 2A Capital Gains	Box 2B 28%	Box 2C Qual. 5yr gain	Box 6A Foreign tax

**H. Child Care Credit**

Provider's Name and Address	Tax ID or Social Security #	Care provided for:	Amount paid

**I. Education Savings Accounts**

For contributions made on or before 12/31	Student/Beneficiary	Amount
Coverdell Education Savings Plan		
Coverdell Education Savings Plan		
State College Savings 529 Plan	St. Plan:	
State Prepaid Tuition Program	St. Plan:	

**J. Education Deductions and Credits**

You may claim a deduction or credit for qualified tuition and related expenses you pay for yourself, your spouse, or a dependent for whom you claim an exemption on your tax return. Married taxpayers must file a joint return to qualify. Qualified expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Student activity fees, and fees for course-related books, equipment and supplies are qualified expenses only if they must be paid directly to the institution as a condition of enrollment or attendance. Taxpayers may not claim both the deduction and the credit for the same student. Based on the information you provide below, we will determine your greatest tax benefit.

Student's Name			
School Name			
School City and State			
Qualified expenses paid			
Year in school	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad Student	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad Student	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad Student
At least half-time student?	Yes No	Yes No	Yes No
Number of years Hope Credit was claimed for student (circle one)	1 year 2 years Never claimed	1 year 2 years Never claimed	1 year 2 years Never claimed
Amount of 529 Plan withdrawal			

**K. Medical Expenses** (excluding insurance reimbursements) (must be over 7.5 percent of income before deductible)

Prescriptions	Physician, Dentist, Chiropractor fees
Contacts/Glasses	Lab/Hospital Fees
Insurance Premiums - Do not include pretax	Counseling/Psychotherapy
Medical Travel—Miles driven	Other transportation/lodging costs

**L. Tax and Interest Expenses**

Additional taxes paid with last year's state return	Real Estate taxes on principal residence	
Auto License (portion based on value of the car)	Real Estate taxes paid on additional homes/land	
Other personal property taxes	Mortgage interest on principal residence	
Investment interest (e.g. margin interest)	2nd Mortgage/home equity loan	
Points paid on home purchase	Mortgage on 2nd or vacation home	
Points paid on refinance	Date of refinance	Life of Loan (in years)
Qualified Student Loan Interest Paid		

## M. Charitable Contributions

Cash contributions to qualified organizations		Number of miles driven for charitable purposes	
Parking, fees, tolls, etc paid while performing charitable service		Value of non-cash charitable contributions	
If non-cash charitable contributions are greater than \$500.00 for the year, please complete the following:			
Name and address of organization			
Items donated (general categories such as clothing, toys, household items, electronics)			
Date donated	Date acquired	How acquired	Cost or adjusted basis
Fair market value at time of donation		Method used to determine value (appraisal, blue book, thrift shop value)	
Name and address of organization			
Items donated (general categories such as clothing, toys, household items, electronics)			
Date donated	Date acquired	How acquired	Cost or adjusted basis
Fair market value at time of donation		Method used to determine value (appraisal, blue book, thrift shop value)	
Name and address of organization			
Items donated (general categories such as clothing, toys, household items, electronics)			
Date donated	Date acquired	How acquired	Cost or adjusted basis
Fair market value at time of donation		Method used to determine value (appraisal, blue book, thrift shop value)	
Name and address of organization			
Items donated (general categories such as clothing, toys, household items, electronics)			
Date donated	Date acquired	How acquired	Cost or adjusted basis
Fair market value at time of donation		Method used to determine value (appraisal, blue book, thrift shop value)	

## N. Miscellaneous Deductions

Tax preparation fees paid last year	Safe deposit box	IRA Custodial fees
Tax mailing/FedEx fees	Investment publications	Other investment expense
Investment counsel	Other expenses	Gambling losses (to extent of winnings)

## O. Moving Expenses (for job related moves greater than 50 miles)

Distance from old home to new workplace	Distance from old home to old workplace	Moving transportation and storage	Travel/lodging expenses for move
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## P. Estimated Tax Payments

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal								
State								

## Q. State Tax Information (Please complete first 3 columns even if you did not move. If you moved to a new state, please include date of move)

State	County	School District	Date Entered State	Date Left State

## R. Property Tax Credit

CT Residents	District	List #	Date Paid	Amount	MI Residents – last year’s taxable value from Property Tax Statement
Home					MN Residents - Include copy of Property Taxes Payable next year
Auto					VA Residents – last year’s taxable value on Property Tax Statement
Auto					NJ Res Lot      Block      Qualifier

## S. Renters Credit (If you paid rent at your tax address, you may qualify for a renter’s credit in CA HI IN MA MI MN NJ WI)

### MN residents please send us a copy of your Certificate of Rent Paid

Address rented		Landlord’s name/address	
Total monthly rent	Your portion	Months rented	Is heat included in rent?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord’s Tax ID Number		NJ Residents only, please complete roommate information below:	
Roommate’s Name		Roommate’s Social Security Number	Roommate’s share of rent

# T. Small Business/Self-Employed Income

Business Name		Ownership (circle one)	Taxpayer Spouse Joint
Business address (if different than home address)			
Gross Income		Parking fees, tolls	
Income reported to you on Form 1099 (please include copies)		Pension and profit-sharing plans	
Returns and allowances		Rent or lease a Vehicles, machinery, equipment	
Advertising		Other business property	
Bad debts from sales or service		Repairs and maintenance	
Car and truck expenses		Supplies	
Type & year of vehicle		Taxes and licenses	
Date first used for business	/ /	Travel costs	
Do you have another car for personal use?		Meals and entertainment	
Number of miles driven for business use		Telephone	
Number of miles driven for commuting		Utilities	
Number of miles driven for personal use		Wages	
Do you have another vehicle available for personal use?		Other expenses	
Was your vehicle available for off-duty hours?		Inventory at the beginning of the year	
Commissions and fees		Purchases less cost of items used personally	
Depletion		Cost of labor (do not include your salary)	
Insurance (other than health)		Materials and supplies	
Interest		Other costs	
Legal & professional services		Inventory at the end of the year	
Office expense		Cost of goods sold	
Description of asset used in business	Date placed in service	Cost or basis	Percentage business use

## Vehicle Expense

Vehicle year, make & model		Do you have another car available for personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle type (circle one)	<6,000lbs 6,000lbs-13,000lbs >13,000lbs	Do you have evidence to support your deduction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date first used for business		Is this evidence written?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of miles driven for business		Was the vehicle leased?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of miles driven for personal use		Monthly lease payment	
Number of miles driven for commuting			
<b>Actual vehicle expenses – To claim actual vehicle expenses instead of the standard mileage rate, please complete this section</b>			
Purchase price or cost basis in vehicle		Gasoline, oil, repairs, insurance, etc.	
Section 179 expense elected		Vehicle registration, license	

## Business Use of Home

Total square footage of home		Total homeowner's/renter's insurance premium	
Square footage of area used for exclusively for business		Total annual utilities	
Homeowners - Total home mortgage interest paid		Total real estate taxes	
Homeowners - Home purchase price/cost basis		Date you first used home office	
Renters - Annual rent paid		Number of months used as home office last year	

**U. Stock, Bond, Securities Sales** We must have this following information to accurately calculate capital gains/losses. If your broker does not provide it in your yearend account statement, please contact your broker for this information.

Quantity and description	Purchase date	Date sold	Sales price minus commissions	Purchase price or basis including commissions

**V. Rental and Royalty income**

Property	Date first used as rental	Purchase Price	Cost of land	Ownership %	Address
1					
2					
3					

Property	1	2	3	Property	1	2	3
Rents received				Mgmt fees			
Advertising				Mortgage Interest			
Automobile mileage				Property Tax			
Association dues				Repairs			
Cleaning/Maint				Supplies			
Commissions				Telephone			
Insurance				Travel to property			
Legal/Prof fees				Utilities			

Number of days of personal use of property.

Property 1, 2 or 3	Property improvements, upgrades, capital expenditures	Date purchased	Cost

**Sale of Rental Property:** Please include copies of the purchase and sale Settlement Statements and (for new clients) copies of tax returns for the years the property was used as a rental.

**Privacy Policy**

Your privacy is important to us. Tax Crew does not disclose any nonpublic personal information about our clients except as required or allowed by law. We may collect personal information about you from the following sources: (1) information we receive from your transactions and applications with us, such as information we use to prepare your tax return and credit card payment information; (2) contact information, such as your name, phone number, mail address and e-mail address, from forms and service inquiries; and (3) information from your browser, when you visit our Website and your browser interacts with us. The use of, and access to, your nonpublic personal information by Tax Crew is restricted to those employees who need to know that information to provide products, services or support to you. We employ physical, electronic, and procedural safeguards to protect your personal information.

**W. Employee Business Expenses** Please enter category totals in shaded areas that apply. Additional itemization is provided for your convenience. The IRS requires receipts for individual expenses over \$75.00. If the expense is under \$75.00, the IRS accepts a record in a logbook or journal that lists the expense, date and cost.

Non-taxable per diem (listed on your W-2 in box 12 with code 'L')	\$	<b>Uniform Luggage</b>	<b>Voltage converter</b>	
		Flight bag	Total work equipment, supplies	\$
<b>Transportation</b>		Garment bag	<b>Business phone</b>	
Tips for van divers		Luggage repair	Business related calls are those that include a substantial bona fide business discussion. Calls to Scheduling, code-a-phone and voice response are business calls. For cell phone usage, enter your monthly service charge for all months on reserve, and prorate business use of cell phone in months you hold a schedule.	
Rental cars/taxi fares/parking		Luggage tags	Answering machine/service	
Co-terminal transportation		Miscellaneous luggage items	Business related phone calls	
Cab/parking fares for short calls		Suitcase	Calling cards/Collect/Hotel phone calls	
Transportation to training/meetings		Tote bag/Purse	Call waiting	
Total Transportation expenses	\$	Wheels for luggage	Cell phone purchase	
<b>Union and professional dues</b>		Total luggage purchase/repair	Monthly prorated cell fees on a schedule	
Union Initiation fees/Union dues		<b>Bid service, Computer fees</b>	Monthly cell fees on reserve	
Professional organizations		Bid service fees	Pager purchase/usage fees	
Total Union & professional dues	\$	CompuServe/ISP fees	Second telephone line	
Work related publications	\$	Trip trading service fees	Voice mail	
<b>Uniform purchase, cleaning, repair</b>		Total Bid service, computer fees	Total business phone	\$
Belt		<b>Work equipment, supplies</b>	<b>Training/Education/Job Hunting</b>	
Coat		Accessories used on layovers	Books	
Dress		Alarm clock	Course fees	
Dry cleaning		ATM/check cashing fees on layovers	Dry cleaning/laundry in training	
Epaulets		Batteries	Hotel	
Jacket		Business cards	Maintaining/additional ratings	
Hair clips		Cockpit keys/corkscrew/flashlight	Other job-hunting fees/expenses	
Hat		Cockpit supplies (maps etc)	Proficiency training/simulator time	
Laundry		Copying/fax/ mailing costs	Resume printing/ mailing	
Maternity dress		Currency converter/Exchange fees	Transportation/Parking	
Nametags/Wings		Earpiece (pilots)	Total job-hunting/Training	\$
Pants		FAA medical certificate	Training dates	City
Scarf/ Tie		Galley supplies	<b>Special/Temporary Assignment</b>	
Serving garments		Hair dryer/ Curling iron/Clothes iron	Commuting/Local transportation/Tips	
Shirt		ID replacement	Dry cleaning/Laundry	
Shoe repair/Shoe shines		Loss of license insurance	Housing/ Utilities/Phone	
Support hose		Manuals /Organizer	Shipping/storage	
Sweater		Passport/Visa fees and photos	Total Temporary Assignment	\$
Uniform alterations/repair		Portable security dvc/smoke detector	Dates	City
Vest		Sunglasses (pilots only)		
Total uniform expense	\$	Upgrade training expenses		

**X. K-12 Education Credits (For residents of AZ, IL, IA and MN)**

You may claim a credit on your state return in these states for the following qualified expenses:

**AZ-** Fees and donations to a public or charter school located in Arizona for extracurricular or character education programs. Expenses over \$250.00 are carried over to the following year.

**IL –** Tuition, fees, book rental, band and lab equipment rental fees paid directly to private, public or religious schools.

**IA –** Tuition and textbook costs paid to an Iowa accredited not-for-profit school. Certain extracurricular program expenses qualify, such as activity fees, club dues, and school sports fees.

**MN –** Tuition and fees paid to private or public schools. Also costs of education supplies including up to \$400 towards the purchase of a home computer and educational software.

Student's Name	Expenses	School Name	School Address

## Y. State Credits & Deductions

The following credits and deductions are available on your state return if you file a return in the state listed.							Amount
California – Expenses associated with the purchase and installation of solar energy equipment							
Delaware – Clothing and expenses incurred for service as an active volunteer firefighter							
Georgia – Costs of home care services provided for person(s) over age 62							
Hawaii – Amount contributed to Hawaii Individual Housing Account							
Amount received as a distribution from Hawaii Individual Housing Account							
Cost of child restraint system							
Idaho – Insulation installed in primary residence							
Indiana – Insulation	Age of house		Purchase date		Installation date		
Montana – First Time Homebuyers Savings Account							
Ohio – Job Training Expenses incurred after layoff or furlough							

## Z. Foreign Domicile

Date foreign residence began		Date foreign residence ended	
Will foreign residence last at least 1 year?		Do you pay taxes to a foreign country?	
Country of citizenship		Type of Visa you were issued	
Did any of your family members live abroad with you?			
If you kept a home in the United States while you were based outside of the U.S., please list dates, address and relationship of occupants:			

## Per Diem Calculations

For an accurate calculation of your meal expenses, please include your trip information as listed below. You may also complete the Per Diem Worksheet that follows or send us a copy of your logbook or other account of your flight information that includes:

Travel Dates  
Arrival and Departure times in Greenwich Mean Time  
Layover city code (3 letter commercial airport code)

AA	Copies of your HI-1s for each month.
CO	Monthly copies of your Pay Registers showing flight information.
DL	A copy of your Flightline Expense Summary (we only need a copy of the page showing your meal expense total). Or copies of your Time Displays for each month (please add your layover city codes).
NW	Copies of your monthly Crew Activity Statements. Please complete information for missing months on the Per Diem Worksheet.
UA	Copy of your year-end Meal Expense Report.
Other airlines	Monthly reports of trips flown that your company provides you, logbook, or completed Per Diem Worksheet.

## Per Diem Worksheet

Please complete this worksheet if you do not have your flight information as listed above. Because the Standard Meal Allowance is calculated based on your layover cities only, it is not necessary to provide us with all of your flight segments. From the time that you report at your base, the calculation for the first layover city begins, and continues until your report time from that layover. The city rate for the last layover continues to be calculated until your block-in time back at your base.

Example: Pattern No	Flight No	Date	From To	Report Time	Block out	Block in
7204	1324	04JAN	MSP-SJU	0630	0730	1444
	1617	05JAN	SJU-DTW	1445	1545	1945
	2111	05JAN	DTW-MCO		2111	2338
	427	06JAN	MCO-DTW	0905	1005	1244
	761	06JAN	DTW-MSP		1854	2000

The information that we need from this Pattern is entered as an example in January. For each trip, please enter the Trip number on the first line to designate the beginning of a new trip. Please use 3-letter commercial airport codes for layover cities. Under report time, enter your report at base and from each layover. We only need the Block-in time on the segment returning you to base at the end of your trip. You may also include travel to training and company meetings that are held away from your base.





# World's Best Rates on Per Diem Calculations and Tax Preparation

## Tax Preparation fees (N/C = no charge for form with tax preparation)

Crew Package Our Best Deal! (Does not include state return)	1040, Schedules A&B, 2106, Per Diem Report	115.00	1040 without meal expense calculation	1040, A, B	85.00
State return (price per state)		20.00	Injured spouse/Innocent spouse	8379/8857	20.00
Local return		20.00	Investment interest expense	4952	10.00
Married couples (additional)		20.00	Investment tax for children under 14	8615	20.00
Additional tax on retirement income	5329	20.00	Mortgage interest credit	8396	10.00
Alternative Minimum Tax	6251	20.00	Moving expenses	3903	10.00
Business use of home	8829	20.00	Non-deductible IRA	8606	10.00
Charitable non-cash contributions over \$500	8283	20.00	Parents reporting child's income	8814	20.00
Casualty Loss/Theft	4685	20.00	Partnership/S-Corp/Estate (per schedule)	K-1	20.00
Child care credit	2441	10.00	Passive activity loss	8582	20.00
Child tax credit		N/C	Rental Property (per property)	E	20.00
Additional child tax credit	8812	10.00	Sale of business assets	4797	40.00
Earned Income Credit	EIC	10.00	Sec 1256 Contracts and Straddles	6781	20.00
Education credit/deduction	8863	20.00	Self employed/small business	C	30.00
Extension of time to file	4868/2688	N/C	Self employment tax	SE	N/C
Farm Income	F	40.00	Stock/bond distributions	D	20.00
Foreign earned income exclusion	2555	40.00	Traditional IRA to Roth IRA rollover		10.00
Household employee taxes	H	20.00	Underpayment of tax	2210	N/C

### Other Items

<b>Per Diem Calculation only</b> Please send us your 12 monthly activity statements or logbook showing flight information. It's not necessary to complete the tax organizer if we are only calculating your per diem expenses.	40.00	<b>Per Diem Calculation &amp; Form 2106 (Employee Expenses)</b> Please complete Section W of Tax Organizer, including amount of non-taxable per diem you received for the year.	50.00
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Please fax a copy of my Per Diem Report to:	Name	Fax number

Special handling for tax organizers postmarked after March 24 20.00

Withhold your tax preparation fee from your refund 31.00

**Total**

Please bill my MasterCard/Visa/Discover Card  I have enclosed a check  Withhold my fee from my refund

### Credit Card Payment Information

Name on credit card	Card Number	Expires on
Billing address (if different than on front of organizer)	Signature authorizing credit card charge	

## Refer a Friend

Our best advertising is a personal referral. For every new client you refer to Tax Crew, we'll send you a check for \$10.00 as our thank you. Tell your friends to include your name on the front of the organizer.

## Free Tax Evaluation

If we haven't prepared your returns in the past, you may have paid too much income tax. We'll evaluate your returns for the last three years at no charge and with no obligation to amend the return. We'll advise you of any additional refund due. If you decide to file an amended return, our fee is \$100.00 per year and includes all forms required for Federal and State amendments. All we need to get started are: a copy of the return you already filed, copies of your W-2s, Activity statements showing layover information and a completed tax organizer for and deductions you did not claim on the original return.

Rates and terms listed on this organizer are effective through December 31, 2006 and are subject to change thereafter.