

TAX ORGANIZER

Skytax

P.O. Box 130

Newburyport, MA 01950

Phone: 978-499-1888

Fax: 978-358-8296

Email: Craig@skytax.net

David@skytax.net

Website: www.skytax.net

FEE STRUCTURE

Single, Married Filing Separately or Head of Household Married .. \$ 390.00
Filing Jointly \$ 415.00

Additional Forms Pricing:

Federal Schedule C (Profit/Loss Business) \$150/Schedule
Federal Schedule D (Capital Gains/Losses) \$50.00/25 trades
Federal Schedule E (Rental Income/Losses) Depreciation \$150/Schedule
Federal Schedule F \$150/Schedule
Federal Schedule K-1 \$100/Schedule
Additional State Returns \$50
Amended Return, if SKYTAX prepared the Return \$100
Paper Copy Requests \$25

Additional charges may apply to more complex returns and/or additional forms used.

PAYMENT OPTIONS

- 1) Enclose a check payable to SKYTAX when you submit your paperwork.
- 2) Provide credit card information.

We accept Master Card and VISA

Name (as it appears on card)	
Card #	
Expiration Date	
CVV code	
Billing Zip Code	

- 3) Returns will not be processed and filed until payment is received.

Engagement Letter

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the service we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and requested state income tax returns from the information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to the taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined necessary for the preparation of your income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government examination, we will be available upon request to assist you and will render additional invoices for the time and expenses incurred.

Our fees for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the forgoing fairly sets forth your understanding, please sign in the space indicated and return this entire package to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

Gunter & Gunter, E.A
SKYTAX

I (We) have submitted this information for the sole purpose of preparing my (our) tax returns. Each item can be substantiated by receipts, canceled checks or other documentation. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer

Date

Taxpayer 2

Date

Personal Information

	First Name and Initial	Last Name	Social Security #
Taxpayer			
Spouse			

	Blind	Occupation	Airline/Employee #	Date of Birth
Taxpayer				
Spouse				

	Present Mailing Address	Present Tax Address
Street Address		
City		
State		
Zip		
Home Phone		
Work/Cell Phone		
E-Mail		
School District		
School District Code		
Did you pay rent on your Tax Address? Was Heat Included?		
Amount of Rent Paid		
Name of Landlord		
Address of Landlord		

Filing Status	Single	Married Filing Jointly	Married Filing Separately	Head of Household
Check One				

Note: If MFS please provide information related to your Spouse

Spouses Full Name	Spouses Social Security #	Will Spouse Itemize Deductions?	Did you live with your Spouse at any time during the last 6 months of the year?

Dependents: Please provide information as it appears on Dependents' Social Security Card

First Name & Initial	Last Name	Social Security #	Relationship	Date of Birth	Gross Income	Months at Home

If Dependent is between 19 & 23, was he/she a full-time student for at least 5 months of the year?

Questions		YES	NO
1.	Did your marital status change?		
2.	Can you or your spouse be claimed as a dependent by another taxpayer?		
3.	Did you pay for childcare while you worked or looked for work?		
4.	Did you sell, exchange or purchase any real estate? If so please attach closing statements.		
5.	Did you receive grants of stock options, exercise any stock options or dispose of any stock acquired under a qualified employee purchase plan?		
6.	Did you pay any student loan interest? If Yes, Amount \$		
7.	Did you or your spouse contribute to an IRA? If Yes, Amount \$ Roth IRA? Amount \$		
8.	Did you or your spouse withdraw any amounts from your IRA, Roth IRA, educational IRA or 401k? (Note: Do not include loans from 401k)		
9.	Were you notified by the IRS of any changes to prior year returns?		
10.	Are you required to file a city or local tax return?		
11.	Did you have any gambling winnings to report?		
12.	Did you pay taxes to more than one state? If yes: State: Dates:		
13.	Did you receive a refund from your prior year STATE Income Tax Return? If yes, please indicate Amount \$		
14.	Did you itemize deductions on last year's FEDERAL Income Tax Return?		
15.	Did you receive alimony payments? If Yes, Amount \$		
16.	Did you make alimony payments? If Yes, Amount \$		
17.	Did you receive any Unemployment Compensation? If Yes, Amount \$		
18.	Do you have any foreign bank accounts?		
19.	Do you want to Authorize SKYTAX to discuss this tax return with the IRS?		
20.	Did you receive, sell, send, exchange, or acquire any financial interest in virtual currency?		

Direct Deposit of Refund: Please enclose a voided check for your account with your paperwork.

Name of Financial Institution: _____
 Routing Transit Number: _____
 Account Number: _____
 Type of Account – Check one Checking Savings

All eligible returns will be filed electronically. A copy of your return can be found on our Portal.

Estimated Tax Payments

Any payments made by you directly to the taxing authority in addition to W-2 withholdings?

	Amount	Date	Amount	Date	Amount	Date	Amount	Date
Federal								
State								

Income

Wages and Salaries: Please enclose all copies of your current year Forms W-2

Interest Income: Please enclose copies of all forms 1099-INT, 1099-OID

	Source	Amount
1.		
2.		
3.		
4.		

Dividend Income: Please enclose copies of all forms 1099-DIV

	Source	Ordinary Dividends	Capital Gains Distributions	Qualified Dividends
1.				
2.				
3.				
4.				

Pension and Annuities: Please enclose all forms 1099-R

	Source	Amount
1.		
2.		

Capital Gains and Losses: Please enclose all forms 1099-A, 1099-B and 1099-S

Description of Property	Date Acquired	Date Sold	Cost Basis	Sales Price

Miscellaneous Income: Please enclose all forms 1099-MISC

	Source	Amount
1.		
2.		

Other Income: Please identify source and amount

	Source	Amount
1.		
2.		

Itemized Deductions

Medical and Dental Expenses: These are out-of-pocket expenses not reimbursed by insurance. To be deductible, medical & dental expenses must exceed 7 1/2% of your Adjusted Gross Income.

	Amount		Amount
Prescription Medicine and Drugs		Lodging	
Total Medical and Dental Insurance Premiums Paid		Doctors, Dentist, etc.	
Long-term Care Insurance Premiums Paid		Hospital Fees	
Long-term Care Expense		Lab Fees	
Miles Traveled for Medical Care		Eyeglasses and Contacts	

Taxes Paid:

Item	Amount
Real Estate Taxes Paid	
Personal Property Taxes Paid (Auto Excise Tax)	
State and Local Taxes Paid (Balance Due on Previous Year's State and Local Taxes that You Paid in this Current Year if applicable)	

Interest Paid:

Item	Amount
Home Mortgage Interest Paid to a Financial Institution (enclose form 1098)	
Deductible Points Paid for Obtaining a Mortgage	
Other Home Mortgage Interest Paid (Provide Name and Address of Recipient)	
Investment Interest Expense Paid	

Child & Dependent Care Expense:

Did you pay child or dependent care expenses in order to work, look for work or attend school full time? _____
 Is your spouse employed or a full-time student? _____

Name of Child Care Provider	
Street Address	
City, State, ZIP	
Social Security # or Employer ID#	
Amount Incurred and Paid during Tax Year	
Name of Qualifying Child or Dependent	Social Security # of Child or Dependent

Itemized Deductions (cont.)

Charitable Contributions:

Caution: Only contributions made to a U.S., Canadian or Mexican IRS recognized organized charities are deductible. Canceled checks are not considered a receipt from a charitable organization. The law requires receipts for all charitable contributions.

Cash Contributions: (Cash or Check)

Name of Organization	Amount

Non-Cash Contributions:

Name of Organization	Amount

If the TOTAL of all noncash contributions is over \$500, please provide the following information.

	First Charity	Second Charity
Name of Donee Organization		
Address of Donee Organization		
Description of donated property		
Date property acquired by you		
Your Cost or Basis in property		
Date property was donated		
Fair Market Value at time of donation		

Miscellaneous Deductions:

Item	Amount
Gambling Losses (to the extent of reportable winnings)	

Flying Deductions:

If you live in CA, NY, please include your trips flown for the tax year period.

EDUCATION CREDITS

Information to Claim AOTC or Lifetime Learning Credits

American Opportunity Tax Credit

Student Name	Student SS#	Qualified Expenses	Year in School	Prior Years Credit Claimed

Lifetime Learning Credit

Student Name	Student SS#	Qualified Expenses

Note: You cannot take AOTC and the Lifetime Learning Credit for the same student.

For the AOTC and Lifetime Learning Credit, you may claim qualified expenses and fees for yourself, your spouse and/or your dependents. For AOTC your child must be enrolled at least half-time in the first four years of their undergraduate degree program. If you are married, you must file a joint return to receive either of these credits.

The IRS defines qualified expenses as the tuition and fees an individual is required to pay in order to be enrolled or attend an eligible institution.

Profit or Loss from a Business Schedule C

Name of Business	
Type Of Business	
Employer Identification Number	
Method of Accounting (Cash/Accrual)	

Income:

Gross Receipts	\$
Other Income	\$

Cost of Goods Sold

Beginning Inventory	\$
Purchases	\$
Cost of Labor	\$
Materials & Supplies	\$
Ending Inventory	\$

Expenses:

Advertising	\$	Rent	\$
Bad Debts	\$	Repairs & Maintenance	\$
Car & Truck Expense	\$	Supplies	\$
Parking Fees & Tolls	\$	Taxes & Licenses	\$
Commissions & Fees	\$	Travel	\$
Health Insurance – Proprietor	\$	Meals and Entertainment	\$
Insurance – Other	\$	Utilities	\$
Insurance – Mortgage	\$		
Interest – Other	\$		
Legal and Professional Fee	\$		
Office Expense	\$		
Pension & Profit Sharing	\$		

Property/Assets Placed in Service During the Current Tax Year:

Description	Cost	Date Placed in Service

Auto Information for Schedule C

Make and Model of Vehicle	
Date Vehicle was placed in service	
Total miles driven in tax year	
Number of Business Miles	

Rental Income & Expenses – Schedule E

Description of Property	
Address of Property	

Income:

Rents	
Other Income	

Expenses:

Advertising		Management Fees	
Auto and Travel		Mortgage Interest	
Bad Debts		Interest – Other	
Cleaning & Maintenance		Repairs	
Commissions		Supplies	
Insurance		Utilities	
Legal & Professional Fees		Other Expenses	
Real Estate Taxes			

Property Placed in Service during the current Tax Year:

Description	Cost	Date Placed in Service

Auto Information:

Make and Model of Vehicle	
Date Vehicle was placed in service	
Value of Vehicle when placed in service	
Total miles driven in tax year	
Number of Business Miles	
Do you have another vehicle available for personal use?	
Do you lease your vehicle?	
Was your vehicle available during off-duty hours?	
Do you have written evidence to support claim?	

Partnership, S-Corporations, Estates and Trust

Please enclose all copies of Schedule K-1 for each Partnership, S-Corporation, Trust or Estate.