



PILOT-TAX 2024 Tax Year

EXTENSIONS: We file extensions for any individual returns received in our office before the filing deadline of April 15th. If you will not have your complete tax packet submitted to Pilot-Tax prior to this date, you must submit a formal request for an extension through our website.

**New clients will need to file your own extension unless you have all your paperwork into our office prior to April 15th.*



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 2024? <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 2024? | \$ |
| <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 2024? | \$ |
| | | | | 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 \$2,500? 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 2024? 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 2024, 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 2024? If yes, provide the Country(ies) as these must be reported on your tax return. | |
| | | Additionally, you are required to submit an FBAR–FinCEN Report 114 electronically via the BSA E-Filing System; a link is available on our website. Must be filed by April 15, 2025. | |

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 2024

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 2024? If yes, please provide Form 1099 G. | \$ | <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> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a K-1 from any entities—Corporation, Estate, Trust, Partnership, etc.? If yes, enclose. | \$ | Note: Provide Forms W-2G reporting state where winnings were paid. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security during 2024? (Enclose SSA - 1099) | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any gambling winnings in 2024? | \$ | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any type of additional income during 2024? (jury duty pay, training stipends, duty free commissions, taxable prizes, trustee fees, etc.) Specify type of income and provide amount. Provide 1099 if applicable. | | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any gambling losses in 2024? | \$ | |
| | | | | | | | Taxpayer | \$ |
| | | | | | | | Spouse | \$ |

1099 Misc / 1099 NEC / 1099 K—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 2024 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 2024 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 \$2,500, 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 2024 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 \$2,500, 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 AND CRYPTO/VIRTUAL CURRENCY INVESTMENT*

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 |
|--------------------------|---------------|-----------|----------|---------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |

Did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency? Yes No

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

Please list the institutions and provide the following information for which 2024 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 |
| 2024 contribution already made, if any. (May qualify for tax credit.) | \$ | \$ |
| Roth IRA | | |
| 2024 Roth contribution already made, if any. (May qualify for tax credit.) | \$ | \$ |
| Back Door Roth Conversion | | |
| Did you complete a Back Door Roth Conversion? (If yes, we must have the amount.) | \$ | \$ |

I. EDUCATION DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2024? 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 \$300.

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 2024. (Enclose copy of receipts.)

\$

Sales tax paid on all items purchased during 2024—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 in 2024

months

Was high deductible health plan in effect for the month of December 2024?

Yes No

Total HSA contributions for 2024 made through payroll deduction **Form 5498-SA required**

\$

Total HSA distributions for 2024 **Form 1099-SA required**

\$

Total HSA contributions for 2024 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 2024, 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 2024? | <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 2024? | <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 2024? | <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—1099INCOME*

Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.

| | |
|-------------------|---|
| Name of Business: | Type of Business: |
| Taxpayer Name: | Taxpayer SSN: EIN: |

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

| | | | |
|-------------------------------------|---|---|--------------------------------|
| 1099 Income (provide any 1099's) \$ | + | Additional Income not reported on 1099 \$ | = Total Gross Income \$ |
|-------------------------------------|---|---|--------------------------------|

Expenses

| | | | |
|------------------------------------|-----------------------------------|--|----|
| Advertising \$ | Supplies \$ | 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 for each Contract Laborer paid more than \$600. This may include money paid for repairs or maintenance services. | Did you issue any 1099 forms? <i>If yes, provide copies of all forms issued.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------|---|---|--|

| List Equipment Purchased | 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 the year (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 the year | | HOA Fees, Security, Other (specify) | \$ |

Self Employment Retirement Plan

| | | |
|---|----|----|
| 2024 contribution already made, if any. (May qualify for tax credit.) | \$ | \$ |
|---|----|----|

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 for the year | \$ | | | \$ | | |
| Annual Expenses | | Property 1 | | Property 2 | | |
| Advertising | \$ | OFFICE USE ONLY | | \$ | OFFICE USE ONLY | |
| Travel / Hotel Expense | \$ | | | \$ | | |
| Cleaning / Maintenance | \$ | | | \$ | | |
| Insurance | \$ | | | \$ | | |
| Legal / Professional Fees | \$ | | | \$ | | |
| Management Fees & Commissions | \$ | | | \$ | | |
| Mortgage Interest | \$ | | | \$ | | |
| 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 2024 (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 2024 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 2024? (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 2024. (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 2024 taxable value of your home. \$

MN Send statement of property taxes "payable in 2025". You should receive this statement in March of 2025.

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 the year, 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 12/31/24 | 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 returns 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: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Miles driven while at post in personal car</td> <td style="text-align: right;">mi.</td> <td style="text-align: right;">mi.</td> </tr> <tr> <td>Rental Car Expense</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</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: right;">\$</td> <td style="text-align: right;">\$</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: right;">\$</td> </tr> <tr> <td>Dress Uniform Shoes</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Uniform Accompaniments</td> <td style="text-align: right;">\$</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. | Rental Car Expense | \$ | \$ | Were you paid a per diem? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | What was the total per diem paid? | \$ | \$ | Dress Uniform Purchase | \$ | Dress Uniform Shoes | \$ | Uniform Accompaniments | \$ | <p style="text-align: center;">General Military Deductions <i>Do not include airline expenses.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Subscriptions to Military Related Publications</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Professional Dues</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Job Related Training</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Personal Organizer</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Log Book</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Foreign Visa</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Passport Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Passport Photo</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2">Uniform Maintenance:</td> </tr> <tr> <td style="padding-left: 20px;">Home Laundering Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding-left: 20px;">Professional Laundering Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding-left: 20px;">Dry Cleaning Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="padding-left: 20px;">Shoe Shine/Supplies</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Military Business Cards</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Military Copy/Fax Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Military Mailing Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Military Phone Expense</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Office Supplies</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Misc. 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|---|--|--|----------|--------------------------------|--|--|--------------------------------|--|--|--|--|--|-----------------------------------|--|--|-----------------------------------|----|----|--|-----|-----|--------------------|----|----|---------------------------|--|--|-----------------------------------|----|----|------------------------|----|---------------------|----|------------------------|----|--|--|----|-------------------|----|----------------------|----|--------------------|----|----------|----|--------------|----|--------------|----|----------------|----|----------------------|--|-------------------------|----|---------------------------------|----|----------------------|----|---------------------|----|-------------------------|----|---------------------------|----|--------------------------|----|------------------------|----|-----------------|----|-----------------|----|
| | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rental Car Expense | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were you paid a per diem? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What was the total per diem paid? | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dress Uniform Purchase | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dress Uniform Shoes | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uniform Accompaniments | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subscriptions to Military Related Publications | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional Dues | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Related Training | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Organizer | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Log Book | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign Visa | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport Fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport Photo | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uniform Maintenance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Laundering Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional Laundering Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dry Cleaning Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shoe Shine/Supplies | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Business Cards | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Copy/Fax Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Mailing Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Phone Expense | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Supplies | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Misc. (specify) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ADDITIONAL COMMENTS

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 Return | 1040 | \$299 | Farm Rental | 4835 | \$80 |
| First State Return | | \$40 | Federal Estimated Payment Vouchers | 1040 ES | \$30 |
| Joint Filing Fee | | \$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 (1st Account) | 8938 | \$30 |
| Premium Tax Credit | 8962 | \$30 | Foreign Financial Asset (Each Additional) | 8938 | \$10 |
| Health Coverage Exemptions | 8965 | \$30 | Health Insurance Credit | 8885 | \$30 |
| Physical Copy of Return (printing & postage) | | \$15 | 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 (Non E-File) | | \$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 Stmt's in excess of 2 per Taxpayer | | \$10 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 Child's Income | 8814 | \$40 |
| Capital Gains & Losses (see note below) | 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 (price per property) | Sch. E | \$80 |
| Depreciation Worksheet | | \$10 each | Rental Property (New—first time reporting) | 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:** Our base fee of \$299 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 <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 allow 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

To comply with the tax law, you must sign and complete this form in its entirety in order 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.

Taxpayer Must Sign Here

Spouse Must Sign Here

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? Yes No Number of months: Dependent's Earned Income: \$ Full Time Student? Yes No

Has this dependent filed a tax return? Yes No Is there another parent who could claim this child as a dependent? Yes 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? Yes No Divorced/Separated: Do you alternate claiming in even/odd years? Yes No

Child Care Provider *(if child under age 13)*

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? Yes No Number of months: Dependent's Earned Income: \$ Full Time Student? Yes No

Has this dependent filed a tax return? Yes No Is there another parent who could claim this child as a dependent? Yes 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? Yes No Divorced/Separated: Do you alternate claiming in even/odd years? Yes No

Child Care Provider *(if child under age 13)*

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 | 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 #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: | | | | | |

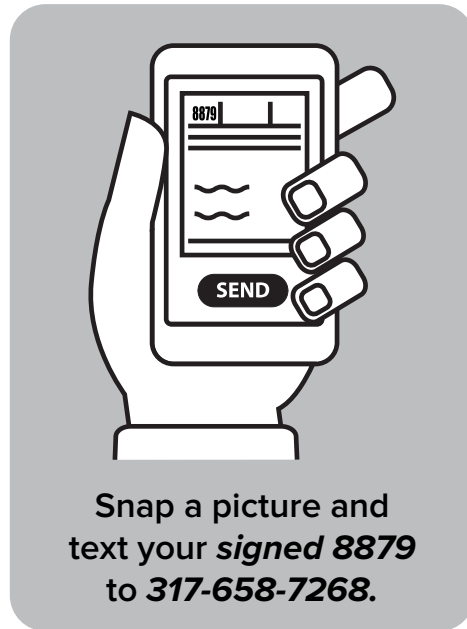
DEPENDENT #6 *(Please Print)*

| 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: | | | | | |

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



OR



Your Name: _____

- 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 along with your tax documents.



ADDRESS: PO Box 945, Cicero, IN 46034

VOICE: 317-984-7666

TEXT: 317-658-7268

FAX: 1-800-951-8879

EMAIL: 8879@pilot-tax.com

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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 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.

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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**