FLIGHTAX INC.

Income Tax Returns for Flight Attendants

Welcome to the Flightax Organizer for the **2005** tax year. Please make sure this Organizer is complete and all requested material is provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest and most efficient manner. Only complete the sections that apply to your tax situation. Please call if you have any questions.

Personal Data (Please Print)

	First	M. I.	Last Name (as on your SS Card)	SSN	Date of Birth
Taxpayer:				- -	/ /
Spouse:				- -	/ /

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.
Mailing Address: The address where we mail your documents if different than your tax address.

Address	Street	Apt. #	City	State	Zip
Current Tax Address					
Mailing Address					

Occupation	Airline	Base	Employee #	Date of Hire	Home Telephone
Taxpayer:				/ /	
Spouse:				/ /	

E-mail Address:	Cell Phone Number:
Best Way to Contact You:	Pager Number:
Who prepared your taxes last year?	**New Clients - Who referred you to Flightax?**

Filing Status (Check One)

☐ **Single**

☐ **Married Filing Joint**

☐ **Married Filing Separate**

Spouse Name	**Spouse Soc Sec #**
Did you live with your spouse any time after June 30?	**YES** ☐ **NO** ☐

☐ **Head of Household**

If you are the custodial parent & someone else is taking the exemption for your child, complete the information in this section. Otherwise, list all dependents in the Dependent Information section.

Name	**Soc Sec #**
Relationship	**# mos. lived with you**
Who is claiming this person on their tax return?	

☐ **Qualifying Widow(er)** — **Spouse's date of death** _____/_____/_____

Dependent Information

Dependent's income must be under $3200 unless they are a full time student under the age of 24. If your dependent children do not live with you, you must provide form 8332, Release of Claim or a copy of your divorce decree.

Name (as it appears on the SS card)	Date of Birth	SSN	Relationship	# Months at home	Full time Student
	/ /	- -			Yes or No
	/ /	- -			Yes or No
	/ /	- -			Yes or No
	/ /	- -			Yes or No

All clients complete the section below, 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 W2 for each state. We must have ALL of these W2's.

State	Date Moved In	Date Moved Out	Still a Resident?	County	School District
	/ /	/ / 2005	Yes No		
	/ /	/ / 2005	Yes No		

If you are required to file a state return and **DO NOT** want Flightax to prepare your state return for you, initial here.
(Remember, you **should not** file your state before you file your federal)

Important Questions

YES	NO	Please Answer All Questions.	Amount
		Did you receive a state and/or local tax refund last year?	$
		Did you receive a federal refund last year?	$
		Did you pay additional tax when you filed your state return last year?	$
		Did you itemize your deductions for 2004?	
		Did you make any out of state purchases without paying sales tax that you need to claim on your state return?	$
		Did you receive any alimony during 2005?	$
		Did you pay any alimony during 2005? To: SSN: - -	$
		Did you receive any unemployment during 2005? (Enclose 1099 G)	$
		Did you receive any Social Security during 2005? (Enclose SSA - 1099)	
		Did you have any investments that earned **tax-exempt interest**? If yes, please provide statements.	
		Do you have any children under age 14 with investment income over $1600.00? If so, please provide 1099 statements.	
		Did you adopt a child during 2005? If yes, contact us for additional information.	
		Do you owe any back taxes to the IRS or your state?	
		Do you have any delinquent student loans or owe back child support?	
		Did the IRS garnish your refund last year?	
		Did you receive a K-1 from any entity – Corporation, Estate, Trust, Partnership etc? If yes, enclose.	
		Did you receive any type of additional income during 2005? (jury duty pay, taxable prizes, trustee fees, etc)	$
		New Clients - Did you take a distribution from a retirement plan (401K, IRA, SEP, ROTH) during 2003 or 2004?	
		Do you want to allow Flightax to discuss items concerning this return with the IRS? (Only at your request)	
		What is your maiden name or previous married name?	

A. Interest Income

Provide all 1099 interest statements. Fill in information below from 1099.

Owner SS#	Institution
- -	
- -	
- -	
- -	
- -	
- -	

B. Dividend Income

Provide all 1099 dividend statements, state information that accompanies the 1099 and all year-end summary statements.

Owner SS#	Institution
- -	
- -	
- -	
- -	
- -	
- -	

C. Stocks & Bonds Sold*

The information below MUST be provided. Provide your complete year-end statement including the 1099 from your broker. Please call us if you have any questions on this section!

Description and Quantity	Purchase Date	Sale Date	Proceeds Less Commissions	Purchase Price Plus Commissions
	/ /	/ / 2005	$	$
	/ /	/ / 2005	$	$
	/ /	/ / 2005	$	$
	/ /	/ / 2005	$	$
	/ /	/ / 2005	$	$
	/ /	/ / 2005	$	$

D. Moving Expenses*

Only report job related relocations of primary residence below. See Professional Deductions for relocation of Commuter Pad.

Moved Primary Residence From:	Old Base:	Travel Expense	$
Moved Primary Residence To:	New Base:	Shipping Expense	$
Distance	mi.	Lodging Expense (only while in transit)	$
Date Moved	/ / 2005	Number of Vehicles Driven	
Was this move for change of job for your spouse? Yes No		Old Employment City:	New Employment City:

E. Pension, IRA, 401k Distributions & Rollovers*

Please Provide 1099R's	Taxpayer		Spouse	
	Distribution #1	Distribution #2	Distribution #1	Distribution #2
- 401K, Pension and Traditional IRA				
Name of payer institution(s)				
Gross distribution amount (1099R, box 1)	$	$	$	$
Date of distribution	/ / 2005	/ / 2005	/ / 2005	/ / 2005
Reason for distribution				
Amount rolled over, if any	$	$	$	$
Name of receiving institution(s)				
Type of new account (IRA, Roth, 401k)				
- Roth IRA				
Name of payer institution(s)				
Gross distribution amount (1099R, box 1)	$	$	$	$
Date of distribution	/ / 2005	/ / 2005	/ / 2005	/ / 2005
Reason for distribution				
Amount of distribution	$	$	$	$
Basis of this account (Amount Contributed)				
Have you taken any prior distributions?	Yes No	Yes No	Yes No	Yes No
Did this include any amounts from a conversion of a traditional IRA? If yes, enter amount.	$	$	$	$
Value of account as of December 31, 2005	$	$	$	$

F. IRA & Self-Employed Retirement Contributions

	Taxpayer	Spouse
-Traditional IRA		
Do you want us to calculate the maximum amount you may contribute for 2005?	Yes No	Yes No
Do you want to make this contribution even if it is non-deductible? (Required form and fee)	Yes No	Yes No
2005 Contribution already made, if any. (May qualify you for tax credit)	$	$
-Roth IRA		
Do you want us to calculate the maximum amount you may contribute for 2005?	Yes No	Yes No
2005 Roth Contribution already made, if any. (May qualify you for tax credit)	$	$
-Self-employed Retirement Plan*		
Do you want us to calculate the maximum amount you may contribute for 2005?	Yes No	Yes No
2005 Contribution already made, if any. (May qualify you for tax credit)	$	$

G. Education Savings Accounts

Education Savings Plans *Only list contributions made on or before 12/31/05*

Note: These items may be deductible on your state return.		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:		$

H. Educational Deduction* and Student Loan Interest

Did you pay any student loan interest in 2005? If yes provide the 1098E.	**$**

For the Tuition and Fees Deduction or the Hope Credit and Lifetime Learning Credit you may claim qualified expenses and fees for yourself, your spouse and/or your dependent children. If you are married, you must file a joint return to receive the deduction or credits. The IRS defines qualified expenses as tuition and fees an individual is required to pay in order to be enrolled at, or attend, an eligible institution. Expenses that are **not considered qualified** are charges and fees associated with room, board, student activities, athletics, insurance, books, equipment, transportation, and similar personal, living, or family expenses. For the Lifetime Learning Credit, the student can be taking as little as one course, and can be taking it to improve or acquire job skills rather than to obtain a degree. Expenses may also be taken "above the line" for up to $4000 of qualified post-secondary education expenses. You cannot claim this deduction and one of the credits for the same student. Income phase out levels vary. *We will determine which benefits you most. Additional Form Fees Apply!*

Please Provide 1098T	Student #1	Student #2	Student #3	Student #4
Name of student				
Name of Institution				
City & State of Institution				
Amount of Qualified Expenses	$	$	$	$
Year in College	1st 2nd 3rd 4th Grad	1st 2nd 3rd 4th Grad	1st 2nd 3rd 4th Grad	1st 2nd 3rd 4th Grad
Was Student at least halftime?	Yes No	Yes No	Yes No	Yes No
Was Hope Credit claimed in 2004?	Yes No	Yes No	Yes No	Yes No
Was Hope Credit claimed in 2003?	Yes No	Yes No	Yes No	Yes No
Amount of 529 Plan Withdrawals	$	$	$	$

I. Medical Expenses

Do not include amounts paid by insurance or with pre-tax dollars (i.e. Flexible Spending Account). ***Out-of-pocket*** expenses must exceed 7.5% of your income to be deductible on your federal return. Your state may allow a deduction for these items even if you do not meet the 7.5% federal threshold. 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 Expenses *(not covered by insurance)*	Taxpayer $	Spouse $	Long-Term Care Insurance Premiums Paid	Taxpayer $	Spouse $
Insurance Premiums – **Not Pre-Tax**		$	Hospital		$
Co-Pays		$	Lab Fees		$
Contacts/Glasses		$	Radial Kerotonomy/Lasik		$
Psychotherapy/Counseling		$	COBRA Premiums		$
Medical Travel - Number of Miles		mi.	Other – Specify:		$

Health Care Tax Credit – send us form 8885 or Form 1099-H – you should receive either of these forms if you are eligible.

J. Charitable Contributions

You need to have a receipt if any single cash contribution was over $250. If you donated any non-cash items, you must have a receipt. (Additional form and fee required for donated items totaling $500 or more) * Use an additional Charitable Contribution Form from our web site if you need additional room.

Cash	Church	$	Hurricane Relief	$
	Official Charities	$	Value of Vacation Day Donations	$
	Airline Charity	$	Travel for Charitable Purposes	mi.

Vehicle

New for 2005: The IRS requires written acknowledgement from the charitable organization be attached to the return if you are taking a deduction over $500. This written acknowledgement (1098-C) will be provided to you and to the IRS by the charitable organization. This form must be included with the Organizer in order to receive credit for the deduction. If your donation was valued at less than $500 please complete the following:

Date of Donation	/ / 2005	Make and Model of Vehicle	
Fair Market Value under $500	$	Original Purchase Date & Price	/ / $
Method to determine value		How acquired?	

Non-Cash	Charitable organization receiving donated goods:			
	Address of This Organization:			
	Date of Donation	/ / 2005	Resale Value of Appliances	$
	Resale Value of Furniture	$	Resale Value of Household Items	$
	Resale Value of Clothing	$	How Acquired (purchase, inheritance, gift)	
	Original Purchase Date:	/ /	Original Purchase Price	$
Non-Cash	Charitable organization receiving donated goods:			
	Address of This Organization:			
	Date of Donation	/ / 2005	Resale Value of Appliances	$
	Resale Value of Furniture	$	Resale Value of Household Items	$
	Resale Value of Clothing	$	How Acquired (purchase, inheritance, gift)	
	Original Purchase Date	/ /	Original Purchase Price	$

K. Sales Tax Deduction

If you itemize your deductions, you are allowed to take the higher of the state income tax paid or the state sales tax paid. You have two ways to determine total sales tax paid. One – using a sliding scale based on income, plus any sales tax paid on certain items. If you purchased a motor vehicle, boat, aircraft, manufactured home in 2005 please fill the information below. Two – you provide a total amount of sales tax paid on all purchases during 2005. IRS requires you keep all receipts used for this deduction – provide total amount below. (Do not send receipts)

Sales tax paid on the purchase of an automobile, boat or aircraft during 2005. (enclose copy of receipt)	$
Sales tax paid on all items purchased during 2005 – IRS requires documentation for all items purchased	$

L. Homeowner Information **(Do not include rental property expenses see section E)**

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	$
Mortgage interest on 2nd/vacation home*	$	Real Estate taxes on 2nd/vacation home	$
Home equity interest or 2nd Mortgage interest on your principal residence.	$	All other real estate taxes paid on personal residences including vacant land.	$
Did you sell your home in 2005?	Yes No	Did you refinance your home in 2005?	Yes No
If yes, send in purchase & sale closing statements.		If yes, send in closing statement.	
If yes, was an office in home deduction ever taken? Yes No If deduction was used, please provide tax return from each year taken. (new clients)			
If yes, was this home ever used as a rental property? Yes No If used as a rental, please provide tax return from each year rented. (new clients)			
Number of years in home before selling.	Yes No	Number of years you refinanced.	
Did you purchase a home in 2005?	Yes No	If you did purchase a home, send in closing statement.	
*Note: Interest paid on a boat/RV will qualify as a deduction if it has a lavatory and a range.			

M. Casualty/Theft & Loss* (Hurricane loss see section X)

Only net amounts over 10% of your income are deductible. Please provide itemized insurance list or police report.

Type of Property	Reason for Damage	Date of Event	Date Acquired	Value Before Loss/Damage	Value After Loss/Damage	Insurance Reimbursement
		/ / 2005	/ /	$	$	$
		/ / 2005	/ /	$	$	$
		/ / 2005	/ /	$	$	$

N. Miscellaneous Expenses

Tax Prep Fees Paid in 2005	$	Margin or Investment Interest Paid *	$
Tax Prep Mailing or Shipping Expenses	$	Investment Expense	$
Tax Prep Books	$	IRA Fees (not paid out of IRA account)	$
Tax Prep Computer Software	$	Personal Property Tax (not real estate tax)	$
Safe Deposit Box Rental	$	Vehicle Excise Tax (based on value)	$

O. Gambling Winnings

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. Note: Provide 1099 G reporting state where winnings were paid.

Total Amount of Winnings	$	Total Amount of Losses	$

P. Estimated Tax Payments

The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment income.

Federal Amount	Date of Payment	State Amount	Date of Payment	Local Amount	Date of Payment
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /

Q. Employee Business Deductions – Non Airline – W-2 income only*

If you have a 2nd job, or your spouse has a job with non-reimbursed employee business expenses, please list them below. If you are a Policeman or Fireman, we have a detailed professional worksheet designed for your deductions. Call us or download one at www.flightax.com.

Name of Employer:		Uniform Items	$	Company Business Cards	$
Union Dues/Initiation Fee	$	Uniform Maint./Alterations	$	Pager – If required for job	$
Professional Publications	$	Company Related Phone Calls	$	Cell Phone – If required for job	$
Office Supplies	$	Licenses	$	Job Related Education Expense	$
Office Equip. (Provide list)	$	Travel	$	Meals/Entertainment	$

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 Business from 01/01/05-08/31/05	mi.
Date First Used for Business: / /	Miles Driven for Business from 09/01/05-12/31/05	mi.
Do you have another car for personal use? Yes or No	Miles Driven for Personal from 01/01/05-08/31/05	mi.
Do you have evidence to support the deduction? Yes or No	Miles Driven for Personal from 09/01/05-12/31/05	mi.
Is this evidence written? Yes or No	Miles Driven for Commuting (all year)	mi.

Were you reimbursed or paid for any of your vehicle expense? Yes No If yes, what was the amount? $

Home Office – Must Be Required by Employer!

Square Footage of Home	sq./ft	Cost of Utilities per Month	$
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 2005		Other - Specify	$

Educator Expenses – Classroom expenses for elementary and secondary educators qualify for a special above the line deduction up to $250.00

Total classroom expenses	$	IRS requires that you keep receipts for theses expenses. (do not send)

R. Child Care Expenses*

Qualifying expense for care which allows you to work, look for work or go to school full time. Deduction only allowed for children under age 13. NOTE: Social Security Number or ID Number is required to receive credit!

Provider Name	Provider Address	Provider I.D # or SS#	Childs Name	Amount
				$
				$
				$
				$
				$

S. Small Business – Self Employed - 1099 Income*

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

Name of Business:		Type of Business:	
Taxpayer Name:		Taxpayer SS#: EIN:	
Gross Income (provide any 1099's)			$
Advertising	$	Meals	$
Business Insurance (not health)	$	Utilities – Outside of Home	$
Interest - Mortgage $ Other Int.	$	Dues & Publications	$
Legal & Professional Fees	$	Postage & Shipping	$
Rent – Outside of Home	$	Telephone	$
Repairs	$	Bank Charges	$
Supplies	$	Self Employed Health Insurance	$
Taxes	$	Other (Specify)	$
Travel	$	Equipment Purchased – Complete information below	
Entertainment	$	Date you started your business: / /	

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.	$
Inventory purchased during the year - less 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 Business from 01/01/05-08/31/05	mi.
Date First Used for Business: / /	Miles Driven for Business from 09/01/05-12/31/05	mi.
Do you have another car for personal use? Yes or No	Miles Driven for Personal from 01/01/05-08/31/05	mi.
Do you have evidence to support the deduction? Yes or No	Miles Driven for Personal from 09/01/05-12/31/05	mi.
Is this evidence written? Yes or No	Miles Driven for Commuting (all year)	mi.

Were you reimbursed or paid for any of your vehicle expense? Yes No If yes, what was the amount? $

Home Office - Note: Area must be used exclusively and regularly for business.

Square Footage of Home	sq./ft	Cost of Utilities per Month	$
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 2005		Other - Specify	$

List Equipment Purchased	Date Purchased	Placed in Service	Cost
	/ /	/ /	**$**
	/ /	/ /	**$**
	/ /	/ /	**$**
	/ /	/ /	**$**
	/ /	/ /	**$**
	/ /	/ /	**$**
	/ /	/ /	**$**

Small Business Comments and Other Expenses:

Are you a Real Estate Agent? Call us for a special RE Professional Worksheet or download one at www.flightax.com

T. Rental Income & Expense*

Use yearly totals below! Send last year's tax return with this organizer if FLIGHTAX 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	Date First Used as Rental	Purchase Price	Ownership %	Type of Property	Address Street	City	State
1	/ /	$	%				
2	/ /	$	%				
3	/ /	$	%				

Property	**1**	**2**	**3**		**1**	**2**	**3**
Rent Received	$	$	$	Interest	$	$	$
Advertising	$	$	$	Repairs	$	$	$
Travel Expense	$	$	$	Supplies	$	$	$
Miles Jan-Aug	mi	mi	mi	Taxes	$	$	$
Miles Sept-Dec	mi	mi	mi	Utilities	$	$	$
Cleaning	$	$	$	Telephone	$	$	$
Commissions	$	$	$	Condo Fees	$	$	$
Insurance	$	$	$	Lawn Care	$	$	$
Legal/Prof. Fee	$	$	$	Bank Fees	$	$	$
Mgmt. Fees	$	$	$	Other	$	$	$
List the number of days each property was used for personal use.							
Did you actively participate in the management of this property?							
Is the average rental period/lease for this property 7 days or less?							

List of Major Improvements (do not include maintenance or repair items)	**Date of Improvement**	**Property 1, 2 or 3**	**Cost**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**
	/ /		**$**

Sale of Rental Property:

What was the date of the sale?	/ / 2005	What was the date of purchase?	/ /

Note: We need a copy of your Settlement/Closing Statement for both the purchase and the sale of the property. In addition, New Clients should send prior years tax returns where the property was claimed as a rental.

Rental Comments and Other Expenses:

REMEMBER! *Keep rental records separate from your personal expenses! Use a credit card just for your rental property expenses – this will help you with your receipt and record keeping!*

U. State/Local Issues

If you want Flightax to prepare your city (CO, MI, MO, PA, OH or if applicable in your state), local (PA or OH) or school district (OH) tax, 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 Flightax to prepare your local earnings or income tax return? Yes No (if yes, provide tax form)	
Name of locality	
Did you pay any estimated tax to your locality during 2005? (do not include amounts withheld on your W-2)	$
Did you pay additional tax for 2004 when you filed your local return in 2005?	$
Please provide information for your state of residence.	
CA – Amount spent on Solar Energy Equipment (including installation)	$
CT Residents- Need District, List or Bill #, Date Paid and Amount Paid on Home and Auto Property Tax.	

Property	District	List or Bill #	Date Paid	Amount Paid
Home			/ /	$
Auto 1			/ /	$
Auto 2			/ /	$

DC – Do you have a carryover of the DC First Time Home Buyers Credit from 2004?	Yes No
DE – Clothing or other expenses incurred for active volunteer firefighter	$
FL – If you own marketable securities valued over $250,000 ($500,000 if joint) at year end, please provide investment statements for the FL Intangible Tax Return. If you DO NOT want Flightax to prepare your FL Intangable Tax Return initial here:	
GA – Amount spent on home care services for person over 62 years old	$
HI – Cost of child restraint seat purchased during 2005	$
ID – Cost of insulation installed in primary residence during 2005	$
IN – Insulation installed (incl. date of purchase & installation & cost)	Purchase Date__________ Install Date__________ Amount $ How old is House?
MA – Same sex partners must file as either MFJ or MFS. Are you legally married to a same sex partner?	Yes No
MI – Provide the Property Tax Statement showing 2005 taxable value of your home.	$
MN – Send Statement of Property Taxes Payable in 2006. You should receive this statement in March.	
MT – Contributions to First Time Homebuyers Savings Account	$
NH – If you have interest/dividends in excess of $2400, do you want Flightax to prepare your state return?	Yes No
OH – Job Training Expenses incurred after employment layoff	$
VT – Provide the 2005/2006 Property Tax Bill.	$

V. Renters Credit for IN, MA, MI, MN, NJ, WI, CA

If you paid rent at your TAX ADDRESS during year 2005, and it is in IN, MA, MI, MN, NJ, WI, CA or a state with a renter's credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).

Landlord's Name:		Landlord's Address:	
Total Monthly Rent	$	Your portion of Monthly Rent	$
Apartment Address:			
NJ residents, do you have a roommate? If yes, roommate name:		Roommate SSN:	
NJ Roommate # of Months Rented		NJ Roommate Monthly Rent	$

Note: NJ If you have a roommate, all information must be provided to qualify for the credit.

W. K-12 Education Credits for AZ, IL, IA & MN

See state-specific qualified expenses below. Keep all related receipts!

Name of Student	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.
Illinois - Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify. (must be over $250)
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.
Minnesota - Tuition and fees paid to public or private schools. Other education supplies including up to $400 for the purchase of a home computer and educational software.

X. Hurricane Casualty Loss*

The tax laws and rules regarding casualty loss from hurricane damage in 2005 have been temporarily changed to aid victims in affected counties. These rules are changing daily. At the time of this printing, the IRS is working to provide additional relief. Please contact our office and check our web site for the latest information.

State of Residence		County of Residence	
Date of Occurrence	/ /	Parish of Residence (LA)	
Did you take an early distribution from your 401K, IRA or Retirement Plan to cover expenses?			Yes No

Short Form

If you are unable to itemize your deductions, and there are no additional forms, you may wish to complete the return yourself. Our fee for calculating and electronically filing the Federal Short Form is $89 plus $30 for the state. If you do not want us to process the short form for you, please initial and your documents will be returned to you for you to file! INITIAL ___________

*Note on Fees

Most federal returns will be completed for the base fee of $119. This includes the federal long form, itemized deductions, employee business expense (for one person), 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. The * has been placed next to sections of the Organizer that require 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, Advantage Tax & Financial, Pilot-Tax, Inc. and to our tax return processing center for purposes of preparing 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.

Additional Comments

Final Check List

_____ **Originals of All W-2's**
_____ Originals of Interest Statements 1099 INT
_____ Original Tuition Statement 1098T
_____ Original Dividend Statements 1099 DIV
_____ Copies of Sale of Stock/Bonds 1099 B
_____ Copies of Brokerage Statements for All Sales
_____ Copies of Year-end Brokerage Statement
_____ Copies of Mortgage Statements 1098
_____ Copy of Closing Stmt. if Bought/Sold Home
_____ Copy of Receipt for Sales Tax on Car or Boat
_____ **Signed Application for Fee From Refund**

_____ Copy of Last Pay Stub of 2005
_____ Copies of Monthly Flight Schedules (International Only)
_____ Original Retirement Statements 1099R
_____ Original Voided Check for Direct Deposit
_____ Original Local Tax Forms with Instructions
_____ Copy of Last Years Tax Return if You are a New Client
_____ Copy of Any Statement of Which You are Unsure
_____ Copy of K-1's for Partnership, S-Corp. or Trusts
_____ Payment
_____ **Signed Back Page!**
_____ **Completed Organizer!**

Note: Please use correct address for method of shipment.

(US mail addressed to the street address will not be delivered)

<u>US Postal Mailing Address:</u>

Flightax
P.O. Box 139
Cicero, IN 46034

<u>FedEx/Overnight Shipping ONLY:</u>

Flightax
220 W. Jackson St.
Cicero, IN 46034

Professional Deduction Information

Receipts are required for individual expenses of $75 or more. Any individual travel expense item under $75 must be entered into your logbook, including item, date & cost. Receipts are required for all other expenses such as supplies and uniform items. All expenses below must be specifically for business use and not reimbursed by your employer. Enter amounts as yearly totals unless otherwise specified. Do not send receipts to Flightax; keep them for your records. Married Flight Attendants – If both you and your spouse fly, use an additional Professional Deduction sheet. DO NOT combine expenses on this form! If you do not have one – call our office or download one at www.flightax.com.

Uniform Payroll Deduction Amount		Luggage Items	**$**	Cell Phone Purchase in 2005	**$**
From Last Check Stub	$	Garment Bag	$	Internet Access Fees - Home	$
Additional Items Purchased: DO NOT list items purchased with points or included in amount from payroll deductions above.		Wheels for Luggage	$	Internet Access Fees - Layover	$
		Luggage Tags/Name Tags	$	Computer Fees - PCFOS/Flightline	$
		Wings	$	Computer/Printer Supplies	$
Uniform Alterations	$	Watch/Batteries/Repair	$	Bidding Software	$
Uniform Belt	$	Jet Bridge Keys	$	Bid Service/Mailing Fees	$
Uniform Dress	$	Personal Organizer	$	Trading Service Fees	$
Uniform Epaulets	$	Logbook	$	Union Dues	$
Uniform Jacket	$	Galley Supplies	$	Union Initiation Fee	$
Uniform Hair Clips	$	Update & Revision Services	$	2nd Language Education Fees	$
Uniform Hat	$	Flashlight	$	Tips – Limo Drivers	$
Uniform Maternity Dress	$	Batteries	$	Tips – Hotel Maid Service	$
Uniform Pants	$	Portable Alarm Clock	$	ATM Fees on Layovers	$
Uniform Purse	$	Portable Curling Iron	$	Other (Specify)	$
Uniform Scarf	$	Portable Hair Dryer	$	**Layover Transportation Expense:** List the amount you spend per month on taxi,	
Uniform Serving Garment	$	Portable Iron	$		
Uniform Shirt	$	Portable Security Device	$	bus, subway, rental car, etc.	$
Uniform Skirt	$	Portable Smoke Detector	$	**Reserve Emergency Cab Fares**	$
Uniform Sweater	$	Int'l Voltage Converter	$	**Airport Parking Expense**	$
Uniform Tie	$	Int'l Currency Converter	$	**Non Commuting Travel Expense**	
Uniform Winter Jacket	$	Manual Replacement	$	Travel to Training	$
Uniform Shoes: Must be purchased from a uniform shop or ASU.		ID Replacement	$	Travel to Company Meetings	$
		Company Mail/Tel. Expense	$	Travel to Union Meetings	$
Uniform Shoes	$	Company Copy/Fax Expense	$	**Training Expense**	
In-flight Shoes	$	Company Business Cards	$	# of Days In Training	
Uniform Shoe Shine	$	Foreign Visa	$	City of Training Airport Code	$
Uniform Shoe Repair	**$**	Passport Fee/Photo Expense	$	Phone Expense in Training	$
Uniform Cleaning: (Not Reimbursed)		Call Waiting/Call Forwarding	$	Hotel for Interview/Physical	$
Home Laundering - $ Per wk	**$**	2nd Telephone Line	$	Travel for Interview/Physical	$
Laundering - $ Per Wk	$	Pager Service	$	**Job Hunting Expenses**	
Dry Cleaning - $ Per Wk	$	Pager Purchase in 2005	$	Resume Expense	$
Support Hose: (Medical Deduction)		Answering Service/Machine	$	Application Expense	$
Number of Pair Per Month		Professional Publications	$	Job Hunting Travel Expense	$
Amount Per Pair	$	Drug Testing Expenses	$	Other Job Hunting Expenses	$

Satellite/Co-Terminal Transportation

If you cover more than one airport, transportation between airports is deductible.

Three Letter Airport Code:		Number of Round Trips		Cost Per Round Trip	$
Three Letter Airport Code:		Number of Round Trips		Cost Per Round Trip	$
Three Letter Airport Code:		Number of Round Trips		Cost Per Round Trip	$

Phone Usage

Cell Phone

Number of Months On Reserve During 2005		Total Months Flown During 2005	

While you are on Reserve, the entire base fee for your cell phone is deductible. How much is your monthly base fee?	$
For the months you are not on Reserve, you may deduct calls home, calls to the home area and work related calls. Calls to your home "area" include calls that would not be long distance if your were calling from home. How much is your average monthly bill for these calls?	$

Calling Card

Amount per month used on a calling card to call your home, home area or for work related calls.	$ Per Mo.

International/Domestic Pre Paid Calling Card

Amount per month used on a pre paid calling card for calling your home, home area or for work related calls.	$ Per Mo.

Commuting Expenses

Commuting to your base for work is NOT deductible. However, travel/overnight expenses for training, meetings, or union events are.

Number of Round Trips		Cost of Transportation Per Round Trip	$
Number of Nights in Hotel		Cost of Stay Per Night	$

Commuter Pad Moving Expenses

If you transferred bases and moved your Commuter Pad, list the associated expenses below.

Old Base (Code)		New Base (Code)		Travel Expense	$
Distance driven to transport belongings			mi.	Shipping Expense	$
Date Moved			/ / 2005	Lodging Expense (only while in transit)	$

Temporary Duty Expenses/Special Assignment

Please complete the following section if you were on Temporary Duty or Temporary Assignment away from your home base during 2005.

Number of Days during 2005 on TDY		Three Letter City Code for Location of TDY	
Were you provided Housing?	Yes or No	Were you paid a per diem during your TDY	Yes or No
Hotel/Housing Expense for TDY	$	Utility Expense for TDY	$
Local Transportation during TDY	$	Local/LD Phone Usage During TDY	$
Commuting Expense During TDY	$	Purpose of TDY:	

Entertainment Expense

If you have a bona fide and substantial discussion, regarding company business or union news, your "Entertainment Expense" while conducting this business is deductible. You conducted business, i.e. discussed it, and the expenses of your activities associated with this discussion are deductible. You must have a receipt with time, date, subject of discussion and persons present. Qualifying items may include, Museums, Tours and Broadway Shows etc. as long as you had a bona fide discussion of company or union business**. (Do Not include meals while on layovers.)**

Enter your yearly Entertainment Expense while discussing company business: $ ___________

Airline Business Use of Home Computer

The IRS has issued a Letter Ruling (#8615024 & Bryant, U.S. Ct. App. 3rd cir. 74 AFTR2d 94-5440) disallowing a deduction for home computers. The ruling states... "Despite legitimate business use, employees generally may not write off the cost of the computer. By law, a computer must be used for the convenience of the employer and required as a **condition of employment**." In private rulings, the IRS ruled an individual may not claim depreciation when the purchase of a computer is optional and not absolutely required by their employer as a condition of employment.

Foreign Domicile Information*

HOW TO FILE? If you were based at a foreign domicile there are two different ways to file. The first is by taking a credit for any taxes that you have paid to a foreign country against the tax due the U.S. This method must be used if you were domiciled out of the U.S. for less than one calendar year. Flightax will need the last paycheck of 2005 showing the total amount earned in the foreign country and the total amount of tax paid to a foreign country.

The second is to file as a bona fide resident of another country and claim an exemption of up to $80,000 on any income earned in a foreign country. To meet the qualifications of a bona fide resident you must be out of the U.S. for one complete calendar year - January 1, 2005 to January 1, 2006. You may need to file an extension until this qualification can be met. We can do this for you. You do not have to be based in the same foreign country to meet this qualification, just out of the U.S. In order to claim the income exclusion you must also pay income tax to the foreign country(s) where you claim residency if that country requires you to do so. If you elect just to pay a commuters tax or partial tax of a country, you DO NOT qualify as a bona fide resident. You must take the Foreign Tax Credit for any taxes paid.

United Airlines Flight Attendants are now being taxed on a portion of their income based on the specific trip flown to and from the US. We must have a copy of your Year End Audit Report to calculate the taxable amount of income in the US. If you qualify as a bona fide resident, we will calculate the portion of your income that can be excluded. If you do not qualify as a bona fide resident but pay some type of tax to a foreign country, you will be able to take the Foreign Tax Credit. Our fee for calculating your % of income taxable by the US is $50.

Date bona fide foreign residence began.	- -	Date bona fide foreign residence ended.	- -
If not ended yet, will you stay for 1 yr?		Do you pay tax to the country you are based in?	Yes No
Type of visa issued to you		Of what country are you a citizen/national?	
Have you informed your country of residence that you are residing in their country?			Yes No
Are you required to pay tax to your country of residence?			Yes No
If yes, what type of tax are you paying to that country?			
Did any of your family members live abroad with you during the tax year?			Yes No
Did you maintain a home/apartment in the U.S. while abroad? If yes, give dates, address & relationship of occupant(s) to you below:			
Note - If you maintain a home/apartment in California and intend to return to California after your time abroad, you must pay California state taxes on your foreign earned income! Contact us for more details.			
Have you ever filed form 2555 to claim the foreign earned income exclusion? Yes No If yes, what year?			

If you were present in the U.S. or its possessions during the tax year (other than layovers), complete the following:

Date arrived in US	Date Left US	Date arrived in US	Date Left US
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

Tell 5 Friends = $100.00

Tell your Friends and Family about our services – regardless of their profession - You will receive a $10 referral bonus for each person you refer to Flightax, Pilot-Tax or Advantage Tax & Financial. Your referral must result in tax preparation by one of our companies. If you refer a total of five clients to any of our companies, we will pay you a referral bonus totaling **$100!**

Be sure to ask your referral to write your name on page 1 of the Organizer where it asks: Who referred you to FLIGHTAX? To have additional Organizers mailed to either pilots, flight attendants or non-airline people please call us at 1-800-999-8297 or refer to our website (www.flightax.com) to download the Organizer.

Per Diem
Deduction Information

Months Flown:	**Total months flown in 2005?**	**Months**
	Of total months flown, how many were Domestic?	**Months**
	Of total months flown, how many were International?	**Months**

Per Diem Paid:	Look in box 12 of your W-2, next to the letter *L*, if there is no amount, check your last pay stub of 2005 or call your employer. **We must have the amount of Non-Taxable Per Diem paid!**	**$**

American	If you flew any International including Canada and Mexico, we need copies of your HI-1's for all 12 months. You can print off copies from **epays** on Jetnet. Make sure you print the printable version in **landscape** view. If you were domestic and/or flew limited trips to Canada and Mexico, complete the days flown section below.
ATA	We need the month end copy of your schedules for all months flown. Make sure the three-letter layover code is on these schedules. We need each of these monthly schedules for two important pieces of information – we need to determine where you flew and also we have to know how much non-tax per diem you were paid.
Continental	We need the month end copy of your schedules for all months flown. Make sure the three-letter layover code is on these schedules. You can now pull your schedules up on CCS for the past 3 years. In CCS go under Schedules to Pay, another menu will pop up – go to Final Pay Register. Be sure to click on Print Version! Print all 12 months.
Delta	If you utilize the Flightline service then send us the Flight Log report. If not, then you have the following options: 1. Complete the domestic or international grids below. 2. Add city codes of your layovers to your monthly schedules and send them to us. *OR* 3. Complete the tables on the following page for all trips with layovers.
Northwest	Send us your monthly **Crew Activity Reports**. We need these reports instead of the computer generated summary – this summary does not provide departure and arrival times. If you do not have your Crew Activity Reports, you may contact your supervisor and have them reissued or complete the days flown section below.
United	Provide us with the complete copy of your **"Year End Audit Report".** This report should be in your operations mailbox by mid January. If not, contact your Supervisor to have it re-issued. If you were based at a foreign domicile, please complete the special section on the previous page and provide your Year End Audit Report.
World	**Complete the grid on the next page using 3 letter codes. DO NOT send schedules unless they use 3 letter codes.** We must have departure time in AM/PM format, departure date, arrival time in AM/PM format and arrival date and layover city in **3 letter codes**.
All Other Airlines:	If you flew any international, including Alaska, Hawaii, Canada and Mexico, you will maximize your per diem deduction by providing your monthly flight schedules or completing the layover grid. These schedules must have the layover city or three-letter layover airport code on them. If you do not have your schedules, you can use your flight log to complete the layover grid on the next page.

Domestic:	**Below -** List below the number of days you flew for each month. If you were on a leave or did not fly for a specific month please indicate so. Break your days down between Continental US and Canada, Mexico, Hawaii and Int'l. **DO NOT** include turn arounds or same day trips.

Month	**Days flown in Continental US**	**Days flown in Canada, Mexico, Hawaii or Int'l**	**Month**	**Days flown in Continental US**	**Days flown in Canada, Mexico, Hawaii or Int'l**
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

International:	**Send a copy of all of your monthly schedules.** These schedules must have the layover city or three letter airport codes on them. From these schedules, we will determine the total government per diem you are allowed per city. If you don't have your schedules, please complete the tables on the following page or provide total days flown in the Canada/Mexico column above. If you are both International and Domestic, you must fill in all trips or complete the days flown section under domestic. **Do not include any same day trips (turn arounds) in either section.**

Flight Schedules

Do not complete the following grid if you are providing your flight schedules or have completed the days flown section on the previous page. Please make sure that all information is complete below. We need Departure Date, Departure Time in the AM or PM, Layover City, Return Date and Return Time in AM or PM for each trip. Do not list trips that you did not physically fly, i.e. paid sick leave or dropped trips. Do not include any turn arounds or same day trips. Don't hesitate to call if any questions! 800-999-8297

JANUARY

Departure Date	AM PM	City Code	Return Date	AM PM
Example: 3 Day European Trip				
1 / 5	PM	LHR	1 / 7	PM
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FEBRUARY

Departure Date	AM PM	City Code	Return Date	AM PM
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MARCH

Departure Date	AM PM	City Code	Return Date	AM PM
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APRIL

Departure Date	AM PM	City Code	Return Date	AM PM
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MAY

Departure Date	AM PM	City Code	Return Date	AM PM
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JUNE

Departure Date	AM PM	City Code	Return Date	AM PM
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JULY

Departure Date	AM PM	City Code	Return Date	AM PM
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AUGUST

Departure Date	AM PM	City Code	Return Date	AM PM
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SEPTEMBER

Departure Date	AM PM	City Code	Return Date	AM PM
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OCTOBER

Departure Date	AM PM	City Code	Return Date	AM PM
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NOVEMBER

Departure Date	AM PM	City Code	Return Date	AM PM
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DECEMBER

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-IMPORTANT-

Please complete each section below!

Do you want your returns filed electronically?

No Additional Fee for This Service!

☐ **Yes**, electronically file my federal and state returns.

What you need to do: (yes… it's free)

1. Check the above box.
2. Keep the yellow copy of form 8879 with you.
3. We will contact you with the final numbers.
4. Fill in the final numbers on the form.
5. Select any 5 digit PIN and sign the form. See instructions on back of form.
6. Fax it to us at 800-453-5358.
7. **Not available after October 15th 2006.**

☐ **No**, I do not want to electronically file my return.

What you need to do: ($20.00 Additional Fee)

1. Check the above box.
2. When you receive your information back from us, sign the federal & state tax returns.
3. Mail them in the appropriate envelopes (they will be included with your returns).

Additional Fee of $20.00 for all Standard Returns

Do you want direct deposit of your refund?

No Additional Fee For This Service!

☐ **Yes**, have my refund deposited!

What you need to do:

1. Check the above box.
2. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it.

NOTE: Direct Deposit is required for fee from refund

☐ **No**, do not deposit my refund into my account!

What you need to do:

1. Check the above box.
2. The refund will be mailed to your **TAX ADDRESS**. Allow an extra two-four weeks to receive your refund.

How are you paying for your preparation fee?

All preparation and related fees must be paid prior to completion of return.

☐ **Check or Money Order (make payable to Flightax)** **$25.00 charge for all returned checks**

☐ **Credit/Debit Card** Visa MasterCard Discover

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Exp Date** ☐☐ / ☐☐

Name on card________________________________ Signature_______________________________ Zip Code of Billing Address__________

☐ **Withhold my tax prep fee from my refund $25.00 fee for this service**

Check the above box if you want Flightax to withhold your tax prep fee from your refund, the balance of your refund will be deposited directly into your checking account. You agree, by signing below, to pay all amounts due Flightax Inc. for tax prep and related collection costs. If you have a balance due, a credit card is required at the time of processing your return.

What you need to do:

1. Check the above box.
2. Complete the Bold Box of the application on the next page & **sign at the bottom** of the page.
3. Send a voided check as requested under direct deposit. NOTE: Direct Deposit is required for fee from refund.
4. **Signature ___________________________________** **Not available after October 15th 2006.**

2006 APPLICATIONS—AUTHORIZATIONS—CERTIFICATIONS—AGREEMENTS-DEPOSIT ACCOUNT/FEDERAL REFUND ELECTRONIC TRANSFER (RET), and if so designated, STATE REFUND ELECTRONIC TRANSFER (SRET) APPLICATION(S) TO RIVER CITY BANK ("The Bank") (and its successors and/or assigns)

TO BE COMPLETED BY TAX PAYER (S)

(Note: Application is not acceptance) **Applicant(s) Information** (all lines must be completed)

Name____________________________________ DOB____/____/____
SS#____________________

ID# _________________ Issuing state ______ Issue Date ____/____/____ Exp Date ____/____/____

Primary ID info verified by (ERO initials): _______ **Spouse ID info verified by (ERO initials):** _____

Spouse__________________________________ DOB____/____/____ SS#____________________

ID# _________________ Issuing state ______ Issue Date ____/____/____ Exp Date ____/____/____

Street______________________________ City________________________ State____
Zip________

Home Phone (_______)____________________ 2nd Contact Phone(_________)__________________

___X___ Yes, I/we am/are applying for a Federal Refund Electronic Transfer ("Federal **RET**").
_______ Yes, I/we am/are also applying for a State Refund Electronic Transfer ("State **RET**").

REFUND ELECTRONIC TRANSFER (RET) ACCOUNT INFORMATION:

BANK'S RTN________________________ **BANK ACCOUNT NUMBER**________________________

TO BE COMPLETED BY ERO/TRANSMITTER

DATE______________________ EFIN __________________________

ESTIMATION OF FEDERAL RET NET PROCEEDS (if applicable)

TOTAL *ANTICIPATED* FEDERAL REFUND AMOUNT.........$_________
Less TOTAL BANK FEES..$ 20.00
Less TAX PREPARER FEES...$ 5.00
Less ELECTRONIC PREP FEES.......................................$_________
Less ELECTRONIC FILING FEE 1 ....$_________
Less ELECTRONIC FILING FEE 2 ....$_________
Less STATE AND/OR LOCAL TAX (if applicable) ....$_________
TOTAL FEES AND CHARGES PAID BY YOU.....................$_________
ESTIMATED FEDERAL ERC/RET PROCEEDS ....$_________
(See disclosure statement for final amounts)

ESTIMATION OF STATE ERC/RET NET PROCEEDS (if applicable)

TOTAL *ANTICIPATED* STATE REFUND AMOUNT..............$_________
Less TOTAL BANK FEE ....$ 12.00
Less STATE AND/OR LOCAL TAX (if applicable) ....$_________
TOTAL FEES AND CHARGES PAID BY YOU.....................$_________
ESTIMATED STATE ERC/RET PROCEEDS ....$_________
(See disclosure statement for final amounts)

_____ Yes, I/We am/are electronically filing my/our federal return for the 2005 tax year and hereby certify that I/we expect to receive a Federal Income Tax Refund ("Federal Refund") in the Total *Anticipated* Refund amount listed above.

_____ Yes, I/We acknowledge that I/we are submitting this application to River City Bank, Inc. (the "Bank") in order to obtain a Federal RET for my/our Federal Refund from the Internal Revenue Service ("IRS"). I/we also understand that the Bank will charge certain fees or charges (collectively, the "Deposit Account Charges"), with respect to the Deposit Account, and will deduct the Deposit Account Charges from the proceeds of such Federal RET and disburse to the appropriate recipients thereof, and I/We expressly authorize the Bank to so deduct and disburse each of the following fees and charges: the Deposit Account Charges, a tax preparation fee, an electronic preparation fee, an electronic filing fee, and all other fees and expenses related to the Federal RET.

_____ Yes, I/We am/are electronically filing my/our state tax return for the 2005 tax year and hereby certify that I/we expect to receive a State Income Tax Refund ("State Refund") in the Total *Anticipated* State Refund amount listed above.

_____ Yes, I/we acknowledge that, if so designated above, we are submitting this application to the Bank in order to obtain a State RET for my/our State Refund from the applicable state revenue agency or cabinet ("Revenue Cabinet"), in addition to the Federal RET, as designated above. I/we also understand and agree that the Bank will deduct from the proceeds of such State RET and disburse to the appropriate recipients thereof, and the Bank is hereby expressly authorized to so deduct and disburse the following fee: The State RET Bank fee.

_____ Yes, I/we further certify that I/we have completed and submitted to the Revenue Cabinet the applicable state form necessary to designate the Bank as the recipient depository institution to receive my/our State Refund as the Direct Deposit.

_____ Yes, I/We authorize The Bank to establish a special single-use deposit account in my/our name(s) ("Deposit Account") at the Bank to receive my/our 2005 Federal Refund amount listed above, or such other amount as the IRS shall determine to be my/our Federal Refund, and if so designated, State Refund amount listed above, or such other amount as the Revenue Cabinet shall determine to be my/our State Refund ("Direct Deposit(s)"). I/We further acknowledge that the Deposit Account is being established pursuant hereto for the sole purpose of facilitating the electronic transfer of my/our Tax Refund(s) to the Bank and the disbursement thereof, all as required as a result of my/our application(s). I/We also understand and agree that I/we am/are not permitted to make any deposits to or withdrawals from the Deposit Account at any time and that such Deposit Account shall not be used in any manner for family, household, or personal purposes.

_____ Yes, I/we further authorize the Bank to access such Deposit Account once the Direct Deposit(s) has/have been made into the Deposit Account and to disburse the moneys deposited therein (less all applicable fees and charges) as the Federal RET and/or State RET, as designated above, and to close such Deposit Account after all funds have been disbursed therefrom.

_____ Yes, I/we understand that the Bank will process my/our Federal Refund and State Refund separately, although, the Bank will use only one Deposit Account.

_____ Yes, I/we understand and agree that in the event that I/we have applied for a State RET along with a Federal RET, and the IRS, for whatever reason, fails to deposit my/our Federal Refund into my/our Deposit Account, the Bank will deduct from the proceeds of my/our State RET and disperse to the appropriate recipients thereof, and the Bank is hereby expressly authorized to so deduct and disburse any and all of the fees associated with the State RET as well as any and all fees associated with the Federal RET, and all other fees and expenses related to the Federal RET, State RET.

_____ Yes, I/we acknowledge that my/our Electronic Return Originator/Electronic Return Transmitter/Independent Tax Preparer, as the case may be (the "ERO/TRANSMITER"), is authorized to act and has so acted as my agent in connection with the completion and transmission of this/these Application(s) to the Bank for a Federal RET or State RET, as designated above, and is acting as my agent to arrange deposit of my Federal or State Refunds to my/our Bank Account listed above, and I/we absolve the Bank from any liability should the ERO/Transmitter fail to arrange the deposit(s) to me/us.

_____ Yes, I/we understand that this/these Application(s) will be forwarded to the Bank upon the completion hereof and that the Bank, in its sole and absolute judgment and discretion, shall make all authorization decisions relating to the Federal RET, as well as, if applicable, the State RET.

_____ Yes, I/We acknowledge that I/we have made each of the authorizations, certifications, and agreements to the Bank contained on page one of the Bank's Disclosure Statement.

DEBT COLLECTION AUTHORIZATION

If I/we have any delinquent Federal RAL(s) and/or RTL(s) from prior years with River City Bank, that have not been discharged in bankruptcy, I/we authorize and instruct River City Bank to deduct from the proceeds of my/our Federal RET, an amount equal to the balance owed on my/our delinquent Federal RAL(s) or RTL(s) and to pay such amount to River City Bank, as payment on/of such delinquent Federal RAL(s) or RTL(s).

In addition, if my spouse and I are filing a joint tax return, and we have, or either one of us individually has, any delinquent Federal RAL(s) or RTL(s) from prior years with River City Bank, that have not been discharged in bankruptcy, I/we authorize and instruct River City Bank to deduct from the proceeds of my/our Federal RET, an amount equal to the balance owed on my/our/or either one of our delinquent Federal RAL(s) or RTL(s) and to pay such amount to River City Bank, as payment on/of such delinquent Federal RAL(s) or RTL(s).

If I/we/or my spouse has any outstanding fees owed to an ERO/Transmitter which were incurred in prior years in connection with obtaining a Federal ERC/RET, Federal RAL, State ERC/RET or RTL from River City Bank, that has not been discharged in bankruptcy, I/we authorize and instruct River City Bank to deduct from the proceeds of my/our Federal RET, an amount equal to the balance owed on my/our/or my spouse's outstanding ERO/Transmitter fees and/or charges and to pay such amount to the applicable ERO/Transmitter as payment on/of such outstanding ERO/Transmitter fees and/or charges.

_____ I/We have read and understand the Debt Collection Authorization as set forth within this section.

IMPORTANT NOTICE

I/We consent to my/our ERO/transmitter sending my tax return or any other information in the sole discretion of the ERO/transmitter regarding my tax return to the IRS. I/We also consent to the IRS sending my/our ERO/transmitter an acknowledgment of my/our receipt of transmission, an indication of a refund offset, and an indication of whether or not my/our return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my/our return or refund is delayed, I/we authorize the IRS to disclose to my/our ERO/transmitter the reason(s) for the delay, or when the refund was sent. Should my/our Tax Refund be made directly to me/us and not directly to my/our Deposit Account at the Bank, I /we agree to immediately advise the Bank of the same and immediately pay the same to the Bank. I /We hereby grant to the Bank a security interest in the proceeds of my/our Tax Refund.

I/We acknowledge that the ERO/TRANSMITTER has served as my/our agent in the completion and transmission of this or these Application(s) to the Bank and I/we fully understand that the ERO/TRANSMITTER is an independent contractor and has <u>no</u> authority whatsoever, from the Bank or otherwise, to approve a Federal RET Application or State RET Application, or to otherwise negotiate the terms thereof. By signing this or these Application(s) I/We hereby certify that I/we have read, understand and agree to all of the terms and provisions set forth on both sides of this or these Application(s), including the initial disclosures set forth on page one of the Bank's Disclosure Statement. SEE PAGE ONE of the Bank's Disclosure Statement FOR ADDITIONAL TERMS WHICH ARE INCORPORATED HEREIN BY THIS REFERENCE ABOVE THE SIGNATURE LINES. ACCEPTANCE OF THIS OR THESE APPLICATION(S) DOES NOT CONSTITUTE APPROVAL.

____ ____
Primary Taxpayer Signature & SS# (Handwritten) **Date** **Spouse Signature & SS# (Handwritten)** **Date**

____
ERO/TRANSMITTER or Preparer Signature **Date**

Pricing Information

$30 processing fee for all Organizers postmarked after March 25th!

Processing fee also applies to returns postmarked September 25 - October 15th.

All returns must be received by April 7th to guarantee preparation completion by April 17th.

Item	Form #	Price	Item	Form #	Price
Federal Long Form – Sch. A, B, First 2106	**1040**	**$119**	Federal Estimated Payment Vouchers	1040 ES	$30
Each State Return		**$30**	Foreign Income Exclusion/Bona Fide Resident	2555	$50
Additional Forms:			Foreign Source Income Calculation		$50
Local Tax Return		$30 ea.	Foreign Tax Credit	1116	$30
Joint Return		$10	Health Insurance Credit	8885	$20
W-2's in Excess of 2 per Taxpayer		$3 ea.	Injured Spouse/Innocent Spouse	8379/8857	$30
1099 – Int & Div in Excess of 2 per Taxpayer		$3 ea.	Installment Gain	6252	$50
1099 Retirement – Early Withdraw/Rollover	1040	$10 ea	Interest and Dividend Income over $1500	Sch. B	$30
Fee From Refund	ERD	$25	Investment Interest Expense	4952	$20
Additional Child Tax Credit	8812	$10	Investment Tax – Children Under 14	8615	$30
Alternative Minimum Tax	6251	$20	Mortgage Interest Credit	8396	$20
Business Use of Home	8829	$20	Moving Expense	3903	$20
Capital Gains & Losses – See Note Below	Sch. D	$20*	Net Operating Loss	1045	$50
Casualty Loss and/or Theft	4684	$20	Non Cash Contributions	8283	$30
Child Care Credit	2441	$30	Non Deductible IRA	8606	$20
Contract & Straddles	6781	$20	Parents Reporting of Childs Income	8814	$30
DC 1st Time Home Buyers Credit	8859	$30	Partnerships & S Corporations	K-1	$30
Depreciation Worksheet		$10 ea	Passive Activity Loss	8582	$20
Earned Income Credit	Sch. EIC	$20	Rental Property (Price Per Property)	Sch. E	$50
Education Credits or Deductions	8863/1040	$20	Retirement Savings Credit	8880	$10
Employee Business Expense Form (2nd Form)	2106	$20	Sale of Business Assets	4797	$50
Extension of Time to File	4868	$20	Self Employment Tax	Sch. SE	$10
Farm Income	Sch F	$50	Small Business/ Self Employment Income	Sch. C	$50 ea
Farm Rental	4835	$50	Standard Return (Non E-File)		$20
Professional Deductions and Per Diem Only	**$69.00 (Included in Federal Long Form)**				
Per Diem Calculations Only	**$59.00 (Included in Federal Long Form)**				

***NOTE: Sale of stocks and bonds are calculated at $20.00 for the first three transactions and $3.00 for each additional transaction.**

Refer 5 friends and receive $100!

Tell your Friends and Family about our services – regardless of their profession - You will receive a $10 referral bonus for each person you refer to Flightax, Pilot-Tax or Advantage Tax & Financial. Your referral must result in tax preparation by one of our companies. If you refer a total of five clients to any of our companies, we will pay you a referral bonus totaling **$100!**

Be sure to ask your referral to write your name on page 1 of the Organizer where it asks: Who referred you to FLIGHTAX? To have additional Organizers mailed to either pilots, flight attendants or non-airline people please call us at 1-800-999-8297 or refer to our website www.flightax.com to download the Organizer.

All Clients MUST Sign Below For Return to be Processed!

I verify 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 income tax return. The forms listed above are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. (If filing a joint return, both you and your spouse must sign.) I will be responsible for any collection fees due to nonpayment.

Signature ____ Spouse ______________________________________ Date _______________

FLIGHTAX INC.
Income Tax Returns for Flight Attendants

US Postal Mailing Address:

P.O. Box 139
Cicero, IN 46034

800-999-8297
Local Voice 317-984-5812

FedEx/Overnight Shipping ONLY:

220 W. Jackson St.
Cicero, IN 46034

Fax 800-453-5358
Local Fax 317-984-5841

www.flightax.com

Electronic Filing Instructions!

For you to have your refund electronically filed by FLIGHTAX Inc. you must do the following:

1. Check the yes box on page 14 of the Client Organizer, stating that you want to have your return electronically filed.

2. Keep this copy of the 8879 Electronic Filing Authorization form with you. (It would be a good idea to keep this with you when you are flying.)

3. We will contact you once your return is calculated and provide you with the final numbers to complete this form.

4. Fill in your name and Social Security number on the top of the form.

5. Select a personal identification number (PIN) as your signature for your electronic income tax return. This 5 digit PIN can be any combination of numbers you choose. You will not be required to remember this PIN for any future purpose.

6. Under Part II, enter your PIN in the five boxes provided.

7. Sign and date the form.

8. Fax it to us at **800-453-5358!**

9. Call us at 800-999-8297 to confirm receipt of your fax!

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **Do not send to the IRS. This is not a tax return.**
▶ **Keep this form for your records. See instructions.**

OMB No. 1545-0074

2005

Declaration Control Number (DCN) ▶

Taxpayer's name	**Social security number**
Spouse's name	**Spouse's social security number**

Part I **Tax Return Information—Tax Year Ending December 31, 2005** (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	**1**	
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	**2**	
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	**3**	
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	**4**	
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	**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 my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, 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 my electronic income tax return. 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)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** 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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☑ I authorize Flightax Inc. (**ERO firm name**) to enter my PIN ☐☐☐☐☐ (**do not enter all zeros**) as my signature on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. 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 ▶ ______________________ Date ▶ ______________

Spouse's PIN: check one box only

☑ I authorize Flightax Inc. (**ERO firm name**) to enter my PIN ☐☐☐☐☐ (**do not enter all zeros**) as my signature on my tax year 2005 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. 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 ▶ ______________________ 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. ☐☐☐☐☐☐☐☐☐☐☐ **do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return 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 **Publication 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So