

# Flying High Taxes

[www.flyinghightaxes.com](http://www.flyinghightaxes.com)

(602) 800 - 2046

11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

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

| PERSONAL INFORMATION  |                        |  |
|---|------------------------|--|
|   | TAXPAYER               | SPOUSE                                       |
| LAST NAME   | _____                  | _____  |
| FIRST NAME  | _____                  | _____  |
| SOCIAL SECURITY NUMBER  | _____                  | _____  |
| OCCUPATION  | _____                  | _____  |
| BIRTHDATE (MM/DD/YY)  | _____                  | _____  |
| TELEPHONE NUMBER  | _____                  | _____  |
| EMAIL ADDRESS   | _____                  | _____  |
| FILING STATUS <input type="checkbox"/> SINGLE Ch <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED FILING SEPERATELY <input type="checkbox"/> HEAD OF HOUSEHOLD |                        |  |
| DID YOUR MARITAL STATUS CHANGE IN 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                        |  |
| DEPENDENT INFORMATION   |                        |  |
| FULL NAME   | SOCIAL SECURITY NUMBER | BIRTHDATE (MM/DD/YY)                         |
| _____   | _____                  | _____  |
| _____   | _____                  | _____  |
| DID YOU PROVIDE OVER HALF THE SUPPORT OF ANY OTHER PERSON IN 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |  |
| DID YOU INCUR ADOPTION EXPENSES DURING 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |  |
| DID YOU PAY INTEREST ON A STUDENT LOAN FOR YOURSELF, YOUR SPOUSE, OR YOUR DEPENDENT?  |                        |  |
| <b>IF YES, PLEASE ATTACH FORM 1098 - E (STUDENT LOAN INTEREST STATEMENT)</b>  |                        |  |
| DID YOU, YOUR SPOUSE, OR YOUR DEPENDENTS ATTEND POST-SECONDARY SCHOOL?  |                        |  |
| <b>IF YES, PLEASE ATTACH FORM 1098 - T (TUITION STATEMENT)</b>  |                        |  |
| DID YOU CONTRIBUTE TO A COVERDELL EDUCATION SAVINGS ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |  |
| DID YOU RECEIVE A STIMULUS PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                        |  |
| IF YES, WHAT WAS THE AMOUNT?  |                        |  |
| DID YOU RECEIVE ADVANCE CHILD TAX CREDIT PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                        |  |
| IF YES, WHAT WAS THE AMOUNT?  |                        |  |
| W-2 /1099 MISC. WAGES AND SALARIES  |                        |  |
| (ATTACH FORMS)  |                        |  |
| EMPLOYER'S NAME _____   | _____                  | CHECK IF FOR SPOUSE <input type="checkbox"/> |
| _____   | _____                  |  |
| EMPLOYER'S NAME _____   | _____                  | CHECK IF FOR SPOUSE <input type="checkbox"/> |
| _____   | _____                  |  |
| 1099 DIV/1099 INT DIVIDENDS AND INTEREST  |                        |  |
| (ATTACH FORMS)  |                        |  |
| PAYER'S NAME _____  | _____                  | AMOUNT _____                                 |

# Flying High Taxes

[www.flyinghightaxes.com](http://www.flyinghightaxes.com)

(602) 800 - 2046

11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

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

|  |  |                                       |                        |                         |
|--|--|---------------------------------------|------------------------|-------------------------|
|  |  |                                       |                        |                         |
| <u>PAYER'S NAME</u> _____  | <u>AMOUNT</u> _____                            |                                       |                        |                         |
| <b>1099 B STOCK SALES AND COST BASIS</b><br><b>(ATTACH FORMS)</b>                              |  |                                       |                        |                         |
| <u>BROKERAGE HOUSE</u> _____   | <u>DATE</u><br><u>AQUIRED</u> _____            | <u>PURCHASE</u><br><u>PRICE</u> _____ | <u>DATE SOLD</u> _____ | <u>SELL PRICE</u> _____ |
| <u>BROKERAGE HOUSE</u> _____   | <u>DATE</u><br><u>AQUIRED</u> _____            | <u>PURCHASE</u><br><u>PRICE</u> _____ | <u>DATE SOLD</u> _____ | <u>SELL PRICE</u> _____ |
| <b>1099 R - DISTRIBUTIONS FROM PENISONS, ANNUITIES OR RETIREMENTS</b><br><b>(ATTACH FORMS)</b> |  |                                       |                        |                         |
| <u>PAYER'S NAME</u> _____  | CHECK IF FOR SPOUSE <input type="checkbox"/>   |                                       |                        |                         |
| _____  | CHECK IF FOR ROLLOVER <input type="checkbox"/> |                                       |                        |                         |
| <u>PAYER'S NAME</u> _____  | CHECK IF FOR SPOUSE <input type="checkbox"/>   |                                       |                        |                         |
| _____  | CHECK IF FOR ROLLOVER <input type="checkbox"/> |                                       |                        |                         |
| <b>OTHER INCOME</b>  | <b>AMOUNT</b>                                  |                                       |                        |                         |
| <u>SOCIAL SECURITY BENEFITS</u>  | _____  |                                       |                        |                         |
| <u>GAMBLING WINNINGS</u>   | _____  |                                       |                        |                         |
| <u>ALIMONY RECEIVED</u>  | _____  |                                       |                        |                         |
| <u>JURY DUTY</u>   | _____  |                                       |                        |                         |
| <u>UNEMPLOYMENT BENEFITS</u>   | _____  |                                       |                        |                         |
| <b>MEDICAL AND DENTAL EXPENSES</b>   | <b>AMOUNT</b>                                  |                                       |                        |                         |
| <u>PERSCRPTION MEDICATIONS</u>   | _____  |                                       |                        |                         |
| <u>HEALTH INSURANCE PREMIUMS</u>   | _____  |                                       |                        |                         |
| <u>DOCTORS, DENTISTS, ETC</u>  | _____  |                                       |                        |                         |
| <u>HOSPITALS, CLINICS, ETC</u>   | _____  |                                       |                        |                         |
| <u>LAB AND X-RAY FEES</u>  | _____  |                                       |                        |                         |
| <u>EYEGLOSS AND CONTACT LENSES</u>   | _____  |                                       |                        |                         |
| <u>MEDICAL EQUIPMENT</u>   | _____  |                                       |                        |                         |
| <u>MEDICAL MILEAGE</u>   | _____  |                                       |                        |                         |
| DID YOU HAVE HEALTH INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO        |  |                                       |                        |                         |
| <b>IF YES, PLEASE ATTACH FORM 1095 - A, 1095 - B, AND/OR 1095 C.</b>                           |  |                                       |                        |                         |

# *Flying High Taxes*

[www.flyinghightaxes.com](http://www.flyinghightaxes.com)

(602) 800 - 2046

11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

WE DO NOT REQUIRE YOU TO SUBMIT RECEIPTS WITH YOUR TAX DOCUMENTS.

IN THE EVENT OF AN IRS AUDIT, YOU MUST BE ABLE TO PROVIDE THEM.

DID YOU CONTRIBUTE TO OR RECEIVE DISTRIBUTIONS FROM A HEALTH SAVINGS ACCOUNT?

YES

NO

DID YOU PARTICIPATE IN A MEDICAL SAVINGS ACCOUNT?

YES

NO

**IF YES, PLEASE ATTACH FORM 1099 - SA (DISTRIBUTIONS FROM A HAS OR ARCHER MSA)**

# Flying High Taxes

[www.flyinghightaxes.com](http://www.flyinghightaxes.com)

(602) 800 - 2046

11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

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

| TAXES PAID   | AMOUNT              |
|--|---------------------|
| <u>REAL ESTATE TAXES PAID ON PRIMARY RESIDENCE</u>   |                     |
| <u>REAL ESTATE TAXES PAID ON ADDITIONAL HOME OR LAND</u>   |                     |
| <u>AUTO LICENSE/REGISTRATION</u>   |                     |
| DID YOU PURCHASE A MOTOR VEHICLE OR BOAT IN 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                     |
| <b>IF YES, ATTACH DOCUMENTATION SHOWING SALES TAX PAID.</b>  |                     |
| <b>HOME MORTGAGE INTEREST</b><br>(ATTACH 1098 FORMS)   |                     |
| LENDER'S NAME _____  | <u>AMOUNT</u> _____ |
| _____  |                     |
| LENDER'S NAME _____  | <u>AMOUNT</u> _____ |
| _____  |                     |
| DID YOU BUY, SELL, REFINANCE, OR ABANDON A PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                     |
| <b>(ATTACH COPIES OF ANY ESCROW STATEMENTS OR FORMS 1099)</b>  |                     |
| <b>IF YES, DID YOU CLAIM THE FIRST - TIME HOMEBUYER CREDIT WHEN YOU PURCHASED THE HOME?</b>  |                     |
| DID A LENDER CANCEL ANY OF YOUR DEBT? <b>(ATTACH ANY FORMS 1099 - A OR 1099 - C)</b>   |                     |
| <b>CASH CONTRIBUTIONS</b><br>(ANY CASH CONTRIBUTIONS OF \$250.00 OR MORE REQUIRES A WRITTEN ACKNOWLEDGMENT FROM THE QUALIFIED ORGANIZATION OR PYAROLL DEDUCTION RECORDS)   |                     |
| NAME OF DONEE ORGANIZATION   | AMOUNT              |
|  |                     |
|  |                     |
|  |                     |
| <b>NON - CASH CONTRIBUTIONS</b><br>(ANY NON - CASH CONTRIBUTION REQUIRES THE NAME OF THE CHARITABLE ORGANIZATION, DATE AND LOCATION OF THE CHARITABLE CONTRIBUTION, AND DETAILED DESCRIPTION OF THE PROPERTY. ALONG WITH HOW YOU GOT THE PROPERTY AND THE APPROXIMATE DATE YOU GOT THE PROPERTY) |                     |
| NAME OF DONEE ORGANIZATION   | AMOUNT              |
|  |                     |
|  |                     |
|  |                     |
| DID YOU DONATE A VEHICLE IN 2024? IF YES, ATTACH FORM 1098 - C   |                     |

