

# 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 2023? <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 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DID YOU INCUR ADOPTION EXPENSES DURING 2023? <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 _____

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_____ _____													
<u>PAYER'S NAME</u> _____	<u>AMOUNT</u> _____												
_____ _____													
<b>1099 B STOCK SALES AND COST BASIS</b> <b>(ATTACH FORMS)</b>													
<u>BROKERAGE HOUSE</u> _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><u>DATE</u></td> <td style="width: 25%; text-align: center;"><u>PURCHASE</u></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><u>AQUIRED</u></td> <td style="text-align: center;"><u>PRICE</u></td> <td style="text-align: center;"><u>DATE SOLD</u>   <u>SELL PRICE</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		<u>DATE</u>	<u>PURCHASE</u>			<u>AQUIRED</u>	<u>PRICE</u>	<u>DATE SOLD</u> <u>SELL PRICE</u>	_____	_____	_____	_____
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_____	_____	_____	_____										
<b>1099 R - DISTRIBUTIONS FROM PENSIONS, ANNUITIES OR RETIREMENTS</b> <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>PERSCRIPTION 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>													

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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)**

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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 2023? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>IF YES, ATTACH DOCUMENTATION SHOWING SALES TAX PAID.</b>	
<b>HOME MORTGAGE INTEREST</b> (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> (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> (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 2023? IF YES, ATTACH FORM 1098 - C	

