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(602) 800 - 2046 11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

	PERSONAL INFORMATION	
	TAXPAYER	SPOUSE
LAST NAME		
FIRST NAME		
COCIAL CECLIDITY NUMBER		
SOCIAL SECURITY NUMBER		
OCCUPATION		
BIRTHDATE (MM/DD/YY)		
TELEPHONE NUMBER		
EMAIL ADDRESS		
FILING STATUS STATUS	CI THE PARTY TO MARRIED BY THE CERTIFICATION	
_	Ch MARRIED MARRIED FILING SEPERAT	TELY HEAD OF HOUSEHOLD
DID YOUR MARITAL STATUS CHA	MINGE IIV 2021:	
TIIII AIAAAT	DEPENDENT INFORMATION	DIDTUDATE (8484/DD/M)
FULL NAME	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YY)
<u> </u>		
1		
	HE SUPPORT OF ANY OTHER PERSON IN 202	
DID YOU INCUR ADOPTION EXPE		NO -
	UDENT LOAN FOR YOURSELF, YOUR SPOUS	
	098 - E (STUDENT LOAN INTEREST STATEM	
	JR DEPENDENTS ATTEND POST-SECONDAR	Y SCHOOL?
IF YES, PLEASE ATTACH FORM 10	098 - T (TUITION STATEMENT)	
DID YOU CONTRIBUTE TO A COV	ERDELL EDUCATION SAVINGS ACCOUNT?	YES NO
	W-2 /1099 MISC. WAGES AND SALARI	ES
	(ATTACH FORMS)	
EMPLOYER'S NAME		CHECK IF FOR SPOUSE
EMPLOYER'S NAME		CHECK IF FOR SPOUSE
<u>EIWI EGTERG IWANE</u>		CHECK II TOK SI OOSE
	1099 DIV/1099 INT DIVIDENDS AND INTE	EREST
	(ATTACH FORMS)	
PAYER'S NAME		AMOUNT
PAYER'S NAME		<u>AMOUNT</u>
TATER STRAINE		<u> </u>
	-	

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1099 B STO	CK SALES AND CO	ST BASIS	3		
(A	ATTACH FORMS)				
	<u> </u>	DATE_	PURCHASE		
	<u>AQ</u>	UIRED	<u>PRICE</u>	DATE SOLD	SELL PRICE
BROKERAGE HOUSE					
	<u> </u>	DATE	PURCHASE		
	AQ	UIRED	<u>PRICE</u>	DATE SOLD	SELL PRICE
BROKERAGE HOUSE					
1099 R - DISTRIBUTIONS FROI	-	NUITIES	OR RETIREM	IENTS	
PAYER'S NAME	ATTACH FORMS)		CHECK IF FO	D CDOLICE	
PATER 3 NAIVIE		_		R ROLLOVER	
			CHECK IF FO	K KULLUVEK	
PAYER'S NAME		_	CHECK IF FO	R SPOUSE	
			CHECK IF FO	R ROLLOVER	
OTHER INCOME			AMOUNT		
SOCIAL SECURITY BENEFITS					
GAMBLING WINNINGS					
ALIMONY RECEIVED					
JURY DUTY					
UNEMPLOYMENT BENEFITS					
MEDICAL AND DENTAL EXPENSES			AMOUNT		
PERSCRIPTION MEDICATIONS					
HEALTH INSURANCE PREMIUMS					
DOCTORS, DENTISTS, ETC	<u> </u>				
HOSPITALS, CLINICS, ETC	<u> </u>				
LAB AND X-RAY FEES	<u> </u>				
EYEGLASS AND CONTACT LENSES					
MEDICAL EQUIPMENT					
MEDICAL MILEAGE					
INIEDICAL WILLEAGE					
DID YOU HAVE HEALTH INSURANCE?	S NO				
IF YES, PLEASE ATTACH FORM 1095 - A, 1095 - B,	AND/OR 1095 C.				
DID YOU CONTRIBUTE TO OR RECEIVE DISTRIBUTION	ONS FROM A HEAI	_TH SAV	INGS ACCOU	NT?	′ES
DID YOU PARTICIPATE IN A MEDICAL SAVINGS ACC	COUNT?				res No
IF YES, PLEASE ATTACH FORM 1099 - SA (DISTRIB	UTIONS FROM A H	IAS OR	ARCHER MSA	N)	

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TAXES PAID	AMOUNT		
REAL ESTATE TAXES PAID ON PRIMARY RESIDENCE			
REAL ESTATE TAXES PAID ON ADDITIONAL HOME OR LAND			
AUTO LICENSE/REGISTRATION			
DID YOU PURCHASE A MOTOR VEHICLE OR BOAT IN 2021? IF YES, ATTACH DOCUMENTATION SHOWING SALES TAX PAID	☐ YES ☐ NO		
HOME MORTGAGE			
(ATTACH 1098 FO	DRMS)		
LENDER'S NAME	AMOUNT		
LENDER'S NAME	AMOUNT		
DID YOU BUY, SELL, REFINANCE, OR ABANDON A PRINCIPAL RI (ATTACH COPIES OF ANY ESCROW STATEMENTS OR FORMS 1 IF YES, DID YOU CLAIM THE FIRST - TIME HOMEBUYER CREDIT DID A LENDER CANCEL ANY OF YOUR DEBT? (ATTACH ANY FOR	099) WHEN YOU PURCHASED THE HOME?		
CASH CONTRIBU			
(ANY CASH CONTRIBUTIONS OF \$250.00 OR MORE R FROM THE QUALIFIED ORGANIZATION OR			
NAME OF DONEE ORGANIZATION	AMOUNT		
NON - CASH CONTR	IBUTIONS		
(ANY NON - CASH CONTRIBUTION REQUIRES THE NA	ME 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 A	PPROXIMATE DATE YOU GOT THE PROPERTY)		
NAME OF DONEE ORGANIZATION	AMOUNT		
DID YOU DONATE A VEHICLE IN 2021? IF YES, ATTACH FORM 1	098 - C		

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MISCELLANEOUS DEDU	JCTIONS	AMOUNT	
GAMIBLING LOSSES			
	CHILD CARE EXPENSES		
<u>PROVIDER NAME</u> <u>TELEPHONE NUMBER</u>	PROVIDER ADDRES	<u>EIN</u> OR SSN	AMOUNT PAID
	DIRECT DEPOSIT INFORMATIO	N	
NAME OF YOUR FINANCIAL INSTITUTIO	N		
ROUTING TRANSIT NUMBER			
ACCOUNT NUMBER			
WHAT TYPE OF ACCOUNT	СНЕС	CKING SAVI	NGS
	NOTES AND COMMENTS		
			