

Personal Information

| | First Name and Initial | Last Name | Social Security # |
|----------|------------------------|-----------|-------------------|
| Taxpayer | | | |
| Spouse | | | |

| | Blind | Occupation | Airline/Employee # | Date of Birth |
|----------|-------|------------|--------------------|---------------|
| Taxpayer | | | | |
| Spouse | | | | |

| | Present Mailing Address | Present Tax Address |
|---------------------------------------|-------------------------|---------------------|
| Street Address | | |
| City | | |
| State | | |
| Zip | | |
| Home Phone | | |
| Work/Cell Phone | | |
| E-Mail | | |
| School District | | |
| School District Code | | |
| Did you pay rent on your Tax Address? | | |
| Was Heat Included? | | |
| Amount of Rent Paid | | |
| Name of Landlord | | |
| Address of Landlord | | |

| Filing Status | Single | Married Filing Jointly | Married Filing Separately | Head of Household |
|---------------|--------|------------------------|---------------------------|-------------------|
| Check One | | | | |

Note: If MFS please provide information related to your Spouse

| Spouses Full Name | Spouses Social Security # | Will Spouse Itemize Deductions? | Did you live with your Spouse at any time during the last 6 months of the year? |
|-------------------|---------------------------|---------------------------------|---|
| | | | |

Dependents: Please provide information as it appears on Dependents' Social Security Card

| First Name & Initial | Last Name | Social Security # | Relationship | Date of Birth | Gross Income | Months at Home |
|----------------------|-----------|-------------------|--------------|---------------|--------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

If Dependent is between 19 & 23, was he/she a full-time student for at least 5 months of the year?

Questions

| | Questions | YES | NO |
|-----|--|-----|----|
| 1. | Did your marital status change? | | |
| 2. | Can you or your spouse be claimed as a dependent by another taxpayer? | | |
| 3. | Did you pay for childcare while you worked or looked for work? | | |
| 4. | Did you sell, exchange or purchase any real estate? If so please attach closing statements. | | |
| 5. | Did you receive grants of stock options, exercise any stock options or dispose of any stock acquired under a qualified employee purchase plan? | | |
| 6. | Did you pay any student loan interest? If Yes, Amount \$ | | |
| 7. | Did you or your spouse contribute to an IRA? If Yes, Amount \$ Roth IRA? Amount \$ | | |
| 8. | Did you or your spouse withdraw any amounts from your IRA, Roth IRA, educational IRA or 401k? (Note: Do not include loans from 401k) | | |
| 9. | Were you notified by the IRS of any changes to prior year returns? | | |
| 10. | Are you required to file a city or local tax return? | | |
| 11. | Did you have any gambling winnings to report? | | |
| 12. | Did you pay taxes to more than one state? If yes: State: Dates: | | |
| 13. | Did you receive a refund from your prior year STATE Income Tax Return? If yes, please indicate Amount \$ | | |
| 14. | Did you itemize deductions on last year's FEDERAL Income Tax Return? | | |
| 15. | Did you receive alimony payments? If Yes, Amount \$ | | |
| 16. | Did you make alimony payments? If Yes, Amount \$ | | |
| 17. | Did you receive any Unemployment Compensation? If Yes, Amount \$ | | |
| 18. | Do you have any foreign bank accounts? | | |
| 19. | Do you want to Authorize SKYTAX to discuss this tax return with the IRS? | | |
| 20. | Did you receive, sell, send, exchange, or acquire any financial interest in virtual currency? | | |
| | | | |

Direct Deposit of Refund: Please enclose a voided check for your account with your paperwork.

Name of Financial Institution: _____
 Routing Transit Number: _____
 Account Number: _____
 Type of Account – Check one Checking Savings

All eligible returns will be filed electronically. A copy of your return can be found on our Portal.

Estimated Tax Payments

Any payments made by you directly to the taxing authority in addition to W-2 withholdings?

| | Amount | Date | Amount | Date | Amount | Date | Amount | Date |
|---------|--------|------|--------|------|--------|------|--------|------|
| Federal | | | | | | | | |
| State | | | | | | | | |

Income

Wages and Salaries: Please enclose all copies of your current year Forms W-2

Interest Income: Please enclose copies of all forms 1099-INT, 1099-OID

| | Source | Amount |
|----|--------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Dividend Income: Please enclose copies of all forms 1099-DIV

| | Source | Ordinary Dividends | Capital Gains Distributions | Qualified Dividends |
|----|--------|--------------------|-----------------------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Pension and Annuities: Please enclose all forms 1099-R

| | Source | Amount |
|----|--------|--------|
| 1. | | |
| 2. | | |

Capital Gains and Losses: Please enclose all forms 1099-A, 1099-B and 1099-S

| Description of Property | Date Acquired | Date Sold | Cost Basis | Sales Price |
|-------------------------|---------------|-----------|------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Miscellaneous Income: Please enclose all forms 1099-MISC

| | Source | Amount |
|----|--------|--------|
| 1. | | |
| 2. | | |

Other Income: Please identify source and amount

| | Source | Amount |
|----|--------|--------|
| 1. | | |
| 2. | | |