

GUNTER & GUNTER, E.A.

SKYTAX

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SKYTAX

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TAX ORGANIZER

FEE STRUCTURE

Single, Married Filing Separately, or
Head of Household **\$250.00**

Married Filing Jointly **\$275.00**

The above prices include: Form 1040, Schedules A and B,
Form 2106 and 1 State Return

| | |
|---|-----------------|
| Federal Schedule C (Profit/Loss Business) | \$100.00 |
| Federal Schedule D (Capital Gains/Losses) | \$ 50.00 |
| Federal Schedule E (Rental Income/Losses) | \$100.00 |
| Depreciation Schedules | \$ 50.00 |
| Additional State Returns | \$ 50.00 |

Additional charges may apply to more complex returns and/or
additional forms used in return.

A signed engagement letter along with either a check or credit card authorization
MUST be included with your organizer.

Credit Card Information

| | |
|--|--|
| Name as it appears on your credit card | |
| Credit Card Number | |
| Expiration Date | |
| Card Type (MasterCard or Visa) | |

Engagement Letter

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the service we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and requested state income tax returns from the information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to the taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined necessary for the preparation of your income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government examination, we will be available upon request to assist you and will render additional invoices for the time and expenses incurred.

Our fees for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign in the space indicated and return this entire package to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

Gunter & Gunter, E.A
SKYTAX

I (We) have submitted this information for the sole purpose of preparing my (our) tax returns. Each item can be substantiated by receipts, canceled checks or other documentation. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer

Date

Taxpayer

Date

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 in Home During the Tax Year |
|----------------------|-----------|-------------------|--------------|---------------|--------------|------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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. | | |

Itemized Deductions

Medical and Dental Expenses: These are out-of-pocket expenses not reimbursed by insurance. To be deductible, medical & dental expenses must exceed 7 1/2% of your Adjusted Gross Income.

| | Amount | | Amount |
|--|--------|-------------------------|--------|
| Prescription Medicine and Drugs | | Lodging | |
| Total Medical and Dental Insurance Premiums Paid | | Doctors, Dentist, etc. | |
| Long-term Care Insurance Premiums Paid | | Hospital Fees | |
| Long-term Care Expense | | Lab Fees | |
| Miles Traveled for Medical Care | | Eyeglasses and Contacts | |

Taxes Paid:

| Item | Amount |
|--|--------|
| Real Estate Taxes Paid | |
| Personal Property Taxes Paid (Auto Excise Tax) | |
| State and Local Taxes Paid during the year (balance owed on last years State and Local returns | |

Interest Paid:

| Item | Amount |
|--|--------|
| Home Mortgage Interest Paid to a Financial Institution (enclose form 1098) | |
| Deductible Points Paid for obtaining a mortgage | |
| Other Home Mortgage Interest Paid (Provide Name and Address of Recipient) | |
| Investment Interest Expense Paid | |

Child & Dependent Care Expense:

Did you pay child or dependent care expenses in order to work, look for work or attend school full time? _____
 Is your spouse employed or a full time student? _____

| | |
|--|---|
| Name of Child Care Provider | |
| Street Address | |
| City, State ZIP | |
| Social Security # or Employer ID# | |
| Amount Incurred and Paid during Tax Year | |
| Name of Qualifying Child or Dependent | Social Security # of Child or Dependent |
| | |
| | |

Moving Expenses:

| | |
|---|--|
| Miles from Old Home to New Workplace | |
| Miles from Old Home to Old Workplace | |
| Cost of Transportation of Household Goods and Personal Effects | |
| Travel & Lodging (Do not include meals and auto expenses) | |
| Auto Mileage (in Miles) | |
| Did you employer reimburse any of your moving expenses? Amount? | |

Itemized Deductions (cont.)

Charitable Contributions:

Caution: Only contributions made to a U.S., Canadian or Mexican organized charity are deductible. Canceled checks are not considered a receipt from a charitable organization. The law requires receipts for all charitable contributions.

Cash Contributions: (Cash or Check)

| Name of Organization | Amount |
|----------------------|--------|
| | |
| | |

Non-Cash Contributions:

| Name of Organization | Amount |
|----------------------|--------|
| | |
| | |

If TOTAL of all non-cash contributions is over \$500, please provide the following information.

| | First Charity | Second Charity |
|---------------------------------------|---------------|----------------|
| Name of Donee Organization | | |
| Address of Donee Organization | | |
| Description of donated property | | |
| Date property acquired by you | | |
| Your Cost or Basis in property | | |
| Date property was donated | | |
| Fair Market Value at time of donation | | |

Miscellaneous Deductions:

| Item | Amount |
|--|--------|
| Union and Professional Dues | |
| Tax Preparation Fees (Amount paid for LAST years return) | |
| Professional Subscriptions | |
| Safe Deposit Box Fees | |
| Gambling Losses (to the extent of reportable winnings) | |
| Estate Taxes Paid | |

Crew Member Professional Deductions

The IRS requires you to retain receipts for any SINGLE expenditure over \$75. The IRS also requires that these expenses be for the convenience of your employer and as a condition of employment. These expenses must be out of pocket and directly related to your job. We strongly recommend that you keep all receipts.

Caution: Commuting Expenses, Make-up, Haircuts and Shoes are NOT deductible.

| | | | |
|--------------------------|----|--|----|
| Uniform Items | \$ | Int'l Currency Converter | \$ |
| Uniform Alterations | | Int'l Voltage Converter | |
| Uniform Dry Cleaning | | Work Related Phone Calls | |
| Uniform Shoe Shines | | Work Related Cell Phone Charges | |
| Uniform Luggage | | Telephone Answering Service | |
| Uniform Name Tags | | Call Waiting | |
| Uniform Wings and Pins | | Second Phone Line | |
| Other Uniform Items | | Pager Service | |
| Other Uniform Items | | Bid Service Fees | |
| Galley/Cockpit Supplies | | Passport Fees & Photos | |
| Cockpit/Jetbridge Keys | | Home Computer Bidding Software | |
| Log Book | | Other Computer Fees | |
| Personal Organizer | | 2 nd Language Education Expense | |
| Flashlight | | Emergency Taxi Fare (Reserve) | |
| Batteries | | Travel to Training/Meetings | |
| Corkscrew | | Other Expenses: | |
| Safety Manual | | | |
| Company ID | | | |
| Portable Security Device | | | |
| Portable Alarm Clock | | | |

Instructions for Completing TAFB Worksheet

Domestic Flight Crews: Enter the number of days you actually flew per month (DO NOT include 1 day trips)

| Month | # Days | Month | # Days |
|----------|--------|-----------|--------|
| January | | July | |
| February | | August | |
| March | | September | |
| April | | October | |
| May | | November | |
| June | | December | |

International Flight Crews Only

International Flight Crews: If you fly international trips, we can figure your per diem deduction in one of two ways.

1. Average \$42.00 per day of trips actually flown (no receipts required for documentation). (use Table 1 below)
2. Actual Expenses: If we use the actual amounts spent on your trips, you can take the amount the government allows its employees. This option produces the greater deduction.

Please fill out the TAFB worksheet on the following page (Table 2). Fill in the 3 letter city code and the number of days you were away from base on each given trip. (i.e. 3-day, 4-day).

American Airlines employees, please use the half-day count on your HI-1 instead of # of days. (i.e. SJU 2, SDQ 3, LHR 5)

If you spent less than the federal maximums allowed, please provide actual amounts spent.

Enter the number of days you actually flew per month (DO NOT include 1 day Trips

| Month | # Days | Month | # Days |
|----------|--------|-----------|--------|
| January | | July | |
| February | | August | |
| March | | September | |
| April | | October | |
| May | | November | |
| June | | December | |

EDUCATION CREDITS

Information to Claim HOPE or Lifetime Learning Credits

Hope Credit

| Student Name | Student SS# | Qualified Expenses | Year in School | Prior Years Hope Credit Claimed |
|--------------|-------------|--------------------|----------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Lifetime Learning Credit

| Student Name | Student SS# | Qualified Expenses |
|--------------|-------------|--------------------|
| | | |
| | | |
| | | |

Note: You cannot take the Hope Credit and the Lifetime Learning Credit for the same student

For the Hope Scholarship and Lifetime Learning Credit you may claim qualified expenses and fees for yourself, your spouse and/or your dependents. For the Hope Scholarship, your child must be enrolled at least part-time and be under the age of 19 or a full-time student under the age of 24. If you are married, you must file a joint return to receive either of these credits.

The IRS defines qualified expenses as the tuition and fees an individual is required to pay in order to be enrolled 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.

Profit or Loss from a Business Schedule C

| | |
|-------------------------------------|--|
| Name of Business | |
| Type Of Business | |
| Employer Identification Number | |
| Method of Accounting (Cash/Accrual) | |

Income:

| | |
|----------------|----|
| Gross Receipts | \$ |
| Other Income | \$ |

Cost of Goods Sold

| | |
|----------------------|----|
| Beginning Inventory | \$ |
| Purchases | \$ |
| Cost of Labor | \$ |
| Materials & Supplies | \$ |
| Ending Inventory | \$ |

Expenses:

| | | | |
|-------------------------------|----|-------------------------|--|
| Advertising | \$ | Rent | |
| Bad Debts | \$ | Repairs & Maintenance | |
| Car & Truck Expense | \$ | Supplies | |
| Parking Fees & Tolls | \$ | Taxes & Licenses | |
| Commissions & Fees | \$ | Travel | |
| Health Insurance – Proprietor | \$ | Meals and Entertainment | |
| Insurance – Other | \$ | Utilities | |
| Insurance – Mortgage | \$ | Wages | |
| Interest – Other | \$ | Other Expenses | |
| Legal and Professional Fees | \$ | | |
| Office Expense | \$ | | |
| Pension & Profit Sharing | | | |

Property Placed in service during the current Tax Year

| Description | Cost | Date Placed in Service |
|-------------|------|------------------------|
| | | |
| | | |

Auto Information:

| | |
|---|--|
| Make and Model of Vehicle | |
| Date Vehicle was placed in service | |
| Value of Vehicle when placed in service | |
| Total miles driven in tax year | |
| Number of Business Miles | |
| Do you have another vehicle available for personal use? | |
| Do you lease your vehicle? | |
| Was your vehicle available during off duty hours? | |
| Do you have written evidence to support claim? | |

Rental Income & Expenses – Schedule E

| | |
|-------------------------|--|
| Description of Property | |
| Address of Property | |

Income:

| | |
|--------------|--|
| Rents | |
| Other Income | |

Expenses:

| | | | |
|---------------------------|--|-------------------|--|
| Advertising | | Management Fees | |
| Auto and Travel | | Mortgage Interest | |
| Bad Debts | | Interest – Other | |
| Cleaning & Maintenance | | Repairs | |
| Commissions | | Supplies | |
| Insurance | | Utilities | |
| Legal & Professional Fees | | Other Expenses | |
| Real Estate Taxes | | | |

Property Placed in Service during the current Tax Year:

| Description | Cost | Date Placed in Service |
|-------------|------|------------------------|
| | | |
| | | |

Auto Information:

| | |
|---|--|
| Make and Model of Vehicle | |
| Date Vehicle was placed in service | |
| Value of Vehicle when placed in service | |
| Total miles driven in tax year | |
| Number of Business Miles | |
| Do you have another vehicle available for personal use? | |
| Do you lease your vehicle? | |
| Was your vehicle available during off duty hours? | |
| Do you have written evidence to support claim? | |

Partnership, S-Corporations, Estates and Trust

Please enclose all copies of Schedule K-1 for each Partnership, S-Corporation, Trust or Estate.