

GUNTER & GUNTER, E.A.

SKYTAX

P.O. Box 130
Newburyport, MA 01950

978-499-1888 Office
978-499-4988 Fax

SKYTAX

www.guntertax.com

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**

Audit Protection **\$ 39.95 per tax year**
(Audit years outstanding 2008, 2009, 2010, 2011)

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.

Name as it appears on card	
Credit card type (Mastercard or Visa)	
Card number	
Expiration date	

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? _____

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 last years 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.	Did you adopt a child during the Tax Year?		
19.	Do you want to Authorize SKYTAX to discuss this tax return with the IRS		

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

Name of Financial Institution: _____

Routing Transit Number: _____

Account Number: _____

Type of Account – Circle One Checking Savings

All eligible returns will be filed electronically unless you specifically request to have a paper return prepared. You will receive a paper copy of your return(s) for your records.

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.		

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 IRS recognized organized charities 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 work related expenditure. 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	

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	\$		
Interest – Other	\$		
Legal and Professional Fee	\$		
Office Expense	\$		
Pension & Profit Sharing			

Property Placed in service during the current Tax Year

Description	Cost	Date Placed in Service

Auto Information for Schedule C:

Make and Model of Vehicle	
Date Vehicle was placed in service	
Total miles driven in tax year	
Number of Business Miles	

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.