



**BLUE SKY TAX PREPARATION
 FLIGHT CREW ORGANIZER**

PERSONAL INFORMATION

PERSONAL DATA (please print)								
First Name	M.I.	Last Name (per SS card)	Social Security Number	Date of Birth				
Taxpayer:								
Spouse:								
Street Address		Apt #	City	State	Zip Code			
Primary Address:								
Mailing Address:								
Occupation	Airline	Base	Employee #	Date of Hire				
Taxpayer:								
Spouse:								
Email:		Home Phone Number:		Cell Number:				
Spouse's Email:		Spouse's Home Number:		Spouse's Cell Number:				
Best way to contact you:								
FILING STATUS (check one only)								
<input type="checkbox"/> Single		<input type="checkbox"/> Married Filing Joint		<input type="checkbox"/> Qualify Widow(er)		Spouse's date of Death: <input style="width: 50px;" type="text"/>		
<input type="checkbox"/> Married Filing Separate		Did you Live with your Spouse at any time during 2017? YES / NO						
must provide name and SSN of spouse		If yes, did you live with your spouse any time after June 30? YES / NO						
<input type="checkbox"/> Head of Household		if Name: <input style="width: 100px;" type="text"/>		Soc. Sec. # <input style="width: 50px;" type="text"/>		Date of Birth: <input style="width: 50px;" type="text"/>		
your are a custodial parent complete this section, otherwise please list dependents below		Relationship: <input style="width: 100px;" type="text"/>		# of months lived with you: <input style="width: 50px;" type="text"/>				
DEPENDENT INFORMATION								
<i>Dependent Income must be under 3,950 and be under the age of 24 unless a full time student</i>						# of Months @ Home	Full Time Student?	
Name per SS Card	Date of Birth	SSN	Relationship	Income	YES / NO			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	YES / NO		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	YES / NO		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	YES / NO		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	YES / NO		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	YES / NO		
Divorced/Separated: Do you alternate claiming child(ren) in even/odd years?						YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>	
STATE RESIDENT INFORMATION								
State	Own	Rent	Other	Date Moved In	Date Moved Out	Still a Resident	County	Muni. Code
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do you want OTT CPA SERVICES to file your required State & Local Tax Returns:						YES <input style="width: 50px;" type="text"/>	NO <input style="width: 50px;" type="text"/>	
PROPERTY YOU OWNED OTHER THAN YOUR PRIMARY RESIDENCE ABOVE								
State	2nd Home	Rental Prop.	Other	Address		City	County	Muni. Code
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<i>If these are RENTAL PROPERTIES You Must include a Profit & Loss statement with detail of expenses</i>								



BLUE SKY TAX PREPARATION FLIGHT CREW ORGANIZER

INCOME DOCUMENTS & PAYMENTS

TAX Documents Received & **ENCLOSED**: (please mark with an X, if more than 1 input # included)

Taxpayer:		Spouse:		Children: include child's name on right		
W-2		W-2		W-2		
W-2G		W-2G		W-2G		
K-1		K-1		K-1		
1099-A		1099-A		1099-A		
1099-B		1099-B		1099-B		
1099-C		1099-C		1099-C		
1099-INT		1099-INT		1099-INT		
1099-DIV		1099-DIV		1099-DIV		
1099-G		1099-G		1099-G		
1099-MISC		1099-MISC		1099-MISC		
1099-OID		1099-OID		1099-OID		
1099-R		1099-R		1099-R		
1099-S		1099-S		1099-S		
SSA-1099		SSA-1099		<i>If you received alimony or a state & local tax refund please list amount</i>		
Alimony Received		Alimony Received				
State & Local Tax Refund		State & Local Tax Refund		State & Local Tax Refund		

ESTIMATED TAX PAYMENTS

Federal Amount	Date of Payment	State	State Amount	Date of Payment	Local	Local Amount	Date of Payment
\$			\$			\$	
\$			\$			\$	
\$			\$			\$	
\$			\$			\$	

IRA & SELF EMPLOYMENT RETIREMENT CONTRIBUTIONS

	Taxpayer		Spouse		
	Yes	No	Yes	No	
Traditional IRA					
2017 Calendar Year Contributions	\$		\$		
<i>Do you plan on Making any more contributions before 4/17/18: YES / NO</i>					
Roth IRA					
2017 Calendar Year Contributions	\$		\$		
<i>Do you plan on Making any more contributions before 4/17/18: YES / NO</i>					
Self Employment Retirement Account					
2017 Calendar Year Contributions	\$		\$		
<i>Did your entire family have health care coverage in 2017</i>				Yes	No
<i>Did you receive a form 1095-B or form 1095-C - Must include with your submission</i>				Yes	No

CHILD CARE EXPENSES (note provider SSN or Tax ID is required)

Provider Name	Provider Address	Provider ID or SSN	Child's Name	Amount



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TAX DEDUCTIONS

MOVING EXPENSES (if you moved in 2017 for work related reasons)							
Moved Primary Residence From:		Old Base:		Number of Vehicles Driven	#		
Moved Primary Residence To:		New Base:		Miles Driven For Move	#		
Distance (Miles from old home to new workplace)		Lodging Expenses While in Transit:			\$		
Distance (Miles from old home to old workplace)		Moving Expenses: rental, movers, storage, other			\$		
Dated Moved		Was this move due to spouse's job change			YES / NO		
HEALTH SAVINGS ACCOUNT (H.S.A.)							
What Type of Plan?	SELF		# of months in a high deductible plan?	mos.	Active in plan in December of 2017?	YES	NO
	FAMILY						
Contributions during 2017 from employer	\$		Total H.S.A. Distributions in 2017		\$		
Contributions during 2017 made via payroll	\$		Unreimbursed qualified medical expenses		\$		
Total H.S.A. Contributions made by yourself via cash or check?					\$		
If you made any contributions to a Flexible Spending Account (F.S.A) other than an H.S.A?					\$		
MEDICAL EXPENSES (do not include amounts paid to an H.S.A. or F.S.A.)							
Prescriptions Costs	\$		Doctors, Dentists, Chiropractors		\$		
Long Term Care Insurance Premiums Taxpayer:	\$		Long Term Care Insurance Premiums Spouse:		\$		
Long Term Care Expense Not Covered Taxpayer:	\$		Long Term Care Expense Not Covered Spouse:		\$		
Other Insurance Costs Not Pretax Including Copays:	\$		Miles Driven for Medical Purposes		#		
Hospitals, Lab Fees, Vision Expenses	\$		All Other Verifiable Medical Expenses:		\$		
HOME OWNER DEDUCTIONS							
(own more than one home excluding rental properties? please include all information)							
Please Enclose Form 1098 (Property 1)		YES / NO	Mortgage Interest Paid		\$		
Property Taxes Paid	\$		Mortgage Insurance Premiums Paid		\$		
Please Enclose Form 1098 (Property 2)		YES / NO	Mortgage Interest Paid		\$		
Property Taxes Paid	\$		Mortgage Insurance Premiums Paid		\$		
<i>If you bought or sold a home during 2017 please include a HUD statement and other detail - you may be entitled to other deductions</i>							
CHARITABLE CONTRIBUTIONS							
CASH				NON CASH (fair market value or consignment value)			
Church	Name:	\$	Vehicle	Year/Make/Model			
Other	Name:	\$	Date Acquired		Price	\$	
Other	Name:	\$	Date Donated		FMV	\$	
Other	Name:	\$	Name of Charitable Organization				
Other	Name:	\$	Other	Description			
Other	Name:	\$	Date Acquired		Price	\$	
Other	Name:	\$	Date Donated		FMV	\$	
Other	Name:	\$	Name of Charitable Organization				
<i>You must ENCLOSE a 1098-C for a Vehicle Donation & must retain receipts for all other contributions</i>							
EDUCATOR EXPENSES (Teacher Expenses for Pre-K thru 12 only)							
Classroom Expenses Paid during 2017	\$		Please Retain Proper Receipts				



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TAX DEDUCTIONS CONTINUED

UNREIMBURSED BUSINESS EXPENSES *(Unreimbursed Expenses For **Non Airline** Employment)*

Uniforms/Uniform Maintenance	\$	Travel	\$
Office Equipment & Supplies	\$	Meals & Entertainment	\$
Dues/Licenses/Professional Fees	\$	Phone	\$

UNREIMBURSED BUSINESS EXPENSES Vehicle Usage *(Non Airline)*

Vehicle Expenses	YES / NO	Miles Driven Personal	#
Type of Vehicle (Make/Model/Year)		Miles Driven Business	#
Do You Have a 2nd Vehicle for Personal Use?	YES / NO	Total Miles Driven	#
Do you have proof of Mileage for deduction?	YES / NO	Did you Receive Reimbursement for Mileage?	YES / NO
If so Please Enclose a Copy	YES / NO	If so, What Amount?	\$

HOME OFFICE DEDUCTION

Have you claimed Home office previously?	YES / NO	Number of Months Used as an Office	#
Square Footage of Home	#	Utility Expense for 2017	\$
Square Footage of Office	#	Rent Paid per Month if Applicable	\$
Purchase Price or Fair Market Value of Home whichever is lower	\$	Insurance for Home or Rental	\$
		Other, Specify:	\$

EDUCATION EXPENSES *(must be from an accredited higher education institution and 1098 enclosed)*

Family Member	School Name	School Address	Amount	1098 attached
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

RESIDENTIAL ENERGY CREDITS

If you installed Energy Efficient Equipment (Solar, Solar Water Heater, Wind Turbines, etc.) **you must** **ENCLOSE RECEIPTS** \$

CASUALTY THEFT & LOSS

If you suffered a loss you must provide insurance and/or police report \$

FOREIGN RESIDENCE INFORMATION

Enclose Form 1098 (or proper documentation)	YES / NO	Mortgage Interest Paid	\$
Property Taxes Paid	\$	Mortgage Insurance Premiums Paid	\$

If you maintained a foreign domicile during 2017 complete (we may need to contact you with further questions)

Address	City	Country	Postal Code	Date Moved In
Foreign Address:				
Prior Foreign Address:				
Foreign Employer:				

MISCELLANEOUS EXPENSES

Tax Preparation Fees Paid in 2017	\$	IRA Fees	\$
Tax Preparation Books or Software	\$	Personal Property Tax, other than home	\$
Safety Deposit Box Expense	\$	Other Taxes Paid	\$
Investment Expenses	\$	Investment Interest	\$



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SELF EMPLOYMENT INCOME

SELF EMPLOYMENT/SOLE PROPRIETOR/SMALL BUSINESS					
(complete following sections or include separate detail)					
Business Name:		Expenses			
TAX ID NUMBER (EIN):		Advertising	\$	Taxes	\$
Sales Revenue	\$	Payroll/Labor	\$	Meals	\$
Returns & Allowances	\$	Mortgage Interest	\$	Entertainment	\$
Interest Income	\$	Other Interest	\$	Utilities	\$
Dividend Income	\$	Rent	\$	Shipping/Postage	\$
Capital Gain Income	\$	Repairs/Maint.	\$	Dues/Publications	\$
Other Income	\$	Supplies	\$	Bank Fees	\$
1099 Income (Provide 1099)	\$	Travel, not vehicle	\$	Other	\$
Total Revenue	\$	SelfEmp. Insurance	\$	Total Expense	\$

Small Business EQUIPMENT Purchased in 2017			
Description of Equipment Purchased	Date Purchased	Date in Service	Cost
			\$
			\$
			\$
			\$
			\$

Small Business INVENTORY Rollforward 2017	
Inventory from Beginning of the Business Year	\$
Inventory Purchases During 2017	\$
Inventory Sold During 2017	\$
Ending Inventory 2017	\$

Small Business VEHICLE Expenses (due not include in Travel on previous page)			
Vehicle Expenses	YES / NO	Miles Driven Personal	#
Type of Vehicle (Make/Model/Year)		Miles Driven Business	#
Do You Have a 2nd Vehicle for Personal Use?	YES / NO	Total Miles Driven	#
Do you have proof of Mileage for deduction?	YES / NO	Did you Receive Reimbursement for Mileage?	YES / NO
If so Please Enclose a Copy	YES / NO	If so, What Amount?	\$

Small Business HOME OFFICE DEDUCTION			
Have you claimed Home office previously?	YES / NO	Number of Months Used as an Office	#
Square Footage of Home	#	Utility Expense for 2017	\$
Square Footage of Office	#	Rent Paid per Month if Applicable	\$
Purchase Price or Fair Market Value of Home whichever is lower	\$	Insurance for Home or Rental	\$
		Other, Specify:	\$



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FLIGHT ATTENDANT INFORMATION

PER DIEM DEDUCTION

I've Enclosed my Full Flight log for the full 2017 calendar year						YES	NO
Number of months flown in 2017						mos.	
Non taxable Per Diem you were Paid in 2017						\$	
Note: We can not complete your return without the amount of Per Diem you were paid by your employer							
	Domestic	International	Both	more than 1 airline	Base: Airport Code	2nd Base: Airport Code	
I've Flown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Base Airport Code: List your home flight base and a 2nd base if you moved during 2017							
List the date you moved to the new Base here:							
<i>Please enclose full flight schedules showing all months during 2017, if you have any questions please contact us</i>							

UNIFORM PURCHASES

(Flight Attendants and other Service Industry Professionals)

Payroll Deduction Items	\$	Airport Parking Expenses	\$	
Out of Pocket Uniforms	\$	Cab Fares/Other Travel	\$	
Out of Pocket Uniform Shoes	\$	Phone/Utilities for business purpose	\$	
Out of Pocket Support Hose	\$	Computer Costs for business purpose	\$	
Out of Pocket Uniform Maintenance	\$	Mileage for Co-Terminal Driving	#	
Airline Reimbursement	\$	Enter to/from Airport codes		
<i>Note: Deductions can only be taken on uniforms with company logos and insignia, not every day clothing items</i>				

TRAVEL/OTHER ITEMS

(Flight Attendants and other Service Industry Professionals)

Luggage items for work	\$	Business Cards	\$	
Logbook	\$	Union Dues	\$	
Portable items for work	\$	Visa Expenses	\$	
Supplies work related	\$	Passport Expenses	\$	
Airline keys/tags/wings, etc.	\$	Banking Fees during layover	\$	
Voltage Converter	\$	Cell Phone Costs	\$	
Manuals/Publications	\$	Cell Phone Percentage for Business		%
Education/Testing	\$	Other work related	\$	
<i>Note: Deductions are only eligible if they are exclusively for business purpose or while on layovers away from your home base</i>				

TEMPORARY DUTY ASSIGNMENT (must have an expected completion of less than 12 months)

Airport Code of Temporary Duty		# of Days at this Location	#	
Were you Provided Housing	YES / NO	Commuting Expenses	\$	
Housing Costs, Include Utilities	\$	Transportation Cost (rentals/cab fares, etc.)	\$	
Phone Expenses	\$	Mileage for commuting if own care used	#	



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PAYMENT & FEES

ELECTRONIC FILING INFORMATION - mark with an X (*electronically filed returns are typically processed faster*)

<input type="checkbox"/>	YES	Please hold form 8879 from this package or print from our website
We will contact you when your return is complete - you will need to email or fax us the form at that time		
You will be emailed final copies of your returns after they are filed		
<input type="checkbox"/>	NO	We will send you final copies of your Returns to mail when they are complete
Returns filed by mail may be subject to an extra charge, we will contact you		

DIRECT DEPOSIT (*Direct Deposit of refunds are normally received 2-4 weeks before checks*)

<input type="checkbox"/>	YES	Please ENCLOSE a voided check in your package
<input type="checkbox"/>	NO	Refund will be sent to your primary address

PAYMENT OF PREPARATION FEES

<input type="checkbox"/>	Check/Money Order	Make Checks Payable to "Ott CPA Services LLC"
<input type="checkbox"/>	Credit/Debit Card	

VISA	MASTERCARD	AMEX	DISCOVER	Expiration Date	Security Code	Billing Zip Code
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card Number: <input style="width: 100%;" type="text"/>						
Cardholder Name: <input style="width: 90%;" type="text"/>				X Signature: <input style="width: 90%;" type="text"/>		

PREPARATION FEES (*we prefer flat rate billing so you know your costs in advance*)

Married Filings	\$	350	1040, Schedule A, Schedule B, Form 2106, 1 Schedule E or C, 1 miscellaneous form, and 1 State Return
Single/Head of Household	\$	250	
Mailed Return Fee	\$	30	E-filed Returns are FREE
Paper Copy of Return	\$	20	We can send you a paperless copy via PDF for FREE
Other FEES	\$	-	We will contact you if other fees apply to your return
Total Remitted at This Time	\$		INPUT the amount you enclosed via check or credit card

All FEES must be paid prior to the filing of your return!

If you have any questions regarding fees before filing please contact us at any time

ACCURACY STATEMENT / MANDATORY SIGNATURE

I certify that all information included here in and attached is accurate and complete. I understand its my responsibility to include any and all information and documents in regards to my income and deductions necessary in the completion of my 2017 tax return. I understand that if my documents are received on or after April 1st, 2018 that OTT CPA Services LLC will file extensions for my applicable tax returns for which there may be an extra charge. If my information is received on or after April 17th, 2018 they may not be able to timely file an extension on my behalf.

OTT CPA Services LLC does not disclose, sell, or publish your personal information in anyway. We hold ourselves to the strictest professional and ethical policies & procedures. However by law we are permitted disclosures to our affiliates, software company, and banks as necessary to file your return.

Print Name: <input style="width: 95%;" type="text"/>	X Signature: <input style="width: 95%;" type="text"/>
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Mail Forms To:
10 Jacob Way, Lopatcong, NJ 08865



BLUE SKY TAX PREPARATION FLIGHT CREW ORGANIZER

FINAL CHECKLIST

FINAL CHECKLIST			
Original W-2's	<input type="checkbox"/>	Copy of last Year's Return	<input type="checkbox"/>
All 1099 Statements	<input type="checkbox"/>	Flight Schedules Attached	<input type="checkbox"/>
All 1098 Statements	<input type="checkbox"/>	Per Diem Information Fully complete	<input type="checkbox"/>
Brokerage Statements and Detail for Cap Gains	<input type="checkbox"/>	Printed form 8879 to keep at hand	<input type="checkbox"/>
Home Mortgage and Property Information	<input type="checkbox"/>	Electronic Filing Selection	<input type="checkbox"/>
Closing STMT if bought or sold home	<input type="checkbox"/>	Direct Deposit Selection	<input type="checkbox"/>
K-1's: Partnership/S-Corp/etc.	<input type="checkbox"/>	Payment Type Complete (check enclosed if required)	<input type="checkbox"/>
Rental Property Detail if Applicable	<input type="checkbox"/>	Signature on Previous Page	<input type="checkbox"/>

We recommend you make a copy of this Organizer before you send it to us.

SENDING OPTIONS

US Mail / FED EX / UPS Shipping ADDRESS:

OTT CPA SERVICES LLC

10 Jacob Way

Lopatcong, NJ 08865

EMAIL

cott@ottcpa.com

FAX

888-895-8718

PHONE

848-250-4120

Reminder: if we do not receive your information before

APRIL 1st, 2018

We reserve the right to file extensions for your returns for which there may be an extra charge

If you plan on E-filing your return please retain the following form 8879 until we contact you to finalize your filings

PLEASE DON'T HESITATE TO CONTACT US AT ANY TIME WITH ANY & ALL QUESTIONS

**New Clients:
Enclose a copy of your 2016 Tax Return**