

Personal Information						
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>		
Taxpayer:						
<b>Driver's License #</b>	<b>State of Issue</b>		<b>Issue Date</b>	<b>Exp. Date</b>		
Spouse:						
<b>Driver's License #</b>	<b>State of Issue</b>		<b>Issue Date</b>	<b>Exp. Date</b>		
<b>Occupation</b>	<b>Employer</b>			<b>Airline/Base</b>		
Taxpayer:						
Spouse:						
<b>Street Address</b>			<b>Apt.#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Filing Address:						
Mailing Address:						
<b>Cell Phone Number</b>		<b>Home Phone Number</b>		<b>Email</b>		
Taxpayer:						
Spouse:						
Filing Status						
<input type="checkbox"/> Check if a parent (or someone else) can claim you as a dependent on their return						
<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint		<input type="checkbox"/> Qualifying Widow(er) Spouse's Date of Death			
<input type="checkbox"/> Married Filing Separate	Spouse Name:			Spouse Soc. Sec. #:		
	Check if you lived apart from your spouse for all of 2019?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Head of Household <small>If you are the custodial parent and someone else is taking the exemption for your child, complete this section.</small>	Name:			Soc. Sec. #:		
	Relationship:	Date of Birth:		Number of months lived with you:		
	Who is claiming this person on their return?					
<b>Name</b>	<b>DOB</b>	<b>SSN</b>	<b>Relationship</b>	<b>Months at home</b>	<b>Full Time Student</b>	<b>Disabled</b>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CALL (832) 777-6003

SKYTAXES  
 Presidential Plaza  
 15655 John F. Kennedy Blvd Suite G  
 Houston, TX 77032

FAX (866) 538-8897

Located next to Godfathers Pizza, N. of Beltway 8, W. of 59N, E of Hardy Toll Rd

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**Life Events - Please check all that apply for 2019**

<input type="checkbox"/> Marriage Divorce/Separation	<input type="checkbox"/> Adoption	<input type="checkbox"/> Own rental property
<input type="checkbox"/> Retirement (IRA, 401K) withdrawals	<input type="checkbox"/> Purchased / Sold a home	<input type="checkbox"/> Made home energy efficient improvements
<input type="checkbox"/> Own or Started a business	<input type="checkbox"/> Sold stock	<input type="checkbox"/> Foreign earned income

**Income - Please provide applicable Forms W2 and 1099**

Interest Income: Form 1099-INT or Dividend Income: Form 1099-DIV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sale of Stock or Bonds- please include <u>complete</u> purchase and sale information: Form 1099-B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Plan Income: Form 1099-R	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation: Form 1099-G	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Benefits: Form SSA-1099 or RRB-1099	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or Local Refund Received: Form 1099-G, Itemized in 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony Received: How much? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
K-1 from a Corporation, Estate, Trust, Partnership, Etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection of Debt: 1099-C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gambling Winnings!: Form W2-G	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income: 1099-MISC. Please provide 1099-MISC and complete schedule "C" to the best of your ability. We will contact you for further information and details of your business expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Royalty Income: 1099-MISC.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Income: Please attach Schedule "E" (available on our website) with preliminary notes for us to work with. We will contact you for further information.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Estimated or Quarterly Tax Payments paid in 2019**  Yes  No *(made directly to the IRS usually for self-employment/investment income, not from your W2)* \$ \_\_\_\_\_

**Alimony Paid** \$ \_\_\_\_\_ **Recipient's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**IRA Contributions**

Taxpayer	\$ _____	<input type="checkbox"/> Roth <input type="checkbox"/> Traditional
Spouse	\$ _____	<input type="checkbox"/> Roth <input type="checkbox"/> Traditional

**Educational Deductions & Student Loan Interest**

**Student Loan Interest Paid-** Please provide Form 1098-E       **Tuition Paid-** Please provide Form 1098-T       **1099-Q**

Student \_\_\_\_\_ Year in college \_\_\_\_\_ At least half time?  Yes  No  
 Book, Lab, Technology expenses? \_\_\_\_\_ Room and Board \_\_\_\_\_

Student \_\_\_\_\_ Year in college \_\_\_\_\_ At least half time?  Yes  No  
 Book, Lab, Technology expenses? \_\_\_\_\_ Room and Board \_\_\_\_\_

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## Medical Expenses & Accounts

### Flexible Spending Arrangements (FSA)

FSA Contribution in 2019:  Yes  No Amount \$ \_\_\_\_\_

### Health Savings Accounts (HSA) Forms 5498-SA or 1099-SA Please provide forms

HSA Coverage  Self Only  Family

Please provide Health Insurance Coverage Form 1095 A, B, or C

### Medical Expenses

*Medical Expenses must exceed 10% of your income. Do not include amounts paid by insurance or with pre-tax dollars*

Insurance Premiums: \$ \_\_\_\_\_

Optometry Contacts and Glasses: \$ \_\_\_\_\_

Doctors, Dentist, & Hospitals: \$ \_\_\_\_\_

Prescription Medicine: \$ \_\_\_\_\_

Medical miles driven:

Health Care Tax Credit  Yes  No Please provide Form 8885 or 1099-H if eligible

## Moving Expenses

Date of Move:

*\*Move must be of primary residence more than 50 miles and job related\**

Miles from new home to job:

Miles from old home to job:

Miles Driven:

Lodging Expenses: \$ \_\_\_\_\_

Moving Supplies & Rentals: \$ \_\_\_\_\_

Employer Reimbursement  YES  NO

## Home Ownership

Mortgage Interest:

Property Taxes:

Points Paid:

PMI Insurance:

## Sales Tax

**\*DID YOU PURCHASE AN ITEM(S) DURING 2019 FOR WHICH YOU PAID A LARGE AMOUNT OF SALES TAX?  Yes  No**

Sales tax paid on a car, boat, RV, or aircraft in 2019: \$ \_\_\_\_\_ Total sales tax paid on ALL purchases in 2019: \$ \_\_\_\_\_ *Optional*

## Charitable Contributions

*\* Regardless of the amount, to deduct a contribution of cash, check, or other monetary gift, you must maintain a bank/ payroll deduction record or a written communication from the organization. Containing the name of the organization, the date and amount of the contribution. Please provide receipts.*

Cash Contribution Amount: \$ \_\_\_\_\_

Charitable miles driven:

Non Cash Contribution Amount: \$ \_\_\_\_\_ *(goodwill, purple heart, or salvation army it all counts, lets us help you determine fair market value)*

## Casualty Theft & Loss (For property damaged by storm, water, fire, accident, and or theft)

Type Of Property	Reason for Damage	Date of Loss	Date Acquired	Value before loss or damage	Value after loss or Damage	Insurance Reimbursement FEMA

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### Miscellaneous Credit Questions

1. Did you pay any expenses related to the adoption of an eligible child?  Yes  No
2. Are you currently repaying the First-Time Homebuyer credit?  Yes  No
3. Were you issued a Mortgage Credit Certificate (MCC) by a state or local government unit or agency?  Yes  No

### Child Care Credit

Dependent Care Benefits through employer : Yes No

*\*Child must be under the age of 13, exception applies for qualifying adult.*

Provider	Address & Phone Number	Tax ID or SS#	Childs Name	Amount

### Residential Energy Credit

*\*You may be able to take a credit of 30% of your costs of qualified solar electric property, solar water heating property, small wind energy property, geothermal heat pump property, and fuel cell property. Include any labor costs properly allocable to the onsite preparation, assembly, or original installation of the residential energy efficient property and for piping or wiring to interconnect such property to the home.*

Energy Efficient Improvements Yes No Please Explain:

Solar electric property	
Solar water heating	
Small wind energy	
Geothermal heat pump	
Fuel Cell Property	

Were the qualified improvements for your main home in the United States?  Yes  No

Were any of the improvements related to the construction of this main home?  Yes  No

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