

Flying High Taxes

www.flyinghightaxes.com

(602) 800 - 2046

11201 N. Tatum Blvd #300

Phoenix, Arizona 85028

WE DO NOT REQUIRE YOU TO SUBMIT RECEIPTS WITH YOUR TAX DOCUMENTS.

IN THE EVENT OF AN IRS AUDIT, YOU MUST BE ABLE TO PROVIDE THEM.

PERSONAL INFORMATION		
	TAXPAYER	SPOUSE
LAST NAME	_____	_____
FIRST NAME	_____	_____
SOCIAL SECURITY NUMBER	_____	_____
OCCUPATION	_____	_____
BIRTHDATE (MM/DD/YY)	_____	_____
TELEPHONE NUMBER	_____	_____
EMAIL ADDRESS	_____	_____
FILING STATUS		
DID YOUR MARITAL STATUS CHANGE IN 2025?		
DEPENDENT INFORMATION		
FULL NAME	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YY)
DID YOU PROVIDE OVER HALF THE SUPPORT OF ANY OTHER PERSON IN 2025?		
DID YOU INCUR ADOPTION EXPENSES DURING 2025?		
DID YOU PAY INTEREST ON A STUDENT LOAN FOR YOURSELF, YOUR SPOUSE, OR YOUR DEPENDENT?		
IF YES, PLEASE ATTACH FORM 1098 - E (STUDENT LOAN INTEREST STATEMENT)		
DID YOU, YOUR SPOUSE, OR YOUR DEPENDENTS ATTEND POST-SECONDARY SCHOOL?		
IF YES, PLEASE ATTACH FORM 1098 - T (TUITION STATEMENT)		
DID YOU CONTRIBUTE TO A COVERDELL EDUCATION SAVINGS ACCOUNT?		
W-2 /1099 MISC. WAGES AND SALARIES (ATTACH FORMS)		
EMPLOYER'S NAME	_____	CHECK IF FOR SPOUSE

EMPLOYER'S NAME	_____	CHECK IF FOR SPOUSE

1099 DIV/1099 INT DIVIDENDS AND INTEREST**(ATTACH FORMS)**

<u>PAYER'S NAME</u>	<u>AMOUNT</u>

<u>PAYER'S NAME</u>	<u>AMOUNT</u>

1099 B STOCK SALES AND COST BASIS**(ATTACH FORMS)**

	<u>DATE</u>	<u>PURCHASE</u>		
	<u>AQUIRED</u>	<u>PRICE</u>	<u>DATE SOLD</u>	<u>SELL PRICE</u>
<u>BROKERAGE HOUSE</u>				

	<u>DATE</u>	<u>PURCHASE</u>		
	<u>AQUIRED</u>	<u>PRICE</u>	<u>DATE SOLD</u>	<u>SELL PRICE</u>
<u>BROKERAGE HOUSE</u>				

1099 R - DISTRIBUTIONS FROM PENSIONS, ANNUITIES OR RETIREMENTS**(ATTACH FORMS)**

<u>PAYER'S NAME</u>	<u>CHECK IF FOR SPOUSE</u>
	<u>CHECK IF FOR ROLLOVER</u>

<u>PAYER'S NAME</u>	<u>CHECK IF FOR SPOUSE</u>
	<u>CHECK IF FOR ROLLOVER</u>

<u>OTHER INCOME</u>	<u>AMOUNT</u>
<u>SOCIAL SECURITY BENEFITS</u>	
<u>GAMBLING Winnings</u>	
<u>JURY DUTY</u>	
<u>UNEMPLOYMENT BENEFITS</u>	

<u>MEDICAL AND DENTAL EXPENSES</u>	<u>AMOUNT</u>
<u>PERScription MEDICATIONS</u>	
<u>HEALTH INSURANCE PREMIUMS</u>	
<u>DOCTORS, DENTISTS, ETC</u>	
<u>HOSPITALS, CLINICS, ETC</u>	
<u>LAB AND X-RAY FEES</u>	
<u>EYEGLASS AND CONTACT LENSES</u>	
<u>MEDICAL EQUIPMENT</u>	
<u>MEDICAL MILEAGE</u>	

DID YOU HAVE HEALTH INSURANCE?

IF YES, PLEASE ATTACH FORM 1095 - A, 1095 - B, AND/OR 1095 C.

DID YOU CONTRIBUTE TO OR RECEIVE DISTRIBUTIONS FROM A HEALTH SAVINGS ACCOUNT?

DID YOU PARTICIPATE IN A MEDICAL SAVINGS ACCOUNT?

IF YES, PLEASE ATTACH FORM 1099 - SA (DISTRIBUTIONS FROM A HAS OR ARCHER MSA)

TAXES PAID	AMOUNT
REAL ESTATE TAXES PAID ON PRIMARY RESIDENCE	
REAL ESTATE TAXES PAID ON ADDITIONAL HOME OR LAND	
AUTO LICENSE/REGISTRATION	

DID YOU PURCHASE A MOTOR VEHICLE OR BOAT IN 2025?

IF YES, ATTACH DOCUMENTATION SHOWING SALES TAX PAID.

**HOME MORTGAGE INTEREST
(ATTACH 1098 FORMS)**

LENDER'S NAME	<u>AMOUNT</u>

DID YOU BUY, SELL, REFINANCE, OR ABANDON A PRINCIPAL RESIDENCE?

(ATTACH COPIES OF ANY ESCROW STATEMENTS OR FORMS 1099)

IF YES, DID YOU CLAIM THE FIRST - TIME HOMEBUYER CREDIT WHEN YOU PURCHASED THE HOME?

DID A LENDER CANCEL ANY OF YOUR DEBT? **(ATTACH ANY FORMS 1099 - A OR 1099 - C)**

CASH CONTRIBUTIONS

(ANY CASH CONTRIBUTIONS OF \$250.00 OR MORE REQUIRES A WRITTEN ACKNOWLEDGMENT
FROM THE QUALIFIED ORGANIZATION OR PAYROLL DEDUCTION RECORDS)

NAME OF DONEE ORGANIZATION	AMOUNT

NON - CASH CONTRIBUTIONS

(ANY NON - CASH CONTRIBUTION REQUIRES THE NAME OF THE CHARITABLE ORGANIZATION,
DATE AND LOCATION OF THE CHARITABLE CONTRIBUTION, AND DETAILED DESCRIPTION OF THE PROPERTY.
ALONG WITH HOW YOU GOT THE PROPERTY AND THE APPROXIMATE DATE YOU GOT THE PROPERTY)

NAME OF DONEE ORGANIZATION	AMOUNT

DID YOU DONATE A VEHICLE IN 2025? IF YES, ATTACH FORM 1098 - C

MISCELLANEOUS DEDUCTIONS	AMOUNT
GAMBLING LOSSES	

