## **2016 AIRCREW TAXES FLIGHT ATTENDANT** TAX RETURN ORGANIZER

## All Clients MUST Sign Below For Aircrew Taxes To Start Your Return

I have retained Aircrew Taxes to prepare my 2016 Income Tax returns. I hereby verify that the information provided in this Organizer is accurate and complete. I understand it is my responsibility and my continuing obligation until I have verified my tax return and it is filed, to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. I have not overstated my deductions or understated my income, and acknowledge that false information on a tax return could constitute a federal crime. I understand it is my responsibility to review my Income Tax Return after Aircrew Taxes has prepared it, and to verify that it contains accurate information. If I am billed for an amount due by Aircrew Taxes, I will promptly pay the full amount due and I hereby acknowledge that I will be responsible for any resulting collection fees due to nonpayment, and any attorney's fees incurred by Aircrew Taxes pursuant to a collection action. The laws of Georgia shall be applicable to all aspects of this agreement, and I hereby consent to jurisdiction of the Courts of Cobb County, Georgia regardless of where I actually reside. (If filing a joint return, both you and your spouse must sign.)

Taxpayer Signature\_

Spouse Signature

Date

## **Client Instructions to Complete Tax Return**

Please DO NOT SEND ORIGINAL TAX DOCUMENTS, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there will be additional fees of \$50 to return documents to you.

### **GENERAL TAX RETURN PREPARATION PROCESS:**

- 1) Complete the tax organizer filling in only the sections that apply to your tax situation. Send the completed organizer, and copies only, of your tax documents to Aircrew Taxes. New clients must include previous year's tax return. Previous year's clients please send short checklist that we e-mailed back to Aircrew Taxes, checking off items included.
- Make payment with credit card, check, or authorized deduction from your refund. 2)
- 3) Aircrew Taxes will contact you to resolve any questions and discuss possible deductions and tax strategies. We will review each return with every client in person or on the phone. We will then e-mail the return to you for review.
- **4**) Contact Aircrew Taxes with any changes to your tax return.
- 5) Aircrew Taxes will e-mail completed tax return with E-file authorization form to you.
- 6) Fax or scan signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

### GENERAL INSTRUCTIONS:

- 1) New Clients may send tax returns from up to three previous tax years for a missed deductions review.
- 2) Send copies of IRS tax forms and documents listed in the tax organizer, no originals please. Keep your receipts for your own records.
- 3) Please complete the tax organizer and required worksheets before calling with questions. You may write questions on the organizer. We will review each return with every client in person or on the phone. Most questions should be handle during our interview with you. If you still believe you need some guidance completing the organizer please call us.
- Income and deduction items should only be provided in one place. If you provide the amounts more than once we will **4**) duplicate the deduction or income items. This applies to rental property and small businesses as well.
- 5) Please check that you emailed or mailed all the items you intended to send. Please name items scanned by the name on the face of the document (company form W-2, provider form 1099-R, etc.).
- Please attempt to send the tax organizer and all IRS tax forms concurrently. 6)

### SMALL BUSINESS INSTRUCTIONS:

- 1) If you have a 1099-MISC and operate a small business, complete the worksheet from the small business tab on the website.
- 2) Send all business related 1099-MISC tax forms designated as income for the business.
- 3) Pleases let us know if you have a home office for your small business and notate the form 1098 statements "Home Office".
- C- Corporations (Form 1120), Sub Chapter S-Corporations (Form 1120S), and Partnerships (Form 1065) are not considered **4**) small businesses. A Limited Liability Company, L.L.C., may be a small business if it is disregarded by the IRS and therefore will be completed with the Small Business Worksheet for Schedule C. It also may be a C-Corporation, S-Corporation, or Partnership requiring a separate business return on Form 1120, Form 1120S or Form 1065.

### **RENTAL PROPERTY INSTRUCTIONS:**

- 1) If you have rental real estate, please download and complete the worksheet from the rental real estate tab on the website.
- 2) Send any Form 1099 statements with rental income and Form 1098 mortgage interest statements with rental mortgage interest.
- 3) If we did not prepare your last year's tax return we must have the information from either the Depreciation and Amortization Report or Asset Entry Worksheet from your previous return to calculate depreciation for your rental property.

### Office (678) 797-1040 Cell (678) 332-6905 Fax (770) 795-9799

Fax or E-mail Organizer to info@aircrewtaxes.com

www.aircrewtaxes.com

## **Tax Documents Required to Complete Accurate Return**

It is very important that you include all of you IRS tax forms, especially income items in your tax return. These forms are sent by payers to you and the IRS, therefore the items will be included in your tax return by the IRS. Each Form 1099 is matched to your <u>Social</u> <u>Security number</u>, so the IRS will send out a tax bill if you fail to report one. In fact, you're almost guaranteed an audit or at least a tax notice if you fail to report a Form 1099. Even if an issuer has your old address, the information will be reported to the IRS (and your state tax authority) based on your Social Security number. Missing tax documents are your responsibility. In Addition to your IRS tax forms please send a completed Tax Organizer and Small Business and Rental Property Worksheets if required.

### **Income Related IRS Tax Forms-Copies Only**

- Form W-2 (wage and salary income)
- Form W-2G (gambling winnings)
- Form 1099-INT (interest income)
- Form 1099-DIV (dividends)
- Form 1099-G (state tax refunds and unemployment compensation)
- Form 1099-B (sales of stock, bonds, or other investments)
- Form 1099-R (distributions from individual retirement accounts, 401(k) plans, and other types of retirement savings plans)
- Form 1099-C (canceled debts)
- Form 1099-A (foreclosure of a home)
- Form 1099-K (business or rental income processed by third party networks)
- Form 1099-LTC (benefits received from a long-term care policy)
- Form 1099-MISC (self-employment and other various types of income)
- Form 1099-OID (original issue discount on bonds)
- Form 1099-PATR (patronage dividends)
- Form 1099-Q (distributions from an education savings plan)
- Form 1099-QA (distributions from an ABLE account)
- Form 1099-S (proceeds from the sale of real estate)
- Form 1099-SA (distributions from health savings accounts)
- Form SSA-1099 (Social Security benefits)
- Form RRB-1099 (Railroad retirement benefits)
- Schedule K-1 (income from partnerships, S corporations, estates, or trusts)

### **Expense Related IRS Tax Forms-Copies Only**

- Form 1098-E (student loan interest)
- Form 1098-T (tuition for higher education)
- Form 1098 (mortgage interest)
- Form 1098-C (charitable contribution of vehicles)
- Form 1098-MA (homeowner mortgage payments)
- Form 1097-BTC (bond tax credit)
- Form 1095-A Health Insurance Marketplace Statement, 1095-B Health Coverage, 1095-C Employer Provided Health

### **Additional Items**

- Small Business Worksheet-Self Employeed-1099 Income-Schedule C Worksheet (Download at www.aircrewtaxes.com)
- Rental Income and Expenses Worksheet (Download at www.aircrewtaxes.com)
- Rental Property-Depreciation and Amortization Report or Asset Entry Worksheet from your previous return(new clients only)
- Realized gain/loss report for any stocks, bonds, mutual funds and other capital investments sold during the year
- Closing Statement if Purchased, Sold or Refinanced Home or Rental Property
- Final Year Pay Stub for deductions and non-taxable per deim deductions

### AIRCREW TAXES (678) 797-1040 FAX (770) 795-9799 WWW.AIRCREWTAXES.COM

Per	sonal ]	Informa	ntion	l (Pl	ease Prin	t Clearly)								
						Taxpaye	er					Spouse	<u>,</u>	
Last N	ame (Accord	ling to SS card)												
First N	ame													
Middle	e Initial													
Social	Security Nu	ımber												
Occup	ation													
Date o	f Birth (mm	/dd/yyyy)												
E-Mail	Address													
Work	Phone													
Cell Pl														
Home														
Fax Nu														
		s is your curre	nt state	reside	ncy wher	e you pay	v tax f	or this ta	x year a	nd the a	ddress on yo		l tax returi	n.
Addres	SS							T				Apt. #		
City							State					ZIP		
Fed	leral F	iling Sta	atus	(Che	eck Box o	of Filing S	Status	)						
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	-	Filing Jointly	7											
				20000	Nomo					Secu		4		
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	4 Head of	Household:	f someo	one els	e is using	g the exen	nptior	n for you	r custodi	al child	please fill o	ut below	if claiming	g status.
Name:								l Securit						
Relatio	onship:							per mont		-	1:			
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	st Name	Last Nar		MI	SS			tionship	Date of		# Mos at Hor	ne Care	Expenses	Student
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									/	/				Y or N
Dir	ect De	posit/Fı	inds	W	ithdr	awal	In	form	atio	n		-		
		for tax refund				Y or N					drawal for b	alance du	e?	Y or N
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Date Is		/ /	Date F	Ixnire	d	/ /		Date Issu		/		e Expired	1 /	/
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		taxes to the IR				Y or N	Г				tudent loans			Y or N
		child support?		* *		Y or N					refund last			Y or N
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## **State Tax Information** Please circle yes or no below if you are a resident of a state at the end of the year. If you paid taxes to more than one state, you may receive a separate W2 for each state and we need all W2's. State Still Resident Date Moved In Date Moved Out County School District Y or N Y or N Y or N **Important Questions** YES NO Please Answer All Questions. Amount **Identity Protection PIN** If the IRS sent the taxpayer an Identity Protection PIN, enter it here --If the IRS sent the spouse an Identity Protection PIN, enter it here --**Health Insurance** Everyone on the return was covered by health insurance all year **Dependent of Someone Else** Can you be claimed as a dependent of someone else? If yes, were you claimed as a dependent on another persons return? Can your spouse be claimed as a dependent of someone else? If yes, was your spouse claimed as a dependent on another persons return? **Presidential Election Campaign Fund** Does taxpayer want \$3 to go to the presidential election campaign fund? Does spouse want \$3 to go to the presidential election campaign fund? **Credit for Qualified Retirement Saving Contributions** Are you a full time student? Is your spouse a full time student? Credit for Elderly or Disabled Is taxpayer retired on total and permanent disability? Is spouse retired on total and permanent disability? Partners in a Registered Domestic Partnership or Civil Union Taxpayer is in a Registered Domestic Partnership or Civil Union **Other Information You Believe We May Need**

Interest Income										
Not required if providing all 1099-I	NT interest s	tatem								
Owner SS# Ban	k/Institution		Box N	Juml	bers and A	mounts i	n each B	ox from ea	ach separa	ate 1099-INT
Dividend Income										
Not required if providing all 1099-D	IV dividend	or 10	99-B broke	r stat	tements.					
Owner SS# I	nstitution		Box N	Jumł	pers and A	mounts i	n each B	ox from ea	ch separa	ate 1099-DIV
Stocks & Bonds So end broker statements. Must have p Taxes With The Cost Of Each Stor	ourchase date	, cost	, sales date	and	sales proce	eeds for e	each sales	s. (You <u>M</u>		
Stock Name or Description	I	Date S			Date Acqu	ired		es Price		Cost Plus Fees
		/	/2016		/	/	\$		\$	
		/	/2016		/	/	\$		\$	
		/	/2016		/	/	\$ \$		\$ \$	
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		/	/2016							
		/	/2016		/	/	Ŧ		\$	
State Income Tax I Not required if providing 1099-Gs a						ment	Con	npens	ation	l
State Refunds Received in 2016 (thi		Stat	e		Amount	\$	Sta	te	Aı	mount \$
Additional State Tax paid in 2016 w	hen filed	Stat			Amount	\$	Sta	te	Aı	mount \$
Did you itemize last year?			payer			or N		ouse		Y or N
State Unemployment Compensation		Stat			Amount	\$	Sta			mount \$
State Unemployment Benefits Repai	d	Stat	e		Amount	\$	Sta	te	Aı	mount \$
Alimony Received										
Taxpayer Amount		\$				Spou	se Amou	nt	\$	
<b>IRA, Pension, 401</b> ( Not required if providing all 1099-R										ers
Taxpayer or Spouse	statements		Γ or S Distri				Distribut			Distribution #3
Name of payer institution										
Gross distribution from 1099-R box	1									
Reason for distribution										
Amount of Rollover										
Name of receiving institution										
Type of account (401k, IRA, Pensio	n, Roth)								-	
Social Security Ben						•				
Not required if providing SSA 1099	s and KKB	.099s	and 1099M	15C8	8.			Taxpa	aver	Spouse
Amounts for Social Security Benefit	S							\$	u j 01	\$
Amounts for Railroad Benefits	-							\$		\$
Amounts for 1099 MISC not requiri	ng Schedule	C for	business in	com	e			\$		\$
Amounts for 1099 MISC not requiri								\$		\$

<b>Educator Expenses For Te</b>		•							
Un-reimbursed amounts spent on books, supplies,	and materials	used in t	he classr			- I	er.		
Taxpayer Amount \$				Spouse Amou	nt	\$			
Health Savings Accounts (	HSA)			2011	-				
Provide Forms 5498-SA and /or 1099-SA if applic Type of high deductible plan?	Self Only or F			in high deductil		.9			
Plan in effect for December?	Y or N	ranniy			-		¢		
				SA contribution SA distributions		ir account	\$		
1 V	\$						\$		
Total payroll deduction HSA contributions	\$		Total ur	ireimbursed qua	inned n	nedical expenses	\$		
Moving Expenses									
Only job related moves are deductible. Meals are			ge rate fo	r 2016 is 19 cen			<i>•</i>		
	Old Work (BA	,			-	portation Expense			
· · · · · · · · · · · · · · · · · · ·	New Work (BASE)			/ /2016		e Expense	\$		
	Date Moved	D	M	/ /2016		Expense	\$		
	Mileage Driver	Ŭ				ng Expense	\$		
Self-Employed Contribution	ons to S	EP, l	SIM	PLE and	Qu	alified Pl	ans		
Type of Plan			1	axpayer Amoun		Spouse A			
Money Purchase Plan			\$			\$			
Profit Sharing Plan			\$			\$			
Defined Benefit Plan			\$			\$			
SEP Plan			\$			\$			
SIMPLE Plan			\$			\$			
Individual 401(k) Plan			\$			\$			
Roth 401(k) Plan			\$			\$			
Alimony Paid									
Recipients Name	Recipie	ents SS#	1			Amount Paid	\$		
Recipients Name		ents SS#				Amount Paid	\$		
<b>Traditional And Roth IRA</b>	=		ons						
(Do Not Include 401(k) Contributions)				payer		Spouse			
Traditional IRA Contribution Amount Made by 4/	/15/17	\$	14.1	pujer	\$	Spouse			
Roth IRA Contribution Amount Made by 4/15/17	10/17	\$				\$			
Non-Deductible IRA Contributions		\$			\$				
<b>Education Savings Accoun</b>	nts	<u> </u>							
List contributions made on or before 12/31/16				St	udent N	Name	Amount		
Excess Contributions to Coverdell Education Plan	(amounts in e	xcess of	\$2,000)				\$		
Contributions to State Prepaid tuition Program	State Plan Na		, ,,				\$		
Contributions to State College Savings 529 Plan	State Plan Na	ame					\$		
<b>Student Loan Interest and</b> Provide all 1098-Es for student loan interest paid i education expenses please request the Educational	in 2016 and all	1098-T	s for edu	cational tuition a			list of		
You may claim qualified expenses and fees for yo the American Opportunity Credit or the Lifetime	Learning Cred	lit. You	must file	e a joint return i	f marrie	ed. For the Lifeti	me Learning		
Credit you may be taking as little as one course, ar	nd can be takin	ig it to in			lls rath				
Provide All 1098-Ts and 1098-Es			Stud	lent 1		Student	2		
Name of Student									
Name of School and City and State where located		\$			\$				
Tuition Paid in 2016			rd 1th Cro	d, Yes or No		2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Grad, Y	les or No		
Year in College and was student at least halftime? Amount of 529 Plan Withdrawals		1 2 3	4 Gra	u, 1 cs 01 100	1	2 5 4 Grau, 1			
Student Loan Interest Paid in 2016		\$			\$				
Student Loan Interest I ald III 2010		Ψ			Ψ				

				(770) 79						
Medical Expenses										
(Do Not Include Medical Expenses Paid	By Insura	ance C	)r By <u>F</u>	lexible S	Spending Account	<u>(s)</u>				
Prescriptions Medications			\$	Eye	eglasses and Conta	icts		\$		
Health Insurance Premiums – After Tax			\$	Me	Medical Equipment and Supplies					
Taxpayer's portion on Form 1095-A premi	ums		\$	Me	edical Travel – Nur	nber of Mi	les	#		
Spouse's portion on Form 1095-A premium	ns		\$		dical Transportation			\$		
Long Term Care Insurance premiums for t	axpayer		\$	Me	dical Lodging (up	to \$50 per	night)	\$		
Long Term Care Insurance premiums for s		\$	Las	sik and Radial Ker	otonomy		\$			
Long Term Care Costs dependent child un		\$	Oth	ner – Including CO	OBRA or Sp	pecify:	\$			
Fees for Physician/Dentist/Chiropractor			\$	Oth	ner			\$		
Fees for Hospital and Clinics			\$	Oth	ner			\$		
Lab and X-ray		\$	Oth	ner			\$			
Long Term Care Costs		\$	Oth	ner			\$			
Taxes Paid (Do Not Include Real Estate Taxes For A	A Rental l	Proper	rtv Imr	out On R	ental Worksheet	)				
Real Estate taxes on Principal Residence	\$				or Advalorem Fee)	\$				
Real Estate taxes on Second Home or Lan	ıd		\$		sonal Property Tax	Č	\$			
Real Estate taxes on Vacation Home			\$		* · ·	Motor Vehicle or Boat or Aircraft				
item Lotate takes on racation inome				Sales Tax on Motor Vehicle or Boat or Aircraft						
Personal Property Tax (Car Tag or Advalo Homeowner Mortgage		rest	\$	Sal	es Tax on Motor V	ehicle or B	oat or Aircraft	\$		
Personal Property Tax (Car Tag or Advalo Homeowner Mortgage (Do Not Include Mortgage Interest For Not required if providing all 1098 Mortgage	e Inte A <u>Rental</u> ge Interest	Prope Staten	\$ <b>and</b> rty Imp nent. It	Sal <b>d Poi</b> put On R f you pur	es Tax on Motor V <b>nts Inform</b> Rental Worksheet rchased, sold or ref	Vehicle or B nation ) inanced a h	oat or Aircraft	\$		
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### **Charitable Contributions Cash Donations Only** You need to have an acknowledgement if any single cash contribution is over \$250. Donee Name: Donee Name: \$ \$ \$ Donee Name: \$ Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ \$ \$ Donee Name: Donee Name: Donee Name: \$ \$ Donee Name: \$ \$ Donee Name: Donee Name: \$ \$ Donee Name: Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ \$ \$ Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: Donee Name: \$ Donee Name: \$ \$ \$ Donee Name: Donee Name: Donee Name: \$ \$ \$ Donee Name: Donee Name: \$ \$ Donee Name: Donee Name: Donee Name: \$ Donee Name: \$ \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: Donee Name: \$ \$ Donee Name: \$ Donee Name: \$ \$ \$ Donee Name: Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: \$ Donee Name: Donee Name: \$ Donee Name: \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: \$ Donee Name: \$ \$ Donee Name: Donee Name:

### Charitable Contributions Vehicle Donations Only Vehicle Departies over \$500 cond 1008C

Donee Name:

\$

venicle Donation over \$50	lo sella 1098C		
Vehicle Donated to:		Date of Vehicle Donation	
FMV under \$500	\$	Make & Year of Vehicle	
Purchase Date		Original Purchase Price	\$
Vehicle Donated to:		Date of Vehicle Donation	
FMV under \$500	\$	Make & Year of Vehicle	
Purchase Date		Original Purchase Price	\$

Donee Name:

\$

# **Charitable Contributions Non Cash Donations Only**

	i ibutions non Casi	<b>v</b>	
	goods, please estimate the value a		
· · · · · · · · · · · · · · · · · · ·	mation requested below. Your ret	urn will be delayed if you do not j	provide this information.
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2016	2016	2016
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued(Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2016	2016	2016
Date Acquired			2010
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued(Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity		Thint Replacement Equal sale	Thirtt Replacement Equal sale
Address of Charity			
City, State, Zip			
Donation Description	2016	2016	2016
Date of Donation	2016	2016	2016
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$ 	\$
How Valued(Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2016	2016	2016
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued(Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			· · · · ·
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2016	2016	2016
Date Acquired	2010	2010	2010
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued(Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	
now valued(Circle One)	Think Replacement Equal sale	mini Replacement Equal sale	Thrift Replacement Equal sale

# **Flight Attendant Professional Deductions**

Receipts are not required for travel expenses under \$75 if entered into your logbook, including item, date & cost. Do not send receipts; keep them for your records. TOTAL BLOCKS will be completed by Tax Preparer

Married Flight Attendants – If I combine expenses on this form!			ional Profe	ssional Deduction sheet. DO NOT BASE DOMICILED	۲ -
Union Dues	S S	Luggage	\$	Computer Paper	\$
Union Initiation Fee	\$	Luggage Wheels	\$	Software	\$ \$
Union Assessments	\$	Luggage Repairs	\$	Bid Service Fees	\$
TOTAL UNION DUES	Ψ	Garment Bag	\$	Bid Mailing Fees	\$
	¢	Ŭ	\$	· · · · ·	\$
Professional Subscriptions Trade Publications	\$ \$	Flight Bag Lunch Bag	\$	Mobile Flica Fees Internet Access Fees	\$
Organizational Dues	\$	Airline Luggage Tags	\$	Mobile Internet Access Fees	\$
TOTAL SUBSCRIPTIONS	φ	Jet Bridge/Jet Way Keys	\$	Internet Long Distance Fees	\$
	¢		\$	<u> </u>	\$
Uniform Payroll Deduction Uniform Alterations	\$ \$	Cockpit Keys Personal Organizer	\$	Computer Usage Fees (PC FOS) Company Mailing Expense	\$
Uniform Dress/Skirt	\$ \$	Flashlight	\$	Company Maning Expense Company Copy/Fax Expense	\$ \$
Uniform Maternity Dress/Shirt	\$	Batteries	\$	Other Bidding/Communication Cost	\$
Uniform Pants	\$	Logbook	\$	Other Comm Item:	\$
Uniform Shirt	\$	Portable Alarm Clock	\$	Other Comm Item:	\$
Uniform Sweater/Shirt	\$	Portable Curling Iron	\$	TOTAL COMMUNICATION	-
Uniform Jacket	\$	Portable Hair Dryer	\$	Written Exam Expenses	\$
Uniform Winter Jacket	\$	Portable Iron	\$	Private Pilot License	\$
Uniform Support Pantyhose	\$	Portable Security Device	\$	Personal Flight Training	\$
Uniform Purse/Hair Clips	\$	Portable Security Device	\$	Foreign Language Expenses	\$
Uniform Scarf/Accessories	\$	Company Business Cards	\$	Wine Education	\$
Uniform Belt	\$	Corkscrew	\$	Other Training Costs:	\$
Uniform Hat	\$	Galley Supplies	\$	Other Training Costs:	\$
Uniform Tie	\$	Liquor Shortages	\$	Other Training Costs:	\$
Uniform Epaulets	\$	Int'l Voltage Converter	\$	Other Training Costs:	\$
Uniform Wings	\$	Other Travel Item:	\$	Other Training Costs:	\$
Uniform Dry Cleaning	\$	Other Travel Item:	\$	TOTAL TRAINING	
Uniform Travel Laundering	\$	Other Travel Item:	\$	Manual Replacement	\$
Uniform Home Laundering	\$	Other Travel Item:	\$	ID Replacement	\$
Uniform In-flight Shoes	\$	Other Travel Item:	\$	Drug Testing Expenses	\$
Uniform Shoes/Boots	\$	Other Travel Item:	\$	Foreign Language Expenses	\$
Uniform Shoe Shine	\$	TOTAL TRAVEL ITEMS		Airport Parking Expense	\$
Uniform Shoe Repair	\$	Passport Fee	\$	Reserve Emergency Cab Fares	\$
TOTAL UNIFORM		Passport Photo	\$	Other Job Expense:	\$
Job Search Sim Prep	\$	Passport Expedite Fees	\$	Other Job Expense:	\$
Job Search Interview Prep	\$	Foreign Visa	\$	TOTAL MISCELLANEOUS	
Job Search Publications	\$	TOTAL PASSPORT		Transportation on Layovers	\$
Job Search Hotels	\$	Cell Phone Purchase this year	\$	Subway and Bus Fees on Layovers	\$
Job Search Transportation Interview	\$	Cell Phone Service	\$	Train Fees on Layovers	\$
Job Search Resume	\$	Second Telephone Line	\$	Rental Cars on Layovers	\$
Job Search Copying and Mailing	\$	Calling Card Calls	\$	Layover Meal Transportation	\$
Job Search Telephone	\$	Collect/Hotel Calls	\$	ATM Fees on Layovers	\$
Job Search Application Fees	\$	VoIP or Skype	\$	Check Cashing Fees on Layovers	\$
Job Search Other:	\$	Company Phone Expense	\$	Overnight Other:	\$
TOTAL JOB SEARCH		Printer Toner/Ink Cartridges	\$	TOTAL OVERNIGHT TRAVEL	

## Situational Flight Attendant Professional Deductions

If you fly out of more than one airport, the Three Letter Airport Code		er of Round Trips			st Per Round Trip		\$
Three Letter Airport Code		er of Round Trips			st Per Round Trip		\$
▲		•			strer Round Trip		ψ
Training Expenses (Expenses inc Number of Days in Training	currea jo	r training musi		etter Code of Train	ing City		
Hotel/Housing Expense During Training	\$			School Flight Trai		\$	
Transportation Expense During Training		\$         Flight Training         \$					
Phone Expense During Training		\$ Other Training Expense			\$		
Union and Company Busines		vel Expens	-				
Commuting expenses to your base for trips are				hight expenses for	company or union r	neetings a	re deductib
Hotel Expense	\$						
Transportation Expense	\$		Other Co			\$	
Temporary Duty Expenses							
Number of Days during the tax year on TDY			Three Lette	Three Letter City Code for Location of TDY			
Hotel/Housing Expense for TDY	\$			per diem paid dur		\$	
Transportation Expense during TDY	\$		Meal Exper	nse during TDY		\$	
<b>Commuter Pad Moving Exp</b>	enses					-	
If you had a base change commuter pad me		penses are dedu	ctible				
Old Primary Residence		Work (BASE)			Transportation Ex	pense	\$
New Primary Residence		Work (BASE)			Storage Expense		\$
Miles from Old HOME to New BASE	Date	Moved		/ /2016	Travel Expense		\$
Miles from Old HOME to Old BASE	Mile	age Driven Durin	g Move		Lodging Expense		\$
National Guard / Military Ro	eserve	Duty					
If your reserve military base is not in the sa	•	•		e, all unreimbur	sed expenses in tra	aveling to	o/from and
while on duty at the military base during re-	eserve dri	ill are deductible					
Number of nights spent at Post				er City Code for L			
Hotel/Housing Expense not reimbursed		\$		he total per diem j	baid?	\$	
Transportation Expense not reimbursed		\$	Meal Exper			\$	
Phone Expense while on duty		\$	Other Expe			\$	
		\$	Commuting	g miles driven to /	from / at post	\$	
Utility Expense not reimbursed						-	
Utility Expense not reimbursed Entertainment Expense							

## **Per Diem Deduction Information**

The IRS allows an excess per diem deduction for each day worked that requires rest away from your base. Aircrew Taxes uses the best method for your situation based on the answers you provide to our questions. To count days flown, whether domestic or international, add the total days flown and subtract day lines (day trips without a hotel stay). This is <u>NOT</u> the number of nights in a hotel.

**Per Diem Paid:**Nontaxable Per Diem Paid: check your last pay stub of the year <u>or</u> call your employer or enter<br/>amount in box 12 of your W-2 next to the letter L. (We must have this number)\$

Did your trips leave in the morning and return at night?

Did you fly international trips, domestic trips, or both during the tax year?

### **Per Diem Deduction Method Selection**

If you do not know the actual amount spent on meals then you must complete the Total Days Flown boxes or the Trip Length boxes. You may fill in boxes for all methods and this will help to maximize your deduction. If you flew only international Method 4 will generate the highest deduction. You may provide us with a per diem deduction calculation from another provider, however, we may still may be able to increase the deduction if you complete the boxes below.

\$

### Method 1-2016 Actual Meal Expenses Method

If using actual expenses, what did you spend on meals for the entire year while traveling? The expense should be documented with receipts or documented in your logbook. According to the IRS you may document each amount in your log book as long as each amount does not exceed \$75.

### Method 2—2016 Total Days Flown Method

This is the most common method and only requires you counting total days. To count days flown whether domestic or international add the total days flown and subtract day lines (day trips without a hotel stay). (Not The Number Of Nights In A Hotel)

Total domestic days flown 2016		Total international days flow	vn 2016	
Method 3—2016 Trip Length Me	thod			

Trip Length	Number	Trip Length	Number
2 Day Trips		6 Day Trips	
3 Day Trips		7 Day Trips	
4 Day Trips		8 Day Trips	
5 Day Trips		Other Number of Days Trips	

### Method 4—2016 Layover Schedule

This grid should contain the total days for each city. Log one entry for each city with the total days attributed to that city. We must account for the total days flown not just nights. The deduction is based on days worked that requires rest away from your base. In order to make this calculation we must count your last layover city on a trip twice. A four day trip only has three layover nights but it is counted as a four days. If you had a four day trip with three overnights in JFK, then you would account for this trip with four overnights in JFK. This same rule applies to three day trips, two day trips etc.

### Example: One 3 day trip first night in ATL second night in JFK. On this sheet give us the TOTAL for each CITY

One day in Atl	anta/Georgia/ATL	Two days in Ne	w York/New York/JFK
# of Days	Location/City Name and Three Letter ID	# of Days	Location/City Name and Three Letter ID

## **Other Job Expenses/W-2 Non-Airline Employee Deductions**

If you have another job with a W-2 or your spouse has a job with a W-2 enter non-reimbursed employee related business expenses below. This deduction sheet only be used if you have a W-2 for another job. (Do Not Include Pilot Or Flight Attendant Deductions)

(Do Not Include Pilot Or Flight At	tendant L	<b>Deductions</b> )						
Union Dues and Professional Dues	\$	Meals and	Entert	ainment Expense	\$	Other		\$
Professional Subscriptions	\$	Office Sup	plies		\$	Other		\$
Uniform and Protective Clothing	\$	Office Equ	iipmen	t	\$	Other		\$
Job Search Costs	\$	Licenses		\$ Other			\$	
Local Parking Fees and Transportation	\$	Telephone	Calls		\$	Other		\$
Travel Expense Lodging	\$ Cell Phone		e		\$	Other		\$
Travel Expense Airfare	\$	Pager			\$	Other		\$
Travel Expense Car Rental	\$	Internet			\$	Other		\$
Business Gifts	\$	Postage			\$	Other		\$
Education Expense Job Related	\$	Other			\$	Other		\$
Vehicle Expense - Mileage rate	for 2016	is 54 cents	per m	ile.				
Year & Make and Model Vehicle	¢			o you have evidence to support the deduction?			Yes	or No
Date First Used for Business			Is the	Is this evidence written?				or No
Type of Vehicle: Car, Van, Truck			Is an	Is another vehicle available for personal use?				or No
Total Mileage			Was	Was the vehicle available for personal use during off duty hours?				or No
Business Mileage			Was	Was the vehicle leased?				or No
Commuting Mileage			Was	Vas the vehicle used for hire?			Yes	or No
Personal Mileage			Actu	al Expenses: Gas, C	il, Repair	s, Insurance, ect.	\$	
Home Office – To be deductible	as an em	ployee mus	t have	e been required b	y emplo	yer if an employee.		
Area Used for Business - Square Footage			Sq/ft	Mortgage Interest		· · · ·	\$	
Total Area - Square Footage of Home			Sq/ft				\$	
Number of Days in Year Office was in H	Iome		-	Insurance – Home	owners/R	enters	\$	
Date of Using Room as Home Office		\$		Repair and Mainte	enance		\$	
Fair Market Value of Home with Home	Office	\$		Utilities Except W	ater per N	Ionth	\$	
Cost of Home with Home Office		\$		Rent Paid for Year	r		\$	
Improvement to Home Office		\$		Other Specify:			\$	
Land Value on Property Tax Statement		\$		Other Specify:			\$	
Building Value on Property Tax Stateme	nt	\$		Other Specify:			\$	

# What are adequate records according IRS Publication 463 Travel, Entertainment, Gift and Car Expenses?

You should keep the proof you need in an account book, diary, log, statement of expense, trip sheets, or similar record. You should also keep documentary evidence that, together with your record, will support each element of an expense. You generally must have documentary evidence, such as receipts, cancelled checks, or bills to support your expenses. Documentary evidence is not needed if your travel expense other than lodging is less than \$75 or you have a transportation expense for which a receipt is not readily available. Documentary evidence ordinarily will be considered adequate if it shows the amount, date, place, and essential character of the expense. You must generally provide a written statement of the business purpose of an expense. However, the degree of proof varies according to the circumstances in each case. If the business purpose of an expense is clear from the surrounding circumstances, then you do not need to give a written explanation. If you do not have complete records to prove an element of an expense, then you must prove the element with your own written or oral statements containing specific information about the element, and other supporting evidence that is sufficient to establish the element. If the element is the description of a gift, or the cost, time, place, or date of and expense, the supporting evidence must be either direct evidence or documentary evidence. Direct evidence can be written statements, or oral testimony of your guests or other witness setting forth detailed information about the element. Documentary evidence can be receipts, paid bills, or similar evidence. If the element is either the business relationship of your guests or the business purpose of the amount spent, the supporting evidence can be circumstantial rather than direct. For example, the nature of your work, such as making deliveries, provides circumstantial evidence of the use of your car for business purposes. Invoices of deliveries establish when you used the car for business. If you cannot produce a receipt because of reasons beyond your control, you can prove a deduction by reconstructing your records or expenses. Reasons beyond your control include fire, flood, and other casualties.

Tax Credits	IKCKE	W IAXES (	0/8) /9/-10	40 FAX (770) 795	-9799 W	WW.AIKCKEWI	AXES.CO	171		
			<b>I</b>	C	- 1.4					
Child and De	-			<b>—</b>						
Qualifying expense for ca					ction only	allowed for child	lren under	age 13.		
NOTE: Social Security N	1		-		<u> </u>		~ ~ ~ ~ ~			
Care Provider's Name	P	rovider's Ad	ldress and P	none Number	Provide	r's SS# or EIN	Child'	s Name	Paid	
									\$	
									\$	
									\$	
Other Tax C	rodit	C							\$	
Do you have a Qualified Mortgage Interest Credit Certificate issued by federal or state government?									Y or N	
Did you adopt a child this year?									Y or N	
Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2011?									Y or N	
Were you a first home buyer in the District of Columbia before 2012 and have a carryforward?									Y or N	
Did you have Alternative Motor Vehicle or Qualified Plug-In Electric Drive?									Y or N	
<b>Residential E</b>	~									
The nonbusiness energy credit has a lifetime limit of \$500.										
Did you claim residential energy credits on your 2006 through 2015 tax returns?									Y or N	
Did you install insulation, energy efficient windows, doors, skylights, heating and AC systems, water heaters, biomass										
stoves, metal or asphalt roofs in 2015? You must provide a copy of manufactures certificate and sales receipt.									Y or N	
Did you install alternative energy equipment, such as a solar hot water heater, geothermal heat pump or wind turbine? You must provide a copy of manufactures certificate and sales receipt.									X7 X7	
must provide a copy of	manufa	ctures certi	ficate and s	ales receipt.					Y or N	
<b>First Time H</b>	ome	<b>Buyer</b>	s Cred	lit Recapti	ıre					
Did you take the First Time Homebuyers Credit in 2008?									Y or N	
Additional Ta	ax P	avmen	ts Mac	le to Fede	ral or	• State			<u> </u>	
Include only Estimated T		•				State				
<i>.</i>	Quarterly Tax Payments Date Payment Made						e Amount Local Am			
First Quarter due 4/15/16		Suite I dynient Widde		\$		\$		\$		
Second Quarter due 6/15/16				\$				\$		
Third Quarter due 9/15/16				\$				\$		
Fourth Quarter due 1/15/17				\$			\$ \$			
Taxes Paid w	ith F	Extensi	ions to	Federal o	r Stat	te				
Federal Amount	\$		tate of	amount	1.	State of		amount	\$	
				amount	Ψ	State 01		_ uniount	ι Ψ	
State Tax Re	nter	s Creo	111							
If you paid rent in CA, I					with a ren	ters credit please	complete t	he followi	ng section,	
Minnesota residents prov	ide a co	py of your C	ertificate of	Rent Paid (CRP)						
Landlords' Name										
Landlords' Address										
Apartment Address			1							
Monthly Rent \$		Total Rent	Paid	5 Dates I	Rented					
State K-12 E	duca	tion C	redits	for AZ, <mark>I</mark> I	., IA,	& MN				
Nome of Statist	Casil	Denser	Name of School		Adrees			C4	7:	
Name of Student	Grade	Expenses	Nan	ie of School		Address		State	Zip Code	
		\$								
		\$								