2010 AIRCREW TAXES FLIGHT ATTENDANT TAX RETURN ORGANIZER

All Clients MUST Sign Below

I have retained Aircrew Taxes to prepare my 2010 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.)

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Taxpaver Signature	Spouse Signature	Date
i anpayor bigilataro_	Spouse Signature	Dutc

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 may be additional fees to return the documents to you.

General Instructions:

- 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 years clients send short checklist that we e-mailed to you back to Aircrew Taxes checking off items included.
- 2) Make payment with credit card, check, or authorized deduction from your refund.
- 3) Aircrew Taxes will contact you to resolve any questions and discuss possible deductions and tax strategies and then we will e-mail the return to you for review.
- 4) Contact Aircrew Taxes with any changes to your tax return.
- 5) Aircrew Taxes e-mails completed tax return with E-file authorization form to you.
- 6) Fax signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

Please Note:

- 1) New Clients may send tax returns from up to three previous tax years for a missed deductions review.
- 2) Send copy of tax documents as listed in the tax organizer, no originals please. Keep your receipts for your own records.
- 3) If you have a **small business**, please download and complete the worksheet from the small business tab on the website. Send all business related 1099 income statements designated as income for the business.
- 4) If you have **rental real estate**, please download and complete the worksheet from the rental real estate tab on the website. Send any 1099 income statements and 1098 mortgage interest statements designated as income and mortgage interest for rentals.

Tax Documents Required to Complete Accurate Return

Tax Documents Required to Complete Accurate Return	
Copy of all W-2s from all Employers	
Copy of 1099-INT for Interest and 1099-DIV for Dividends	
Copy of 1099-B Proceeds from Broker and Barter Exchange Transactions	
Copy of Tax Reporting Statements from Brokers	
Copy of 1099-G from State Income Tax Refund and 1099-G for State Unemployment	
Copy of 1099-R from IRA, Pensions, and 401(k) distributions and rollovers	
Copy of K-1 Statements form Rental Real Estate, Royalties, Partnerships, S-Corps	
Copy of 1099's form Unemployment Compensation	
Copy of SSA 1099 and RRB 1099 from social security benefits	
Copy of 1099-MISC for other income, may need to fill out business worksheet	
Copy of 1098-E for Student Loan Interest and 1098-T Tuition	
Copy of 1098 Mortgage Interest Statement with Real Estate Taxes	
Copy of 1098-C for Contribution of motor vehicles	
Copy of Closing Statement if Purchased or Refinanced a Home	
Copy of December 31 Pay Stub to Complete Non-taxable Per Diem Deductions	

Office (770) 884-7565 Cell (678) 332-6905 Fax (770) 795-9799

Fax or E-mail Organizer to <u>aircrewtaxes@yahoo.com</u>

www.aircrewtaxes.com

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Per	sonal In	format	ion (I	Please Pri	nt Clearly	·)					
					Taxpaye	er			Spouse		
Last N	ame (According t	o SS card)									
First N	lame										
Middle	e Initial										
Social	Security Number	er									
Occup	ation										
Date o	f Birth (mm/dd/	уууу)									
E-Mai	l Address										
Work											
Cell Pl											
Home											
Fax N											
		your current	state resid	ency wher	e you pay	tax for this ta	x year and	the address on yo		tax retur	n.
Addre	SS								Apt. #		
City						State			ZIP		
Fed	leral Fili	ng Stat	tus (C	heck Box	of Filing S	Status)					
	1 Single										
	2 Married Fili	ing Jointly									
	3 Married Fili		s Snou	se Name				Spouse Soc Sec #	<u> </u>		
		O 1	-					Did your spouse ite			
	4 Head of Hou	isehold: If s	someone e	lse is usin				l child please fill or	ut below i	f claiming	g status.
Name:						Social Security					
Relatio	-					Number montl		•			
	5 Qualifying V	Vidow				Spouse's Date	of Death				
If you Earne		oetween 19 : it. If your d	and 23, th	ey must b	e a full-tii	me student fo	r at least	rity card) 5 months during provide form 8832			
	st Name	Last Name	MI	S	SN	Relationship	Date of E	irth # Mos at Hon	ne Care	Expenses	Student
							/	/			Y or N
							/	/			Y or N
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T:1 C	ctronic F	Filing a	nd D	irect]	Depos	sit/ Witl	/	val Inforn	natio	n	Y or N
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Use di Accou Routin Would Do you	deral return electrect deposit for the trype? Circlett Number? I you like to pay to owe back taxes.	tronically? ax refund? One y your tax p	Checking reparatio	or	Y or N Y or N Saving of the ref Y or N	File state r Use electron Name of E Account N Fund? There Do you ha	return electronic fund Bank? Sumber? is a small ave deling	wal Information and the stronically? s withdrawal for bath the stronically? bank charge for the student loans?	llance due	??	Y or N
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AIRCREW TAXES (770) 884-7565 FAX (770) 795-9799 WWW.AIRCREWTAXES.COM

YES		ant Questions	
	NO	Please Answer All Questions.	Amoun
		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?	
		Economic Stimulus Rebate	
		Did you receive an economic stimulus check	
		Were you entitled to an economic stimulus check that was used by the IRS to offset past tax or other bill	

AIRC	CREW TAX	XES (770	9) 88 4-	7565 FAX	K (770	0) 795-97	99 WWI	V.AIRCE	REWTAXI	ES.COM	1	
Interest Income												
Not required if providing al												
Owner SS#	Bank/In	stitution		Box l	Numb	pers and A	Amounts	in each B	ox from e	ach sepa	arate 109	9-INT
Dividend Incom		** ** * * *		1000 D.I			,					
Not required if providing a			end or					'	C	1		O DIV
Owner SS#	Insti	tution		Box Numbers and Amounts in each Box from each separate 1099-DIV								
C4l 0 Dd-	. 0.11											
Stocks & Bonds												
Transactions and year-end l					rcha							
Description and Quanti	ity	Da	te Acq	uired		Date So	old		Price Les			hase Price
				/		/	/2010	_	nmissions		lus Com	missions
			/	/		/	/2010	\$		\$		
			/	/		/	/2010	\$		\$		
			/	/		/	/2010	\$		\$		
			/	/		/	/2010	\$		\$		
			/	/		/	/2010	\$				
			/		1	/		<u> </u>		\$		
State Income Ta	ax Re	fund	s ar	ıd Un	em	ıploy	ment	t Con	npens	satio	n	
Not required if providing 10	099-Gs and	d/or 1099	9-G fo	r unemplo	oyme	nt benefi	its.		-			
State Refunds Received in 20	10 (this tax	(year)	State			Amount	\$	Sta	ate		Amount	\$
Additional State Tax paid in 2	2010 when	filed	State			Amount	\$	Sta	ate		Amount	\$
Did you itemize last year?			Taxp	Ť			or N		ouse			or N
State Unemployment Comper		eived	State			Amount		Sta			Amount	\$
State Unemployment Benefits			State			Amount	\$	Sta	ate		Amount	\$
Alimony Receiv	ed											
Taxpayer Amount			\$				Spot	ise Amou	ınt		\$	
	\(\bar{1}\)	and		muiti	00]	Diatr	ihuti	one e	nd D	مالم	ZONG	
IRA, Pension, 4	` '											
Not required if providing al	ll 1099-K s	<u>tatemen</u>										
Taxpayer or Spouse Name of payer institution			1	or S Distr	10ut10	on #1	1 or S	Distribu	uon #2	1 or	S Distrib	oution #3
Gross distribution from 1099-	-R hov 1											
Reason for distribution	N OUA I											
Amount of Rollover												
Name of receiving institution												
Type of account (401k, IRA,		oth)										
Social Security			nd 4	Othor	·In	COM	Δ.			1		
•					111	icom	E					
Not required if providing SS	5A 10998 3	anu KKI	D 1099	S.					Taxp	oayer	S	pouse
Amounts for Social Security I	Benefits								\$		\$	•
Amounts for Railroad Benefit									\$		\$	
									Φ.		Φ.	
Amounts for 1099 MISC not : Amounts for 1099 MISC not :									\$		\$	

Educator Expenses Un-reimbursed amounts spent on books, supplies, and mate						
Un-reimbursed amounts spent on books, supplies, and mate						
	erials used in the				le teacher.	
Taxpayer Amount \$		Spouse Amou	ınt	\$		
Moving Expenses						
Only job related moves are deductible. Meals are NOT ded	luctible.					
Old Primary Residence Old Work (BA			Transpor	ation Expense	e \$	
New Primary Residence New Work (B	ASE)		Storage E	Expense	\$	
Miles from Old HOME to New BASE Date Moved		/ /2010	Travel Ex		\$	
Miles from Old HOME to Old BASE Mileage Drive	en During Move		Lodging	Expense	\$	
Self-Employed Contributions to S	SEP, SIM	PLE and	l Qua	lified Pl	ans	
Type of Plan		Caxpayer Amour		Spouse A		
Money Purchase Plan	\$	1 4	\$	•		
Profit Sharing Plan	\$		\$			
Defined Benefit Plan	\$		\$			
SEP Plan	\$		\$			
SIMPLE Plan	\$		\$	\$		
Individual 401(k) Plan	\$					
Roth 401(k) Plan	\$		\$			
Alimony Paid						
Recipients Social Security Number		Amount Paid	\$			
Recipients Social Security Number		Amount Paid	\$			
Traditional And Roth IRA Contr	ibutions					
	Tax	kpayer		Spouse	,	
Traditional IRA Contribution Amount Made this tax year	\$		\$			
Roth IRA Contribution Amount Made this tax year	\$		\$			
Non-Deductible IRA	\$		\$			
Education Savings Accounts						
List contributions made on or before 12/31/10		S	tudent Nar	ne	Amount	
Excess Contributions to Coverdell Education Plan (amounts in	excess of \$2,000)				\$	
Contributions to State Prepaid tuition Program State Plan N	lame				\$	
Contributions to State College Savings 529 Plan State Plan N	lame				\$	
Student Loan Interest Deduction	4.4.4.1 b.1					
Not required if providing 1098-E. If additional expense list		kpayer		Spouse		
Qualified Student Loan Interest Paid in 2010	\$	храусі	\$	Spouse	·	
	•	a4 : a -	_ μΨ			
Educational Deduction and Cred	it imform:	ation				
Please provide 1098-T and complete form below. You may claim qualified expenses and fees for yourself, your		, , , , , , , , , , , , , , , , , , , ,			D. I. ii	

You may claim qualified expenses and fees for yourself, your spouse, and your dependent children as Tuition and Fees Deduction or the Hope Credit and Lifetime Learning Credit. You must file a joint return if married. Charges and fees associated with room, board, student activities, insurance, books, transportation, and living expense are not deductible. For the Lifetime Learning Credit you may be taking as little as one course, and can be taking it to improve or acquire job skills rather than obtaining a degree. You can only obtain the deduction or credit for the same student.

Provide 1098T	Stud	lent 1	Student 2		
Name of Student					
Name of School and City and State where located					
Amount of Qualified Expenses? 529 Plan Amount Withdrawn	\$	\$	\$	3	
Year in College and was student at least halftime?	1 st 2 nd 3 rd 4 th Gra	ad, Yes or No	1 st 2 nd 3 rd 4 th Gra	d, Yes or No	
Was hope Credit Claimed in 2009 or 2008	2009 Y or N	2008 Y or N	2009 Y or N	2008 Y or N	

		AAI	ES (770) C		7303 FAA	(110)	773	1 - 9/99	W.AIRCREWTA	AAES.COM		
	al Expenses											
	ide amounts paid by ins	urai	nce or fro	m F		endin	_					1.
Prescriptions					\$		_		pment and Supp			\$
	ance Premiums – After T	ax			\$		_		el –Number of	Miles		Φ.
	Care Insurance				\$		_	Medical Lodg				\$
	sician/Dentist/Chiropract	or			\$		Lasik and Radial Kerotonomy				\$	
	pital and Clinics				\$		Other – Including COBRA or Specify: Other				\$	
Lab and X-ra	<u>, </u>				\$		_					\$
Long Term (\$ \$		_	Other				\$ \$
Eyeglasses a					3			Other				1 2
Taxes	Paid											
Real estate ta	axes on Principal Resider	ice			\$		P	ersonal Prop	perty Tax (Car T	ag or Advalorei	m Fee)	\$
	axes on Second Home or	Lan	nd		\$		_		perty Tax (boat o			\$
	axes on Vacation Home		i		\$		S	ales Tax on	Motor Vehicle of	or Boat		\$
	2010 New Motor Vehicle Tax Deduction Description of					cle						1
Date Purchas	sed	Pur	rchase Pri	ce	\$		S	ales Tax Pai	d			\$
Homeo	owner Mortga	age	e Inte	re	est and	l Po	oir	its Info	ormation	1		
	d if providing all 1098 N	_									or refir	nanced.
	of the closing statement.										or regu	
	tgage interest Lender				\$				rtgage Insurance			\$
Primary mortgage interest Lender				\$		_	-	your home in 20			Y or N	
Equity line loan Lender					_ \$		N	Number of ye	ears lived in hom	e before selling	g?	
Second mort	gage Lender_				_ \$		Г	oid you purcl	hase your home in 2010?			Y or N
	ome mortgage Lender_				\$		Γ	Did you refin	nance your home in 2010?			Y or N
Origination of	or Discount Points				\$		N	Number of ye	ears you refinanc	ed?		
Charit	able Contrib	nti	ions									
	have an acknowledgem			σle	cash contr	·ihutia	on is	over \$250	If you donated	any househole	d goods	nlesse
	value and include the r											
Cash	Donee Name:		· 1114 1140	\$	9 01 1110 011			nee Name:	· · · · · · · · · · · · · · · · · · ·		\$,,,,
Donations	Donee Name:			\$			Travel for Charitable Purposes					
Vehicle	Vehicle Donated to:					Date of Vehicle Donation					Ψ	Miles
Donations	FMV under \$500	\$						vel for Char			Ψ	Miles
	Purchase Date	4		\$			Dat	vel for Char e of Vehicle	Donation		Ψ	Miles
Non-Cash							Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle	\$	Ψ	Miles
1 ton-Cash	I Name of Charity						Dat Ma	vel for Char e of Vehicle	Donation f Vehicle	\$	Ψ	Miles
Donations	Name of Charity Address of Charity						Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle	\$	Ψ	Miles
Donations	Address of Charity						Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle	\$	Ψ	Miles
Donations Must	Address of Charity City, State, Zip						Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle	\$	Ψ	Miles
	Address of Charity City, State, Zip Donation Description				2/	010	Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle use Price	\$	Ψ	
Must complete all items	Address of Charity City, State, Zip Donation Description Date of Donation				20	010	Dat Ma	vel for Char e of Vehicle ke & Year o	Donation f Vehicle	\$	Ψ	Miles 2010
Must complete all items for	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired	Pu	rchase Gi	ft Cı			Dat Ma Ori	vel for Char e of Vehicle ke & Year o ginal Purcha	Donation f Vehicle use Price	\$ Purchase Gift		2010
Must complete all items for Donation	Address of Charity City, State, Zip Donation Description Date of Donation	Pu:	rchase Gi	ft Cı	20 reated Bequ		Dat Ma Ori	vel for Char e of Vehicle ke & Year o ginal Purcha	Donation f Vehicle use Price			2010
Must complete all items for Donation Value over	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired	_	rchase Gi	ft Cı			Dat Ma Ori	vel for Char e of Vehicle ke & Year o ginal Purcha	Donation f Vehicle use Price	Purchase Gift		2010
Must complete all items for Donation	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost	\$ \$				uest	Date Man Ori	vel for Char e of Vehicle ke & Year o ginal Purcha	Donation f Vehicle use Price	Purchase Gift	Created	2010 d Bequest
Must complete all items for Donation Value over \$500	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued	\$ \$ Th	rift Repla		reated Bequ	uest	Date Man Ori	vel for Char e of Vehicle ke & Year o ginal Purcha	2010 Created Bequest	Purchase Gift \$	Created	2010 d Bequest
Must complete all items for Donation Value over \$500	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued ty/Theft & L	\$ \$ Th	rift Repla		reated Bequent Equal s	uest	Pur \$ \$ Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C	2010 Created Bequest	Purchase Gift \$ \$ Thrift Replace	Created	2010 I Bequest
Must complete all items for Donation Value over \$500	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued	\$ \$ Th	rift Repla S Date	cem	reated Bequent Equal s	uest sale	Pur \$ \$ Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C	2010 Created Bequest ment Equal sale Value Before	Purchase Gift \$ \$ Thrift Replace	Created ement E	2010 d Bequest equal sale
Must complete all items for Donation Value over \$500	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued ty/Theft & L	\$ \$ Th	rift Repla	cem	reated Bequent Equal s	uest sale	Pur \$ \$ Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C	2010 Created Bequest Page 10 September 10	Purchase Gift \$ \$ Thrift Replace Value After Event	Created ement E Insu Reimb	2010 I Bequest
Must complete all items for Donation Value over \$500 Casual Descrip	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued Lty/Theft & L tion of Casualty Event	\$ \$ Th	rift Repla S Date Of Ever	cem	reated Bequent Equal s	uest sale	Pur \$ \$ Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C	2010 Created Bequest ment Equal sale Value Before	Purchase Gift \$ \$ Thrift Replace	Created ement E	2010 d Bequest equal sale
Must complete all items for Donation Value over \$500 Casual Descrip	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued Ity/Theft & L tion of Casualty Event	\$ \$ Th	rift Repla S Date Of Ever	nt	reated Bequent Equal s	sale tion of	Pur \$ S Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C ift Replacen Date Acquired	2010 Created Bequest Parent Equal sale Value Before Event \$	Purchase Gift \$ \$ Thrift Replace Value After Event	Created ement E Insu Reimb	2010 d Bequest equal sale urance ursement
Must complete all items for Donation Value over \$500 Casual Descrip Miscel Tax Prep Fee	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued Ity/Theft & L tion of Casualty Event laneous Experiments es Paid in 2010	\$ STh	rift Repla S Date Of Ever	nt \$	reated Bequent Equal s	sale tion of erty	Pur \$ Thr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C rift Replacen Date Acquired	2010 Created Bequest Parent Equal sale Value Before Event \$ t Interest Paid	Purchase Gift \$ \$ Thrift Replace Value After Event \$	Created Ement E Insu Reimb	2010 d Bequest equal sale urance ursement
Must complete all items for Donation Value over \$500 Casual Descrip Miscel Tax Prep Fee Tax Prep So	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued ty/Theft & L tion of Casualty Event laneous Expe es Paid in 2010 ftware/Books/Publication	S Th OS	Parift Repla S Date Of Ever	s \$	reated Bequent Equal s	sale tion of erty Marg	Pur \$ SThr	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C ift Replacen Date Acquired	2010 Created Bequest Value Before Event \$ t Interest Paid Accounting Fee	Purchase Gift \$ \$ Thrift Replace Value After Event \$	Created Insu Reimb \$	2010 d Bequest equal sale urance ursement
Must complete all items for Donation Value over \$500 Casual Descrip Miscel Tax Prep Fee Tax Prep So	Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Fair Market Value How Valued Ity/Theft & L tion of Casualty Event Laneous Experiments Laneous Experiments Laneous Faid in 2010 Estware/Books/Publication Estimate Total Cost Ling/Fed Ex Fees Paid in	S Th OS	Parift Repla S Date Of Ever	nt \$	reated Bequent Equal s	sale tion of erty Marg Certa	Pur \$ \$ Thr f Dep	vel for Char e of Vehicle ke & Year o ginal Purcha chase Gift C rift Replacen Date Acquired	2010 Created Bequest Value Before Event \$ t Interest Paid Accounting Feental.	Purchase Gift \$ \$ Thrift Replace Value After Event \$	Created Ement E Insu Reimb	2010 d Bequest qual sale urance ursement

Other Job Expense	s/W-	2 Non-A	Air	line Emp	loye	ee Deductions		
If you have another job or your spo					_		elow.	
Union Dues and Professional Dues	\$	Meals and I	Entert	ainment Expense	\$	Other	\$	
Professional Subscriptions	\$	Office Supp	olies	-	\$	Other	\$	
Uniform and Protective Clothing	\$	Office Equi	ipmen	t	\$	Other	\$	
Job Search Costs	\$	Licenses			\$	Other	\$	
Local Parking Fees and Transportation	\$	Telephone (Calls		\$	Other	\$	
Travel Expense Lodging	\$	Cell Phone			\$	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 2010) is 50 cents p	er m	ile.				
Year & Make and Model Vehicle				Do you have evidence to support the deduction?				
Date First Used for Business			Is this evidence written?					No
Type of Vehicle: Car, Van, Truck			Is an	Is another vehicle available for personal use?				
Total Mileage			Was	Was the vehicle available for personal use during off duty hours?				No
Business Mileage			Was	Was the vehicle leased?			Yes or	No
Commuting Mileage			Was	the vehicle used for	r hire?		Yes or	No
Personal Mileage			Actu	al Expenses: Gas, O	Dil, Rep	airs, Insurance, ect.	\$	
Home Office – To be deductible	must ha	ve been regu	ired	by employer.			•	
Area Used for Business - Square Footage			Sq/ft				\$	
Total Area - Square Footage of Home		S	Sq/ft	6.6			\$	
Number of Days in Year Office was in H	Iome		•	Insurance – Home	eowners	/Renters	\$	
Date of Using Room as Home Office		\$		Repair and Maint	enance		\$	
Fair Market Value of Home with Home (Office	\$		Utilities Except W	Vater pe	r Month	\$	
Cost of Home with Home Office		\$		Rent Paid for Yea			\$	
Improvement to Home Office		\$		Other Specify:			\$	
Land Value on Property Tax Statement		\$		Other Specify:			\$	
Building Value on Property Tax Statemen	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 statement of expense, 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 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 the detail information about the element. Documentary evidence can be receipts, paid bills, or similar evidence.

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 Pilots – If both you and your spouse fly, use an additional Professional Deduction sheet. DO NOT combine expenses on this form! AIRLINE EMPLOYEED BY

on this form! AIRLINE EMPLOYEED BY		Y	BA	BASE DOMICILED			
Union Dues	\$	Luggage	\$	Computer Paper	\$		
Union Initiation Fee	\$	Luggage Wheels	\$	Software	\$		
Union Assessments	\$	Luggage Repairs	\$	Bid Service Fees	\$		
TOTAL UNION DUES		Garment Bag	\$	Bid Mailing Fees	\$		
Professional Subscriptions	\$	Flight Bag	\$	Mobile Flica Fees	\$		
Trade Publications	\$	Lunch Bag	\$	Internet Access Fees	\$		
Organizational Dues	\$	Airline Luggage Tags	\$	Mobile Internet Access Fees	\$		
TOTAL SUBSCRIPTIONS		Jet Bridge/Jet Way Keys	\$	Internet Long Distance Fees	\$		
Uniform Payroll Deduction	\$	Cockpit Keys	\$	Computer Usage Fees (PC FOS)	\$		
Uniform Alterations	\$	Personal Organizer	\$	Company Mailing Expense	\$		
Uniform Dress/Skirt	\$	Flashlight	\$	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 Smoke Detector	\$	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	4		
Job Search Publications	\$	TOTAL PASSPORT	Ψ	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	Ψ	Printer Toner/Ink Cartridges	\$	TOTAL OVERNIGHT TRAVEL	φ		
TOTAL JOB SEARCH		Trince Toller/lik Carulages	φ	TOTAL OVERMONT TRAVEL			

Situational Flight Atte		,			ions	<i>)</i> [<u>//</u> 1	
				Deduct	10113		
Co-Terminal Multi-Airport If you fly out of more than one airport,		-		auta ia daduat	:hla		
Three Letter Airport Code		hber of Round Trips			Cost Per Round Trip		\$
Three Letter Airport Code		ber of Round Trips		Cost Per Round Trip			\$
					ost rer round riip		Ψ
Training Expenses (Expenses in	icurrea j	for training must				<u> </u>	
Number of Days in Training	Φ.		Three Letter Code of Training City Phone Expense During Training			Φ.	
Hotel/Housing Expense During Training	\$					\$	
Transportation Expense During Training	\$ \$		_		and Ammunition	\$	
Upgrade Training Expenses				ting Expenses		\$	
Union and Company Busine	ess Tra	avel Expens	es				
Commuting expenses to your base for trips are	e NOT de	ductible. However,				meetings ar	re deductible
Hotel Expense	\$		_	d Entertainment	Expense	\$	
Transportation Expense	\$		Other Co	osts:	\$		
Temporary Duty Expenses							
Number of Days during the tax year on TDY			Three Lette	r City Code for	Location of TDY		
Hotel/Housing Expense for TDY	\$		Amount of per diem paid during your TDY				
Transportation Expense during TDY	\$		Meal Exper	nse during TDY	\$	\$	
Commuter Pad Moving Exp	enses						
If you had a base change commuter pad n			ctible				
Old Primary Residence	Old	d Work (BASE)			Transportation Ex	kpense	\$
New Primary Residence	Ne	w Work (BASE)			Storage Expense		\$
Miles from Old HOME to New BASE	Da	te Moved	•	/ /2010	Travel Expense		\$
Miles from Old HOME to Old BASE	Mi	leage Driven During	g Move		Lodging Expense		\$
National Guard / Military R	eserv	e Duty					
If your reserve military base is not in the		•	airline has	e all unreimhi	irsed expenses in tr	aveling to	/from and
while on duty at the military base during				c, an uniciliot	irsed expenses in tr	avening to	/ II OIII aiid
Number of nights spent at Post	icsci ve c	in are deduction		r City Code for	Location of Post		
Hotel/Housing Expense not reimbursed		\$		he total per dien		\$	
Transportation Expense not reimbursed		\$	Meal Exper		i paiu:	\$	
Phone Expense while on duty		\$	Other Expe			\$	
		\$			/from / ot most	\$	
Utility Expense not reimbursed		Ф	Commuting	g miles driven to	/ from / at post	1.9	
Entertainment Expense							
If you discuss company business or union new	vs while o	on a layover costs du	aring this bus	siness discussion	are deductible. The	expenses o	f your

If you discuss company business or union news while on a layover costs during this business discussion are deductible. The expenses of your activities associated with this discussion are deductible including meals. You must have a receipt with time, date, subject of discussion and persons present. Qualifying items may include, Museums, Tours, and Broadway Shows etc. as long as you had a bona fide discussion of company or union business. Enter your yearly Entertainment Expense while discussing company business:

\$_______

AIRCREW TAXES (770) 884-7565 FAX (770) 795-9799 WWW.AIRCREWTAXES.COM

Per Diem	Deduction Information				
	an excess per diem deduction for				
	r situation based on the answers y				
	ys flown and subtract day lines (d				
Per Diem	Paid: Nontaxable Per Diem Pamount in box 12 of yo			ar or call your employer or enter have this number!	\$
Did your trip	s leave in the morning and r	eturn at night?			
Did you fly i	nternational trips, domestic	trips or both du	ring the tax ye	ear?	
Per Diem	Deduction Method Sele	ection			
If you do not	the actual amount spent on mea	als then you must			
•	in boxes for all for all methods		-	· ·	•
	generate the highest deduction				tion from another
	ever we may still may be able to			nplete the boxes below.	
	–2010 Actual Meal Ex				
	penses, what did you spend on meals				\$
with receipts or deach amount doe	locumented in your logbook. According not exceed \$75	ing to the IRS you m	ay document each	amount in your log book as long as	7
		m Mothod			
	—2010 Total Days Flow		tal davia flavom ai	nd subtract day lines (day tring y	ithout a hotal stary)
	flown whether domestic or internet number of nights in a hotel.	ational add the to	tai days nown a	nd subtract day lines (day trips w	nnout a noter stay).
	cic days flown 2010		Total intern	national days flown 2010	
	—2010 Trip Length Me	thad	1 Ottal litterin	actional days from 2010	
Method 3-	Trip Length	Number		Trip Length	Number
2 Day Trips	Trip Lengui	rumoci	6 Day Trips	Trip Length	rumoer
3 Day Trips			7 Day Trips		
4 Day Trips			8 Day Trips		
5 Day Trips			Other Number	of Days Trips	
account for the In order to ma nights but it is trip with four	ld contain the total days for each total days flown not just nights ke this calculation we must counced as a four days. If you lovernights in JFK. This same raday trip first night in ATL see	s. The deduction nt your last layov had a four day tri ule applies to thro	is based on day er city on a trip p with three ov ee day trips, two	s worked that requires rest awa twice. A four day trip only has ernights in JFK, then you would day trips etc.	y from your base. three layover I account for this
One day in Atl	anta/Georgia/ATL		Two davs in Ne	w York/New York/JFK	
# of Days	Location/City Name and Thre		# of Days	Location/City Name and Thre	e Letter ID
	-		<u> </u>	-	

\boldsymbol{A}	IRCREW TAX	ES (770) 884-7	7565 FAX (770) 79	5-9799 WV	WW.AIRCRE	WTAXES.	COM	
Child Care Expense for care			ook for work. Ded	uction only	allowed for c	hildren und	ler age 13.	
NOTE: Social Security N								
Care Provider's Name		Provider's A	ddress	Prov	vider's No.	Child	's Name	Amount
								\$
								\$
								\$
								\$
Other Tax Cr	edits							
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 2010?								Y or N
Are you a first home buyer in the District of Columbia?								Y or N
Did you use alcohol or ethanol as fuel in your vehicle								Y or N
Residential E	nergy C	redits						
Did you install insulation,			ors, skylights, heati	ng and AC	systems, wate	r heaters, b	iomass	
stoves, metal or asphalt roofs in 2010? 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.								Y or N
Home Buyers	Credit							
Did you purchase your main home in the United States in 2010? If yes, a copy of your closing statement is required.								Y or N
Did you enter into a bindng contract before May 1 to close on a new home before July 1, 2010?								Y or N
Did you close on this home before October 1, 2010?								Y or N
Did you live your previou date?	s home for any	five-consecutiv	ve years during the	eight-year p	period that end	ded on the	purchase	Y or N
Did you take the First Tin	ne Hombuvers C	Credit in 2008?						Y or N
Additional Ta	•			ral or	State			<u> </u>
Quarterly Tax Payment		yment Made	Federal Amount		State Amount		Local Amount	
First Quarter due 4/15/10)	\$		\$		\$	
Second Quarter due 6/15/	10		\$		\$		\$	
Third Quarter due 9/15/10			\$		\$		\$	
Fourth Quarter due 1/15/1			\$		\$		\$	
Taxes Paid w		nsions to	<u> </u>	r Stat	te			
Federal Amount	\$	State of	amour	1	State of _		amount	\$
State Tax Rei			amou	Ψ	Built of _		unount	ΙΨ
If you paid rent in CA, IN			other state in 2010	with a ren	ters credit pla	ase comple	te the followi	ng section
Minnesota residents provi				with a reli	icis cicuit pie	ase comple	te the followi	ng section,
Landlords Name	ar a copy or yo	ar commodic (Tion run (Cid)					
Landlords Address								
Apartment Address								
Manufal David	Tr. / 1 r	D(D	ф Б	D 1				

Dates Rented

Monthly Rent

Total Rent Paid

\$