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

2013 AIRCREW TAXES FLIGHT ATTENDANT TAX RETURN ORGANIZER

All Clients MUST Sign Below

I have retained Aircrew Taxes to prepare my 2013 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 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 will e-mail 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.

IRS NOW REOUIRES US TO FILE ELECTONICALLY CALL IF YOU WISH TO FILE BY PAPER

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, 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 Final Year Pay Stub or 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 aircrewtaxes@yahoo.com

www.aircrewtaxes.com

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Personal Informat	tion (Pl	ease Prin	t Clearly)								
			Taxpayer					Spc	ouse		
Last Name (According to SS card)											
First Name											
Middle Initial											
Social Security Number											
Occupation											
Date of Birth (mm/dd/yyyy)											
E-Mail Address											
Work Phone											
Cell Phone Home Phone											
Fax Number											
Tax Address: This is your current	stata rasida	nov whore	NOU DOV to	y for this to	v voor	and the a	ddrass on	your for	loral t	ov rotur	2
Address	. state reside	licy where	e you pay ta		ix year a	and the a		Apt		ax return	1.
City			Sta	ate				ZIP			
Federal Filing Sta	tue (or	1.D						211			
1 Single	ius (Ch	eck Box (of Filing St	atus)							
2 Married Filing Jointly											
	~ ~					~	~ ~				
3 Married Filing Separat	-	e Name				-	ise Soc Sec				
If MFS , Did you live apart from y	our spouse d	luring the	last 6 mont	ths of 2013	?(Y or N	I) Did yo	our spouse	itemize	dedu	ctions?(Y or N)
4 Head of Household: If	someone els	e is using	the exemp	tion for you	r custo	lial child	please fill	out bel	ow if	claiming	g status.
Name:			Sc	cial Securit	y #:						
Relationship:			Nu	umber mont	hs lived	l with yo	u:				
5 Qualifying Widow			Sp	ouse's Date	e of Dea	ıth					
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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

'ES	NO	Please Answer All Questions.	Amount
		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?	
		Other Information You Believe We May Need	

Interest Income Not required if providing all 1099-INT interest statements. Bank/Institution Box Numbers and Amounts in each Box from each separate 1099-INT Owner SS# **Dividend Income** Not required if providing all 1099-DIV dividend or 1099-B broker statements Owner SS# Institution Box Numbers and Amounts in each Box from each separate 1099-DIV Stocks & Bonds Sold Required even if providing 1099-B Proceeds From Broker and Barter Exchange Transactions and year-end broker statements. Must have purchase date, cost, sales date and sales proceeds for each sales. Stock Name or Description Date Sold Date Acquired Sales Price Cost Plus Fees /2013 \$ \$ / / / \$ \$ / /2013 / \$ \$ / /2013 / \$ / /2013 / \$ / /2013/ \$ \$ /2013 \$ \$ State Income Tax Refunds and Unemployment Compensation Not required if providing 1099-Gs and/or 1099-G for unemployment benefits. State Refunds Received in 2013 (this tax year) State Amount \$ State Amount \$ Amount \$ Additional State Tax paid in 2013 when filed State State Amount \$ Did you itemize last year? Taxpayer Y or N Spouse Y or N State Unemployment Compensation Received Amount \$ \$ State State Amount State Unemployment Benefits Repaid State Amount \$ State Amount \$ Alimonv Received Taxpayer Amount \$ Spouse Amount \$ IRA, Pension, 401(k), and Annuities Distributions and Rollovers Not required if providing all 1099-R statements for distributions and rollovers. Circle T or S for taxpayer or spouse. Taxpayer or Spouse T or S Distribution #1 T or S Distribution #2 T or S 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, Pension, Roth) **Social Security Benefits and Other Income** Not required if providing SSA 1099s and RRB 1099s and 1099MISCs. Taxpayer Spouse Amounts for Social Security Benefits \$ \$ Amounts for Railroad Benefits \$ \$ Amounts for 1099 MISC not requiring Schedule C for business income \$ \$ Amounts for 1099 MISC not requiring Schedule C for business income \$ \$

Educator Expenses

Un-reimbursed amounts		cunnli	ies and mater	rials use	d in the	elassroom by k	indera	arten to 12 th grad	e teacher
Taxpayer Amo	_	suppi	ies, and mater	lais use	u in the	Spouse Amo			e teacher.
1 2		Ŷ				Spouse Timo		Ψ	
Health Saving									
Provide Forms 5498-SA a		A if app							
Type of high deductible pla			Self Only or I	-		in high deduct	-		
Plan in effect for December	r?		Y or N		Total H	SA contributio	ns to yo	ur account	\$
Total Employer HSA contr	ibutions		\$		Total H	SA distribution	is		\$
Total payroll deduction HS	A contributions	3	\$		Total u	nreimbursed qu	alified r	nedical expenses	\$
Moving Evnor	COC								•
Moving Exper									
Only job related moves an	re deductible.			1	Mileage	rate for 2013			
Old Primary Residence			Old Work (BA	,				portation Expense	\$
New Primary Residence			New Work (BA	ASE)				ge Expense	\$
Miles from Old HOME to I			Date Moved			/ /2013		l Expense	\$
Miles from Old HOME to			Mileage Driver					ng Expense	\$
Self-Employed	l Contri	buti	ons to S	EP.	SIM	PLE and	d Ou	alified Pla	ans
	Type of Plan			- 7		axpayer Amou		Spouse A	
Money Purchase Plan	Type of Than	•			\$	unpuyer / mou		\$	mount
Profit Sharing Plan					\$			\$	
Defined Benefit Plan					\$			\$	
SEP Plan					\$			\$	
SIMPLE Plan					\$			\$	
Individual 401(k) Plan					\$			\$	
Roth 401(k) Plan					\$			\$	
Alimony Paid									
Recipients Name			Recipier	nts SS#				Amount Paid	\$
Recipients Name			Recipier					Amount Paid	\$
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Traditional A	la Koui	IKA	Contr	ibuu					
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Traditional IRA Contributi				\$			\$		
Roth IRA Contribution Am	ount Made by	4/15/14		\$			\$		
Non-Deductible IRA				\$			\$		
Education Sav	vings Ac	cour	nts						
List contributions made on	_						Student I	Name	Amount
Excess Contributions to Co			(amounts in e	excess of	\$2,000)		///////////////////////////////////////	luine	\$
Contributions to State Prep			State Plan Na		\$2,000)				\$
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Student Loan	Interest	and	Educa	tiona	I De	duction	and	Credits	
Provide all 1098-Es for st							lition a	nd fees. For a con	nplete list
of education expenses plea	-								
You may claim qualified e									
the American Opportunity									
Credit you may be taking a	a little og one or		nd can be takir	ng it to ir			alls rath	er than obtaining a	
					Stuc	lent 1		Student 2	L
Provide All 1	1098-Ts and 10	98-Es			2.000				
Provide All 1 Name of Student	1098-Ts and 10								
Provide All 1 Name of Student Name of School and City a	1098-Ts and 10			¢					
Provide All 1 Name of Student Name of School and City a Tuition Paid in 2013	1098-Ts and 10	located		\$ 1 st 2 nd 2		d Vacan'	\$ 1 st	and ard the second	ing an N
Provide All 1 Name of Student Name of School and City a Tuition Paid in 2013 Year in College and was st	1098-Ts and 10 nd State where udent at least ha	located				d, Yes or No		2 nd 3 rd 4 th Grad, Y	es or No
Provide All 1 Name of Student Name of School and City a Tuition Paid in 2013	1098-Ts and 10 nd State where udent at least ha rawals	located				d, Yes or No		2 nd 3 rd 4 th Grad, Y	es or No

	al Expenses	unonoc on fu	m Flori	ible Crear	dina A	acounta			
Prescriptions	de amounts paid by ins	urance or ire	om Flexi	s spend		lical Equipment a	nd Supplier		\$
	ance Premiums – After T	av		\$		lical Travel – Nun	**		#
	Care Insurance	an		\$		lical Lodging (up			\$
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Taxes]					-				
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	l if providing all 1098 M <i>ment</i> . (<u>DO NOT INCLU</u>								
	tgage interest Lender_			\$		alified Mortgage			\$
	tgage interest Lender			\$		d you sell your ho			Y or N
Equity line lo	00			\$		mber of years live			
Second mort				\$		ł you purchase yo			Y or N
Vacation Ho	me mortgage Lender_			\$	Die	l you refinance yo	our home in	2013?	Y or N
Origination of	or Discount Points			\$	Nu	mber of years you	refinanced	1?	
estimate the Cash	value and include the r							any household	
	Donee Name:	name and add	dress of 1 \$		table o Do	rganization. Vel	nicle Dona		end 1098C \$
Donations	Donee Name: Donee Name:	name and add	dress of		table o Do Tra	rganization. Vel nee Name: wel for Charitable	Purposes		end 1098C
Donations Vehicle	Donee Name: Donee Name: Vehicle Donated to:		dress of 1 \$		table o Do Tra Da	rganization. Vel nee Name: wel for Charitable te of Vehicle Don	Purposes		end 1098C \$
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Donations Vehicle Donations Non-Cash	Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description		dress of 1 \$	the charit	table o Do Tra Da Ma Ori	organization. Vel nee Name: wel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation icle ice	tion over \$500 s 	end 1098C \$ Miles
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Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation	Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired	\$ Purchase Gi	Iress of 5 \$ \$	the charit	table o Do Tra Da Ma Ori Image: Construction of the second secon	organization. Vel nee Name: wel for Charitable te of Vehicle Don ke & Year of Veh	Purposes ation ticle tice 2013	tion over \$500 s	end 1098C \$ Miles
Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over	Donee Name: Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost	\$ Purchase Gi	Iress of 5 \$ \$	the charit	table o Do Tra Da Ma Ori Image: Construction of the second secon	rganization. Vel nee Name: wel for Charitable te of Vehicle Don ke & Year of Veh iginal Purchase Pr	Purposes ation ticle tice 2013	tion over \$500 s	end 1098C \$ Miles 2013
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Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Description Miscell Tax Prep Fee	Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	\$ Purchase Gi \$ \$ Thrift Repla OSS Event Date	ift Create	the charit	table o Do Tra Da Ma Ori C C C C C C C C C C C C C C C C C C C	rchase Gift Create	nicle Dona Purposes ation icle ice 2013 d Bequest Equal sale Cost \$ rest Paid	tion over \$500 s	end 1098C \$ Miles Miles 2013 Created Bequest ment Equal sale Insurance \$
Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Description Tax Prep Feee Tax Prep Sof	Donee Name: Donee Name: Donee Name: Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	\$ Purchase Gi \$ Purchase Gi \$ Thrift Repla OSS Event Date BSES	ift Create	the charit	table o Do Tra Da Da Ma Ori Carsin c ertain d	rchase Gift Create	nicle Dona Purposes ation icle ice 2013 d Bequest Equal sale Cost \$ rest Paid	tion over \$500 s	end 1098C S Miles Miles 2013 Created Bequest ment Equal sale Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Other Job Expens	es/W-	2 Non-Air	line Emp	loye	e Deductions	
If you have another job or your	spouse has	a job with non-re	imbursed emplo	vee rel	ated business expenses enter b	elow.
Union Dues and Professional Dues	\$	Meals and Entert	ainment Expense	\$	Other	\$
Professional Subscriptions	\$	Office Supplies		\$	Other	\$
Uniform and Protective Clothing	\$	Office Equipmen	ıt	\$	Other	\$
Job Search Costs	\$	Licenses		\$	Other	\$
Local Parking Fees and Transportatio	n \$	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 ra	te for 2013	3 is 56.5 cents per	mile.			
Year & Make and Model Vehicle		Do y	vou have evidence t	o suppo	rt the deduction?	Yes or No
Date First Used for Business		Is th	is evidence written	?		Yes or No
Type of Vehicle: Car, Van, Truck		Is an	other vehicle availa	able for	personal use?	Yes or No
Total Mileage		Was	the vehicle availab	le for pe	ersonal use during off duty hours?	Yes or No
Business Mileage		Was	the vehicle leased?	,		Yes or No
Commuting Mileage		Was	the vehicle used fo	r hire?		Yes or No
Personal Mileage		Actu	al Expenses: Gas, 0	Dil, Rep	airs, Insurance, ect.	\$
Home Office - To be deductil	ole must ha	ave been required	by employer.			
Area Used for Business - Square Foota		Sq/ft		t		\$
Total Area - Square Footage of Home		Sq/ft	Real Estate Taxes			\$
Number of Days in Year Office was i	n Home		Insurance – Homeowners/Renters			\$
Date of Using Room as Home Office		\$	Repair and Maint	enance		\$
Fair Market Value of Home with Hom	e Office	\$	Utilities Except V	Vater pe	r Month	\$
Cost of Home with Home Office		\$	Rent Paid for Yea	ur .		\$
Improvement to Home Office		\$	Other Specify:			\$
Land Value on Property Tax Statemen	t	\$	Other Specify:			\$
Building Value on Property Tax States		\$	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 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

			sional Ded	uction sheet. DO NOT combine ex	penses
on this form! AIRLINE EMPL	OYEED B	Y	B	ASE 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	Ψ
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	Ψ	Airport Parking Expense	\$
Uniform Shoe Repair	\$	Passport Fee	\$	Reserve Emergency Cab Fares	\$
TOTAL UNIFORM	Ψ	Passport Photo	\$	Other Job Expense:	\$
Job Search Sim Prep	\$	Passport Expedite Fees	\$	Other Job Expense:	\$
Job Search Interview Prep	\$	Foreign Visa	\$	TOTAL MISCELLANEOUS	Φ
Job Search Publications	\$	TOTAL PASSPORT	φ	Transportation on Layovers	\$
Job Search Publications	\$	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

Co-Terminal Multi-Airpor	t Bases Trans	sportation				
If you fly out of more than one airpor						
Three Letter Airport Code	Number of Rou		(Cost Per Round Trip		\$
Three Letter Airport Code	Number of Rou	ind Trips	(Cost Per Round Trip		\$
Training Expenses (Expenses	incurred for trainin	g must not be a	t your base.)			
Number of Days in Training	<u>y</u>	Three	Letter Code of Tra	aining City		
Hotel/Housing Expense During Training	\$	Phone	Expense During T	Fraining	\$	
Transportation Expense During Training	\$	Gun I	Permit, Range Fees	and Ammunition	\$	
Upgrade Training Expenses	\$	Туре	Rating Expenses		\$	
Union and Company Busin Commuting expenses to your base for trips a			ernight expenses f	or company or union	meetings a	are deductib
Hotel Expense	\$		and Entertainmen		\$	
Transportation Expense	\$		Costs:	•	\$	
Temporary Duty Expenses	•	•				
Number of Days during the tax year on TDY		Three L	etter City Code for	Location of TDY	1	
Hotel/Housing Expense for TDY	\$	Amount	of per diem paid d	uring your TDY	\$	
Transportation Expense during TDY	\$	Meal Ex	pense during TDY		\$	
Commuter Pad Moving Ex	nenses					
If you had a base change commuter pad	-	re deductible				
Old Primary Residence	Old Work (BA			Transportation E	Expense	\$
New Primary Residence	New Work (B	ASE)		Storage Expense	2	\$
Miles from Old HOME to New BASE	Date Moved		/ /2013	Travel Expense		\$
Miles from Old HOME to Old BASE	Mileage Drive	en During Move		Lodging Expens	e	\$
National Guard / Military	e same city as your h	home or airline l	base, all unreimb	ursed expenses in t	traveling t	o/from and
Number of nights spent at Post		Three L	etter City Code for	Location of Post		
Hotel/Housing Expense not reimbursed	\$	What wa	as the total per dier	n paid?	\$	
Transportation Expense not reimbursed	\$	Meal Ex	pense		\$	
Phone Expense while on duty	\$	Other E	xpense:		\$	
Utility Expense not reimbursed	\$	Commu	ting miles driven to	o / from / at post	\$	
Entertainment Expense	+	•	-	•		
	1.1 1		1 · 1· ·			C

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: \$_____

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 or call your employer or enter 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—2013 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—2013 Total Days Flown Method

This is the easiest and 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). This is **NOT** the number of nights in a hotel.

Total domestic days	flown 2013

Total international days flown 2013

\$

Method 3—2013 Trip Length Method

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—2013 Layover Schedule

This grid should contain the total days for each city. 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 A	Atlanta/Georgia/ATL	Two days in New York/New York/JFK				
# of Days	Location/City Name and Three Letter ID	# of Days	Location/City Name and Three Letter ID			

Child and Dependent Care Expenses Credit

Qualifying expense for	-			-			allowed for ch	nildren und	ler age 13.		
NOTE: Social Security						v			0		
Care Provider's Name	2	Provider's Ad	Phone Numb	ber	Provider's SS#		Child	's Name	Amount		
										\$	
										\$	
										\$	
										\$	
Other Tax (Credi	ts									
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			
Do you have the first home buyer in the District of Columbia available before 12/31/11?								Y or N			
Residential	Ener	gy Cred	lits								
Did you claim residential energy credits on your 2006 through 2012 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 2013? 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 o	of manufa	actures certifi	cate and	sales receipt.	•					Y or N	
First Time H	Home	Buyers	s Cre	dit Rec	aptu	re					
Did you take the First	Time Hon	nbuyers Credit	in 2008?		-					Y or N	
Additional 7	Гах P	ayment	s Ma	de to F	eder	al oi	: State				
Quarterly Tax Payme	ents	Date Payment Made		Federal Amount		nt	State Amount		Local Amount		
First Quarter due 4/15/13				\$			\$		\$		
Second Quarter due 6/2	15/13			\$			\$		\$		
Third Quarter due 9/15/13				\$			\$			\$	
Fourth Quarter due 1/1	5/14			\$			\$		\$		
Taxes Paid	with]	Extensi	ons to) Feder	al or	Sta	te				
Federal Amount	\$	S Sta	te of		amount	\$	State of		amount	\$	
State Tax R If you paid rent in CA, Minnesota residents pr Landlords Name Landlords Address	IN, MA,	MI, MN, NJ,	WI or any			ith a rer	aters credit plea	se comple	te the follow	ing section	
Apartment Address											
*	\$	Total Rent I	Paid	\$	Dates Re	nted					
				·			P. NANI				
State K-12 Edu						*					
Name of Student	Grade	-	Na	me of School			Address		State	Zip Code	
		\$									
		\$								L	