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

2014 AIRCREW TAXES FLIGHT ATTENDANT TAX RETURN ORGANIZER

All Clients MUST Sign Below

I have retained Aircrew Taxes to prepare my 2014 Income Tax returns. I hereby verify that the information provided in this Organizer is <u>accurate and complete</u>. 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 REQUIRES 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

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

Personal	Informati	ion (Ple	ase Print	Clearly)							
			,	Taxpayer					Spouse		
Last Name (Accor	ding to SS card)										
First Name											
Middle Initial											
Social Security N	umber										
Occupation											
Date of Birth (mn	n/dd/yyyy)										
E-Mail Address							_				
Work Phone											
Cell Phone											
Home Phone											
Fax Number		• 1	4		6 (1)		1.1	11	6 1 1		
	is is your current st	tate residenc	cy where y	ou pay ta	x for this tay	k year a	nd the a	adress on yo		tax return.	•
Address City				St	ate				Apt. # ZIP		
· _ · · · · · · · · · · · · · · · · · ·				1					ZIF	ļ	
Federal H	Filing Stat	US (Che	ck Box of	Filing St	atus)						
□ 1 Single											
2 Marrie	d Filing Jointly										
3 Marrie	d Filing Separate	Spouse	Name				Spo	use Soc Sec	:#		
If MFS. Did you	live apart from you	ir spouse du	ring the la	st 6 mont	hs of 2014?	Y or N	-			ctions?(Y	or N)
-	f Household: If so	-	-					=			
Name:	Trousenoid. It se		is using ti		cial Securit			i picase ini o		cianning s	status.
Relationship:							with w	· · · ·			
-	ing Widow			Number months lived with you: Spouse's Date of Death							
					NOUSE S LIATE						
Depender	nt Informa			st appear	as on the s	ocial se	ecurity				
Dependent must	nt Information be under 19 or un	nder 24 and	l a full-tir	st appear ne studen	as on the s t for at leas	ocial se st 5 mo	ecurity nths du	iring the ye			
Dependent Dependent must and for the Earn	nt Information in the second s	nder 24 and t. If your de	l a full-tir ependent	st appear ne studen children	as on the s at for at leas did not live	ocial se st 5 mo e with y	ecurity nths du 'ou, you	iring the ye 1 must prov	ide Form 8		
Dependent Dependent must and for the Earm Claim, or a copy	nt Information be under 19 or un ed Income Credit of your divorce d	nder 24 and . If your de lecree. Dep	l a full-tir ependent endents i	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde	ocial se st 5 mo e with y er \$380	ecurity nths du you, you 0 unles	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	ease of
Dependent Dependent must and for the Earn	nt Information in the second s	nder 24 and t. If your de	l a full-tir ependent	st appear ne studen children ncome m	as on the s at for at leas did not live	ocial se st 5 mo e with y er \$380	ecurity nths du 'ou, you	iring the ye 1 must prov	ide Form 8 student.		Student
Dependent Dependent must and for the Earm Claim, or a copy	nt Information be under 19 or un ed Income Credit of your divorce d	nder 24 and . If your de lecree. Dep	l a full-tir ependent endents i	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde	ocial se st 5 mo e with y er \$380	ecurity nths du you, you 0 unles	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Student Y or N
Dependent Dependent must and for the Earm Claim, or a copy	nt Information be under 19 or un ed Income Credit of your divorce d	nder 24 and . If your de lecree. Dep	l a full-tir ependent endents i	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde	ocial se st 5 mo e with y er \$380	ecurity nths du rou, you 0 unles of Birth / /	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Student Y or N Y or N
Dependent Dependent must and for the Earm Claim, or a copy	nt Information be under 19 or un ed Income Credit of your divorce d	nder 24 and . If your de lecree. Dep	l a full-tir ependent endents i	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde	ocial se st 5 mo e with y er \$380	ecurity nths du you, you 0 unles	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Student Y or N
Dependent Dependent must and for the Earm Claim, or a copy	nt Information be under 19 or un ed Income Credit of your divorce d	nder 24 and . If your de lecree. Dep	l a full-tir ependent endents i	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde	ocial se st 5 mo e with y er \$380	ecurity nths du rou, you 0 unles of Birth / /	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Student Y or N Y or N Y or N Y or N Y or N
Dependent must and for the Earn Claim, or a copy First Name	t Information be under 19 or un ed Income Credit of your divorce d Last Name	nder 24 and t. If your de lecree. Dep MI	l a full-tir ependent endents i SSN	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde Relationship	ocial se st 5 mo e with y er \$380 Date o / / / / /	ecurity nths du rou, you 0 unles of Birth / / / / /	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Ease of Student Y or N Y or N Y or N
Dependent must and for the Earn Claim, or a copy First Name	nt Informa be under 19 or un ed Income Credit of your divorce d Last Name	nder 24 and Lecree. Dep MI A MI MI MI MI MI MI MI MI MI MI	l a full-tir ependent oendents i SSN	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde Relationship	ocial se st 5 mo e with y er \$380 Date o / / / / /	ecurity nths du rou, you 0 unles of Birth / / / / /	ring the ye 1 must prov 5 a full time	ide Form 8 student.	8832, Rele	Student Y or N Y or N Y or N Y or N Y or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit	t Information be under 19 or u	nder 24 and Lecree. Dep MI A MI MI MI MI MI MI MI MI MI MI	l a full-tir ependent oendents i SSN	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde Relationship	social se st 5 mo e with y er \$380 Date o / / / / / / natic	ecurity nths du rou, you 0 unles of Birth / / / / / / / / /	ring the ye 1 must prov 5 a full time	ide Form & student.	832, Rele	Student Y or N Y or N Y or N Y or N Y or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C	t Information be under 19 or u	nder 24 and Lecree. Dep MI A MI MI MI MI MI MI MI MI MI MI	a full-tir ependent endents i SSN SSN thdra fees	st appear ne studen children ncome m	as on the s at for at leas did not live ust be unde Relationship	ocial so st 5 mo e with y er \$380 Date o / / / / / natic ronic fu Bank?	ecurity nths du rou, you 0 unles of Birth / / / / / /) n ds wit	uring the ye a must prov s a full time # Mos at H	ide Form & student.	832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit	t Information be under 19 or u	nder 24 and If your de MI MI MI MI MI MI MI MI MI MI	a full-tir ependent endents i SSN SSN thdra fees	st appear ne studen children ncome m i i i wal Y or N	as on the s at for at leas did not live ust be unde Relationship	ocial so st 5 mo e with y er \$380 Date o / / / / / natic ronic fu Bank?	ecurity nths du rou, you 0 unles of Birth / / / / / /) n ds wit	uring the ye a must prov s a full time # Mos at H	ide Form & student.	832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number?	t Information be under 19 or u	nder 24 and If your de lecree. Dep MI MI MI MI MI De MI De MI MI De MI De MI De MI De MI De MI De MI De MI De MI De De MI De De De De De De De De De De	thdra fees	st appear ne studen children ncome m i i i v v wal i Y or N Saving	as on the s at for at lease did not live ust be unde Relationship	social se st 5 mo e with y er \$380 Date o / / / / / / natio Fonic fu Bank?	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	uring the ye a must prov s a full time # Mos at H	ide Form & student.	832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment	t Information be under 19 or un ed Income Credit of your divorce d Last Name Eposit/Fun for tax refund? Not Sircle One	nder 24 and If your do lecree. Dep MI MI A MI A A A A A A A A A A A A A	thdra fees	st appear ne studen ncome m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as on the s at for at leas did not live ust be unde Relationship Inform Use electring Account li ion Fe	ocial se st 5 mo e with y er \$380 Date o / / / / / / natic ronic fu Bank? Number es	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	uring the ye a must prov s a full time # Mos at H	ide Form & student.	832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a	t Information be under 19 or u	nder 24 and If your de lecree. Dep MI MI Ids Wi o additional Checking Or Tax nust be paid	thdra fees or spring fees fees fees fees	st appear ne studen ncome m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as on the s at for at leas did not live ust be unde Relationship Inform Use electring Account li ion Fe	ocial se st 5 mo e with y er \$380 Date o / / / / / / natic ronic fu Bank? Number es	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	uring the ye a must prov s a full time # Mos at H	ide Form & student.	832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a	t Information be under 19 or u	nder 24 and If your de lecree. Dep MI MI Ads Wi o additional Checking or Tax nust be paid cturned checking	thdra fees or spring fees fees fees fees	st appear ne studen ncome m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as on the s of for at lease did not live <u>ust be unde</u> Relationship	evocial second set 5 mo evolution with year \$380 Date of 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	uring the ye a must prov s a full time # Mos at H	balance due	2832, Rele	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Car	t Information be under 19 or u	nder 24 and If your de lecree. Dep MI MI Ads Wi o additional Checking or Tax nust be paid cturned checking	thdra fees or spring fees fees fees fees	st appear ne studen ncome m ncome m ncome m n nwal y y or N Saving Darati completic	as on the s at for at leas did not live ust be unde Relationship Inform Use electri Name of Account 1 Account 1 ion Fe on of return Visa	evocial second set 5 mo evolution with year \$380 Date of 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	uring the ye a must prov s a full time # Mos at H	ide Form 8	2832, Rele Expenses ? ? ercard	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Car Card Number	t Information be under 19 or u	nder 24 and If your de lecree. Dep MI MI Ads Wi o additional Checking or Tax nust be paid cturned checking	thdra fees or spring fees fees fees fees	st appear ne studen children ncome m i i i vali wal i vor N Saving Darati completic	as on the s at for at leas did not live ust be unde Relationship	evocial second set 5 mo evolution with year \$380 Date of 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ecurity nths du rou, you 0 unles of Birth / / / / / /) n ds wit	uring the ye a must prov s a full time # Mos at H	ide Form 8 student. ome Care balance due	2832, Rele Expenses ? ? ercard y Code	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Cat Card Number Name on Card	t Information be under 19 or un ed Income Credit of your divorce d Last Name Last Name posit/Fun for tax refund? Not for tax refund? Not for tax refund?	nder 24 and If your de lecree. Dep MI MI AU AU AU AU AU AU AU AU AU AU	thdra fees S pror to cks)	st appear ne studen children ncome m i i i i i i i i i i i i i i i i i i i	as on the s at for at leas did not live ust be unde Relationship Inform Use electri Name of 1 Account 1 Account 1 ion Fe on of return Visa	evocial second set 5 mo evolution with year \$380 Date of 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ecurity nths du rou, you 0 unles of Birth / / / / / /) n ds wit	uring the ye a must prov s a full time # Mos at H	ide Form 8 student. ome Care balance due	2832, Rele Expenses ? ? ercard	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Car Card Number Name on Card 3 Withhold	t Information be under 19 or u	nder 24 and I fyour de lecree. Dep MI MI Ads Wi o additional Checking or Tax nust be paid cturned chec ard type) y Refund (\$	thdra fees S pror to cks)	st appear ne studen children ncome m i i i i i i i i i i i i i i i i i i i	as on the s at for at leas did not live ust be unde Relationship	ocial se st 5 mo e with y er \$380 Date o / / / / / n n tic Bank? Number es n.	ecurity nths du rou, you 0 unles of Birth / / / / / /) D N mds wit	uring the ye a must prov s a full time # Mos at H	ide Form & student. ome Care balance due balance due Maste Securit Biling 2	2832, Rele Expenses ? ? ercard y Code	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Car Card Number Name on Card 3 Withhold	the under 19 or un	nder 24 and I fyour de lecree. Dep MI MI A A A A A A A A A A A A A	thdra fees or prior to cks) 35 Bank f	st appear ne studen children ncome m i i i i i i i i i i i i i i i i i i i	as on the s at for at leas did not live ust be unde Relationship	bocial se st 5 mo e with y er \$380 Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / / Date o / / / / / / Date o / / / / / / Date o / / / / / / / / / / / / / / / / / / /	ecurity nths du rou, you 0 unles of Birth / / / / / /) D N mds wit	e # and state	ide Form & student. ome Care balance due balance due Maste Securit Biling 2	Expenses Expenses ? ? ercard y Code Zip Code	StudentY or NY or NY or NY or NY or NY or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Cat Card Number Name on Card 3 Withhold Taxpayer's Driver	the under 19 or un	nder 24 and I fyour de I fyour de MI MI A A A A A A A A A A A A A	thdra fees or prior to cks) 35 Bank f	st appear ne studen children ncome m i i i i i i i i i i i i i i i i i i i	as on the s at for at leas did not live ust be unde Relationship	bocial se st 5 mo e with y er \$380 Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / Date o / / / / / Date o / / / / / / / / / / Date o / / / / / / / / / / / / / / / / / / /	ecurity nths du you, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	e # and state	ide Form 8 student. ome Care balance due balance due balance due balance due balance due	Expenses Expenses ? ? ercard y Code Zip Code	Student Y or N Y or N Y or N Y or N Y or N Y or N
Dependent must and for the Earn Claim, or a copy First Name Direct De Use direct deposit Account Type? C Routing Number? Payment All preparation a 1 Check (\$2 2 Credit Cat Card Number Name on Card 3 Withhold Taxpayer's Driver Date Issued U.S. Citizen	Informa be under 19 or un ed Income Credit of your divorce d Last Name Last Name Eposit/Fun For tax refund? No Circle One C Method for Scharge for all re rd (please circle ca Interse from my rs License # & state / /	nder 24 and I fyour de Ids Dep MI Ids Wi o additional Checking or Tax nust be paid cturned check ard type) y Refund (\$ e Date Expired en No	thdra fees 5 or 5 Prep prior to cks) 35 Bank f	st appear ne studen children ncome m i i i i i i i i i i i i i i i i i i i	as on the s at for at leas did not live ust be unde Relationship	bocial se st 5 mo e with y er \$380 Date o / / / / / natio ronic fu Bank? Number es h. Drivers ed Citizen	ecurity nths du rou, you 0 unles of Birth / / / / / / / / / / / / / / / / / / /	hdrawal for e # and state / D	ide Form & student. ome Care Care balance due balance due Maste Securit Biling 2 vate Expired n No	S832, Rele	Student Y or N Y or N Y or N Y or N Y or N Y or N

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
		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	
1	1		

Other Information You Believe We May Need

Interest Income Not required if providing all 1099-INT interest statements. Owner SS# Bank/Institution Box Numbers and Amounts in each Box from each separate 1099-INT **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 /2014 \$ \$ / /2014\$ \$ / / / \$ / /2014 / / \$ /2014 \$ \$ / / / /2014 \$ \$ / / / /2014 / / \$ \$ **State Income Tax Refunds and Unemployment Compensation** Not required if providing 1099-Gs and/or 1099-G for unemployment benefits. State State Refunds Received in 2014 (this tax year) State Amount \$ Amount \$ Additional State Tax paid in 2014 when filed State Amount \$ State \$ Amount Did you itemize last year? Taxpayer Y or N Spouse Y or N State Unemployment Compensation Received State Amount \$ State Amount \$ State Unemployment Benefits Repaid State \$ Amount State Amount \$ **Alimony 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 amo			and materia	als used	l in the o				le teacher.
Taxpayer		\$				Spouse Amou	nt	\$	
Health Sav	ings Acco	unts (H	(SA)						
Provide Forms 5498	0	,		A ques	tions co	ncern tax vear	2014.		
Type of high deductib			elf Only or Fa			in high deductib		?	
Plan in effect for Deco	-		Y or N			SA contribution	-		\$
Total Employer HSA		\$	1 01 10			SA distributions			\$
Fotal payroll deduction						nreimbursed qua		adical avnancas	\$
• •		φ			10141 41	in childui seu qua	inica n	leulear expenses	Ψ
Moving Ex	penses								
Only job related mo	ves are deductible	e. Meals are	NOT deduc	tible. (1	Mileage	rate for 2014 is	24 cen	its)	
Old Primary Residence	e	Old	Work (BAS	E)			Trans	portation Expense	e \$
New Primary Residen	ce	Nev	w Work (BAS	SE)				ge Expense	\$
Miles from Old HOM			e Moved			/ /2014		l Expense	\$
Miles from Old HOM	E to Old BASE	Mile	eage Driven	During	Move		Lodgi	ng Expense	\$
Self-Emplo	ved Conti	·ihutior	ns to SI	F.P	SIM	PLE and		alified P	ang
				9	1		<u> </u>	1	
Money Purchase Plan	Type of P	all			\$	axpayer Amoun	IL	Spouse A	Amount
Profit Sharing Plan					\$			\$	
Defined Benefit Plan					\$ \$			\$	
SEP Plan					\$ \$			\$	
SEP Plan SIMPLE Plan					-			\$	
					\$				
Individual 401(k) Plan	1				\$			\$	
Roth 401(k) Plan					\$			\$	
Alimony Pa	nid								
Recipients Name			Recipient	s SS#				Amount Paid	\$
Recipients Name			Recipients					Amount Paid	\$
· ·			· ·		1				Ψ
Traditional	And Kot	h IKA (Contri	buti	ons				
					Tax	ayer		Spouse	e
Fraditional IRA Cont	ribution Amount N	lade by 4/15/	15	\$			\$		
Roth IRA Contribution	n Amount Made b	y 4/15/15		\$			\$		
Non-Deductible IRA				\$			\$		
Education S	Savings Λ	ccount	2						
	<u> </u>		5			~		A.T.	
List contributions mad					0.000	S	tudent]	Name	Amount
Excess Contributions		,			52,000)				\$ ¢
Contributions to State	-	<u> </u>	tate Plan Nai						\$
Contributions to State		· ·	tate Plan Nai						\$
Student Lo	an Interes	st and H	Educat	iona	l De	duction a	and	Credits	
Provide all 1098-Est	for student loan i	nterest paid i	in 2014 and	all 109	8-Ts for	educational tui	tion ar	d fees. For a co	mplete list
education expenses j									
You may claim qualif									
American Opportunit									
you may be taking as			aking it to in	nprove	-	-	r than o		
	e All 1098-Ts and	1098-Es			Stud	lent 1		Student	2
Name of Student									
Name of School and (City and State whe	re located							
Fuition Paid in 2014		1 10.1 -	9		rd ath		\$	and ard the	·
Year in College and w		halftime?	1	1 st 2 nd 3 ¹	^w 4 ^m Gra	d, Yes or No	1 st	$2^{nd} 3^{rd} 4^{th}$ Grad,	Yes or No
							1		
Amount of 529 Plan V Student Loan Interest			9				\$		

Medica	al Expenses							
	de amounts paid by ins	urance or fro	m Flexible Sp	oending	g Accounts.			
Prescriptions	Medications		\$	N	Medical Equipment a	nd Supplies		\$
Health Insura	ance Premiums – After Ta	ax	\$	N	Medical Travel – Number of Miles			
Long Term Care Insurance			\$	N	Medical Lodging (up to \$50 per night)			
Fees for Phys	sician/Dentist/Chiropracto	or	\$	Ι	Lasik and Radial Ker	otonomy		\$
Fees for Hos	pital and Clinics		\$	(Other – Including C	OBRA or Sp	ecify:	\$
Lab and X-ra	ıy		\$	(Other			\$
Long Term C	Care Costs		\$	(Other			\$
Eyeglasses ar	nd Contacts		\$	(Other			\$
Taxes]	Paid							
	axes on Principal Residen	ice	\$	I	Personal Property Ta	x (Car Tag o	or Advalorem Fee)	\$
Real Estate ta	axes on Second Home of	r Land	\$	I	Personal Property Ta	x (boat or ai	rplane)	\$
Real Estate ta	axes on Vacation Home		\$	5	Sales Tax on Motor	Vehicle or B	oat or Aircraft	\$
Not required closing states	wner Mortga d if providing all 1098 M ment. (<u>DO NOT INCLU</u>	Iortgage Inte	erest Statemer MORTGAGI	nts. If	you purchased, sola EREST BELOW SE	' or refinanc <u>E RENTAL</u>	ed a house, send a <u>WORKSHEET</u>)	
	gage interest Lender		\$		Qualified Mortgage			\$
	tgage interest Lender		\$		Did you sell your ho			Y or N
Equity line lo			\$		Number of years liv			
Second mort	00		\$		Did you purchase yo			Y or N
	me mortgage Lender or Discount Points		\$\$		Did you refinance your home in 2014? Number of years you refinanced?			Y or N
Charit You need to	able Contribu	ent if any sin	gle cash cont	ributio	on is over \$250. If y	ou donated	any household go	
Charit You need to estimate the Cash	able Contribution have an acknowledgem value and include the n Donee Name:	ent if any sin	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name:	ou donated hicle Donat	any household go	d 1098C
Charit You need to estimate the Cash Donations	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name:	ent if any sin	gle cash cont lress of the ch	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl	ou donated hicle Donat e Purposes	any household go ion over \$500 sen	d 1098C
Charit You need to estimate the Cash Donations Vehicle	able Contribution have an acknowledgem value and include the n Donee Name: Donee Name: Vehicle Donated to:	ent if any sin name and add	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do	ou donated hicle Donat e Purposes nation	any household go ion over \$500 sen	d 1098C
Charit You need to estimate the Cash Donations Vehicle	able Contribution have an acknowledgem value and include the n Donee Name: Donee Name: Vehicle Donated to: FMV under \$500	ent if any sin	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle	any household ge ion over \$500 sen \$	
Charit You need to estimate the Cash Donations Vehicle Donations	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date	ent if any sin name and add	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do	ou donated hicle Donat e Purposes nation hicle	any household go ion over \$500 sen	d 1098C
Charit You need to estimate the Cash Donations Vehicle Donations	able Contribution have an acknowledgem value and include the main of the ma	ent if any sin name and add	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle	any household ge ion over \$500 sen \$	d 1098C
Charit You need to estimate the Cash Donations Vehicle Donations	able Contribution have an acknowledgem value and include the n Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity	ent if any sin name and add	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle	any household ge ion over \$500 sen \$	d 1098C
Charit Zou need to <u>stimate the</u> Cash Donations Vehicle Donations Non-Cash Donations	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip	ent if any sin name and add	gle cash cont lress of the ch \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle	any household ge ion over \$500 sen \$	d 1098C
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity City, State, Zip Donation Description	ent if any sin name and add	gle cash cont Iress of the ch \$ \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle rice	any household ge ion over \$500 sen \$	d 1098C Mile
Charit Zou need to stimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete	able Contribution have an acknowledgem value and include the main of the second secon	ent if any sin name and add	gle cash cont Iress of the ch \$ \$	ributio aritab	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve	ou donated hicle Donat e Purposes nation hicle	any household ge ion over \$500 sen \$	d 1098C Mile
Charit Zou need to stimate the Cash Donations Vehicle Donations Non-Cash Donations Must	able Contribution have an acknowledgem value and include the n 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	s	gle cash cont lress of the ch \$ \$	ributio aritabl	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Doo Make & Year of Ve Original Purchase P	ou donated hicle Donat e Purposes nation hicle rice 2014	any household ge ion over \$500 sen \$ \$	d 1098C Mile
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for	able Contribution have an acknowledgem value and include the m 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	s Purchase Gi	gle cash cont Iress of the ch \$ \$	ributio aritabl	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve Original Purchase P	ou donated hicle Donat e Purposes nation hicle rice 2014	any household ge ion over \$500 sen \$ 	d 1098C Mile
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over	able Contribution have an acknowledgem value and include the m 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	s Purchase Gi	gle cash cont lress of the ch \$ \$	ributio aritabl	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Don Make & Year of Ve Original Purchase P Purchase Gift Creat \$	ou donated hicle Donat e Purposes nation hicle rice 2014	any household ge ion over \$500 sen \$ \$ \$ \$ Purchase Gift Cr \$	d 1098C Mile
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation	able Contribution have an acknowledgem value and include the me 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 Value of Donations	ent if any sin name and add \$ \$ Purchase Gi \$ \$	igle cash cont iress of the ch \$ \$ ft Created Beq	ributio aritabl	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve Original Purchase P Purchase Gift Creat \$ \$	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest	any household g ion over \$500 sen \$ \$ \$ \$ Purchase Gift Cr \$ \$	d 1098C Mile 20 eated Beque
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	able Contribution have an acknowledgem value and include the m 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 of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued	s Purchase Gi \$ Thrift Repla	gle cash cont lress of the ch \$ \$	ributio aritabl	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Don Make & Year of Ve Original Purchase P Purchase Gift Creat \$	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest	any household ge ion over \$500 sen \$ \$ \$ \$ Purchase Gift Cr \$	d 1098C Mile 20 eated Beque
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L	ent if any sin name and add s s s Purchase Gi \$ \$ Thrift Repla OSS	gle cash cont Iress of the ch \$ \$ ft Created Beq cement Equal	ributio aritable 2014 uest sale	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Doo Make & Year of Ve Original Purchase P Purchase Gift Creat \$ \$ Thrift Replacement	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale	any household ge ion over \$500 sen \$ \$ \$ \$ \$ Purchase Gift Cr \$ \$ Thrift Replacement	d 1098C Mile 20 eated Beque ent Equal sal
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500	able Contribution have an acknowledgem value and include the m 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 of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued	s Purchase Gi \$ Thrift Repla	igle cash cont iress of the ch \$ \$ ft Created Beq	ributio aritable 2014 uest sale	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do Make & Year of Ve Original Purchase P Purchase Gift Creat \$ \$	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale Cost	any household ge ion over \$500 sen \$ \$ \$ \$ 	d 1098C Mile 20 eated Beque ent Equal sal Insuranc
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Descriptic	able Contribution have an acknowledgem value and include the m Donee Name: Donee Name: Vehicle Donated to: FMV under \$500 Purchase Date Name of Charity Address of Charity Address of Charity City, State, Zip Donation Description Date of Donation Date of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L	s Purchase Gi \$ Thrift Repla OSS Event Date	gle cash cont Iress of the ch \$ \$ ft Created Beq cement Equal	ributio aritable 2014 uest sale	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Doo Make & Year of Ve Original Purchase P Purchase Gift Creat \$ \$ Thrift Replacement	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale	any household ge ion over \$500 sen \$ \$ \$ \$ \$ Purchase Gift Cr \$ \$ Thrift Replacement	d 1098C Mile 20 eated Beque
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Descriptio	able Contribution have an acknowledgem value and include the module 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 of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	s Purchase Gi \$ Thrift Repla OSS Event Date	regle cash cont ress of the ch \$ \$ \$ ft Created Beq cement Equal Prope	ributio aritable 	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do: Make & Year of Ve Original Purchase P Original Purchase P Purchase Gift Creat \$ \$ Thrift Replacement Purchase Date	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale Cost \$	any household ge ion over \$500 sen \$ \$ \$ \$ 	d 1098C Mile 20 eated Beque ent Equal sal Insuranc \$
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Descriptic Miscell Fax Prep Fee	able Contribution have an acknowledgem value and include the m 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 of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	s Purchase Gi \$ Purchase Gi \$ Thrift Repla OSS Event Date NSES	gle cash cont Iress of the ch \$ \$ ft Created Beg cement Equal Prope	ributio paritable 	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Doo Make & Year of Ve Original Purchase P Original Purchase P Purchase Gift Creat \$ \$ Thrift Replacement Purchase Date	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale Cost \$ erest Paid	any household ge ion over \$500 sen 	d 1098C Mile 20 eated Beque ent Equal sal Insuranc \$
Charit You need to estimate the Cash Donations Vehicle Donations Non-Cash Donations Must complete all items for Donation Value over \$500 Casual Descriptic Miscell Tax Prep Feee Tax Prep Sof	able Contribution have an acknowledgem value and include the module 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 of Donation Date Acquired How Acquired Total Original Cost Value of Donations How Valued ty/Theft & L on of Casualty Event	s.	regle cash cont ress of the ch \$ \$ \$ ft Created Beq cement Equal Prope	ributio aritable 2014 2014 sale	on is over \$250. If y le organization. Ve Donee Name: Travel for Charitabl Date of Vehicle Do: Make & Year of Ve Original Purchase P Original Purchase P Purchase Gift Creat \$ \$ Thrift Replacement Purchase Date	ou donated hicle Donat e Purposes nation hicle rice 2014 ed Bequest Equal sale Cost \$ erest Paid	any household ge ion over \$500 sen 	d 1098C Mile 20 eated Beque ent Equal sal Insurance \$

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

Other Job Expense				•		
If you have another job or your s						
Union Dues and Professional Dues	\$		tainment Expense	\$	Other	\$
Professional Subscriptions	\$	Office Supplies		\$	Other	\$
Uniform and Protective Clothing	\$	Office Equipment	nt	\$	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 rat	e for 2014	4 is 55.5 cents per	mile.			
Year & Make and Model Vehicle		Do	Do you have evidence to support the deduction?			Yes or No
Date First Used for Business		Is the	his evidence written?			Yes or No
Type of Vehicle: Car, Van, Truck		Is a	nother vehicle availa	Yes or No		
Total Mileage		Wa	s the vehicle availabl	e for pers	sonal use during off duty hours?	Yes or No
Business Mileage		Wa	Vas the vehicle leased?			Yes or No
Commuting Mileage		Wa	Was the vehicle used for hire?			Yes or No
Personal Mileage		Act	Actual Expenses: Gas, Oil, Repairs, Insurance, ect.			\$
Home Office – To be deductib	le must h	ave been required	by employer.			
Area Used for Business - Square Footag	e/Room	Sq/ft	Mortgage Interest		\$	
Total Area - Square Footage of Home		Sq/ft	Real Estate Taxes	Real Estate Taxes		
Number of Days in Year Office was in	Home		Insurance – Home	owners/F	Renters	\$
Date of Using Room as Home Office		\$	Repair and Mainte	enance		\$
Fair Market Value of Home with Home	Office	\$	Utilities Except W	ater per	Month	\$
Cost of Home with Home Office		\$	Rent Paid for Year			\$
Improvement to Home Office		\$	Other Specify:			\$
Land Value on Property Tax Statement \$ Other Specify:						\$
Building Value on Property Tax Statem	ent	\$	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 Flight Attendants – If expenses on this form! AIRLIN			tional Pro	ofessional Deduction sheet. DO NOT BASE DOMICILED	combine
Union Dues	\$	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	\$
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	Ψ	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	Ψ
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:	\$ \$
	\$			0	\$
Uniform Dry Cleaning Uniform Travel Laundering	\$	Other Travel Item: Other Travel Item:	\$ \$	TOTAL TRAINING Manual Replacement	\$
6	\$		\$ \$		\$ \$
Uniform Home Laundering Uniform In-flight Shoes	\$	Other Travel Item: Other Travel Item:	\$	ID Replacement	\$ \$
6	\$		\$	Drug Testing Expenses	\$ \$
Uniform Shoes/Boots Uniform Shoe Shine	\$	Other Travel Item: TOTAL TRAVEL ITEMS	\$	Foreign Language Expenses	
Uniform Shoe Repair	\$	Passport Fee	\$	Airport Parking Expense Reserve Emergency Cab Fares	\$ \$
TOTAL UNIFORM	Ŷ	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	¢	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	

f you fly out of more than one airport, the letter Airport Code		tation	orta ia daduatik	lo		
	Number of Round Tri			st Per Round Trip		\$
Three Letter Airport Code	Number of Round Tri			st Per Round Trip		\$
Fraining Expenses (Expenses incl			· · · · ·			Ŧ
Jumber of Days in Training			tter Code of Train	ing City		
Hotel/Housing Expense During Training	\$		pense During Tra	<u> </u>	\$	
Transportation Expense During Training	\$		nit, Range Fees ar	<u>v</u>	\$	
Jpgrade Training Expenses	\$		ing Expenses		\$	
Union and Company Busines Commuting expenses to your base for trips are N			ght expenses for c	ompany or union me	etings are	deductible
Iotel Expense	\$	Meals an	d Entertainment E	xpense	\$	
Transportation Expense	\$	Other Co	sts:		\$	
Femporary Duty Expenses						
Number of Days during the tax year on TDY		Three Lette	r City Code for Lo	ocation of TDY		
Iotel/Housing Expense for TDY	\$	Amount of per diem paid during your TDY			\$	
ransportation Expense during TDY	\$	Meal Exper	nse during TDY		\$	
Commuter Pad Moving Expe f you had a base change commuter pad mo		uctible				
Did Primary Residence	Old Work (BASE)			Transportation Ex	pense	\$
Jew Primary Residence	New Work (BASE)			Storage Expense	<u>r</u>	\$
Ailes from Old HOME to New BASE	Date Moved		/ /2014	Travel Expense		\$
Ailes from Old HOME to Old BASE	Mileage Driven Duri	ng Move		Lodging Expense		\$
National Guard / Military Re	serve Duty					
f your reserve military base is not in the sar	ne city as your home o	r airline base,	all unreimburse	d expenses in trav	eling to/f	rom and w
on duty at the military base during reserve d	rill are deductible.					
Sumber of nights spent at Post			r City Code for Lo			
Iotel/Housing Expense not reimbursed	\$		he total per diem p	oaid?	\$	
ransportation Expense not reimbursed	\$	Meal Exper			\$	
hone Expense while on duty	\$	Other Expe			\$	
Jtility Expense not reimbursed	\$	Commuting	; miles driven to /	from / at post	\$	
Entertainment Expense						
f you discuss company business or union news v	vhile on a layover costs d	uring this busir	ess discussion are	deductible. The ex-	penses of .	your activit

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	
I er Diem I alu.	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 1-2014 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—2014 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 <u>NOT</u> the number of nights in a hotel.

Total	domestic	days	flown	2014
-------	----------	------	-------	------

			_			
m 111			CH.	•	011	
Total inter	national	days	flow	n 2	014	-

\$

\$

Method 3—2014 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—2014 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 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 care that allows you to work or look for work. Deduction only allowed for children under age 13. NOTE: Social Security Number or ID Number is required to receive credit! Provider's Address and Phone Number Care Provider's Name Provider's SS# Child's Name Amount \$ \$ \$ \$ **Other Tax Credits** Do you have a Qualified Mortgage Interest Credit Certificate issued by federal or state government? Y or N Y or N Did you adopt a child this year? Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2012? 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 Energy Credits** Did you claim residential energy credits on your 2006 through 2011 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 2014? You must provide a copy of manufactures certificate and sales receipt. Y or N Did vou 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 First Time Home Buyers Credit Recapture Did you take the First Time Hombuyers Credit in 2008? Y or N Additional Tax Payments Made to Federal or State Quarterly Tax Payments Date Payment Made Federal Amount Local Amount State Amount First Quarter due 4/15/14 \$ \$ \$ \$ \$ \$ Second Quarter due 6/15/14 Third Quarter due 9/15/14 \$ \$ \$ \$ Fourth Quarter due 1/15/15 \$ \$ **Taxes Paid with Extensions to Federal or State** Federal Amount \$ State of amount \$ State of \$ amount State Tax Renters Credit If you paid rent in CA, IN, MA, MI, MN, NJ, WI or any other state in 2014 with a renters credit please complete the following section, Minnesota residents provide a copy of your Certificate of Rent Paid (CRP) Landlords Name Landlords Address Apartment Address Total Rent Paid \$ Dates Rented Monthly Rent \$ State K-12 Education Credits for AZ, IL, IA, & MN Grade Name of School Name of Student Expenses Address State Zip Code \$ \$