2015 AIRCREW TAXES PILOT TAX RETURN ORGANIZER

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

I have retained Aircrew Taxes to prepare my 2015 Income Tax returns. I hereby verify that the information provided in this Organizer is accurate and complete. I understand it is my responsibility and my continuing obligation until I have verified my tax return and it is filed, to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. I have not overstated my deductions or understated my income, and acknowledge that false information on a tax return could constitute a federal crime. I understand it is my responsibility to review my Income Tax Return after Aircrew Taxes has prepared it, and to verify that it contains accurate information. If I am billed for an amount due by Aircrew Taxes, I will promptly pay the full amount due and I hereby acknowledge that I will be responsible for any resulting collection fees due to nonpayment, and any attorney's fees incurred by Aircrew Taxes pursuant to a collection action. The laws of Georgia shall be applicable to all aspects of this agreement, and I hereby consent to jurisdiction of the Courts of Cobb County, Georgia regardless of where I actually reside. (If filing a joint return, both you and your spouse must sign.)

Taxpayer Signature_ Spouse Signature Date

Client Instructions to Complete Tax Return

Please DO NOT SEND ORIGINAL TAX DOCUMENTS, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there will be additional fees of \$35 to return 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 year's clients please send short checklist that we e-mailed 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. We will then e-mail the return to you for review.
- 4) Contact Aircrew Taxes with any changes to your tax return.
- 5) Aircrew Taxes will e-mail completed tax return with E-file authorization form to you.
- 6) Fax or scan signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

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 from Rental Real Estate, Royalties, Partnerships, S-Corps Copy of 1099's from 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 and 1099-A or 1099-C 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 Copy of 1095-A Health Insuranace Marketplace Statement, 1095-B Health Coverage, 1095-C Employer Provided Health

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	Informa	tion	(P1	ease Prii	nt Clearly)					
			_ (Taxpay	<u>′</u>				Spouse	
Last Name (Accor	rding to SS card)				14.1949					Spouse	
First Name											
Middle Initial											
Social Security N	lumber										
Occupation											
Date of Birth (mi	n/dd/yyyy)										
E-Mail Address											
Work Phone											
Cell Phone											
Home Phone											
Fax Number											
	is is your curre	nt state	reside	ncy whe	re you pa	y tax for thi	s tax yea	r and th	ne address on you	ır federal tax retui	n.
Address										Apt. #	
City						State				ZIP	
Federal I	Filing Sta	atus	(Che	eck Box	of Filing	Status)					
□ 1 Single											
□ 2 Marrie	d Filing Jointly	7									
□ 3 Marrie	d Filing Separa	ite S	Spouse	e Name				S	pouse Soc Sec #		
If MFS, Did you	live apart from	your sp	ouse d	luring th	e last 6 m	onths of 20	15?(Y or	N) Dio	d your spouse ite	mize deductions?((Y or N)
										t below if claimin	
Name:	i Household.	1 SOTTICE	one ens	ic is usin	g the exe	Social Sec		outui Ci	ina piease im oc	it below ii ciaiiiiii	g status.
Relationship:						Number m		nd with	VOII!		
	ing Widow					Spouse's I			you.		
_		-									
Depende	nt Infori	nati	on	(Name n	nust appe	ar as on the	social se	curity o	card)		
_										ify as a dependent	t and for
										Release of Claim,	
of your divorce d	ecree. Depende	ents inco	ome m	ust be u	nder \$380	00 unless a	full time s	student	• <u> </u>		
First Name	Last Nan	ne	MI	S	SN	Relationsh	ip Date	of Birth	n # Mos at Hom	e Care Expenses	Student
							/	/			Y or N
							/				Y or N
							/	/			Y or N
							/	/			Y or N
			<u> </u>			_	/	/			Y or N
Direct Do	enosit/Fi	ınds	W	ithdi	rawa	l Infor	mati	on			
Use direct deposi					Y or N				ithdrawal for ba	lance due?	Y or N
Account Type?		Check		or	Saving		of Bank?		illiurawai 101 ba	iance due:	1 01 10
Routing Number		CHCCF	ang	OI	Saving		nt Numb				
_		•	T					C1 :			
Payment	Method	for	Ta	x Pr	epara	ation E	ees				
All preparation a	nd related fees i	nust be	paid p	rior to c	ompletion	n of return.					
1□ Check (\$2	5 charge for al	l returi	ned ch	ecks)							
2□ Credit Ca	rd (please circ	e card	type)			V	isa			Mastercard	
Card Number					Expira	ation Date				Security Code	
Name on Card					Signat					Biling Zip Code	
	Tax Fees from		fund ((\$35 Baı	nk fee for		,				
Taxpayer's Drive	ers License # &							rs Lice	nse # & state		
Date Issued	/ /	Date I			/ /	Date I		/		Expired	/ /
U.S. Citizen	Resident A			on Resid	lent Alien		S. Citizen		Resident Alien	Non Resider	
Do you owe back		S or sta	te?		Y or N				nt student loans?		Y or N
Do you owe back					Y or N	Did th	e IRS gai	rnish yo	our refund last ye	ear?	Y or N
4 Audit Ass											ı
Purchase Audit A	ssistance & ID	Theft R	lestora	ition froi	n Protecti	ion Plus					Y or N

Please	circle y	es or no belo			end of the year. If you	paid taxes to more th	an one state, you may
receive	_		each state and we		1		
	Sta	te	Still Resident	Date Moved In	Date Moved Out	County	School District
			Y or N				
			Y or N				
			Y or N				
Im	ort	ant Ou	estions				
YES	NO			Please Ansv	wer All Questions.		Amount
		Identity Pr	rotection PIN				
				n Identity Protection	PIN. enter it here		
				Identity Protection PI			
		Health Ins			,,		
				overed by health insu	rance all year		
			of Someone Else	· · · · · · · · · · · · · · · · · · ·	rance an year		
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			•	dependent on another	•		
				as a dependent of som			
		•	• •		another persons return?		
			al Election Camp	0			
				the presidential elect	ction campaign fund?		
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			full time student?	ment Saving Contrib	utions		
		•	use a full time stu	dent?			
			Elderly or Disab				
			•	d permanent disabilit	v?		
				permanent disability?			
		_		mestic Partnership			
				Domestic Partnership			
•		0	ther Info	rmation Yo	u Believe We	May Need	[
	· ·	·	·	·	·		·

Interest Incor	ne							WTAXES.COM	
Not required if providing		et etatomo	unto						
Owner SS#	Bank/Institut			Jumbors and A	mounts	in each Re	ov from on	ch separate 10	00 INT
Owner 55#	Dalik/Histitut	1011	DUX IV	fullibers and A	inounts	III Cacii Do	ox mom ca	ich separate 10	JJ-11N 1
Dividend Inco	ome								
Not required if providing	all 1099-DIV divide	end or 109	99-B broker	statements.					
Owner SS#	Institution				mounts	in each Bo	x from ea	ch separate 10	99-DIV
								<u> </u>	
C4 1 0 D	1 0 11	L							
Stocks & Bon	Ids Sold Plea	se provide	e 1099-B Pr	coceeds From	Broker a	and Barter	Exchange	Transactions a	and year-
end broker statements. N									
Taxes With The Cost Of	f Each Stock Sales	If Not Or	1099-B)						
Stock Name or Desc	cription	Date S	old	Date Acqu	iired		es Price	Cost F	Plus Fees
		/ /	/2015	/	/	\$		\$	
		/ /	/2015	/	/	\$		\$	
		/ /	/2015	/	/	\$		\$	
		/ /	/2015	/	/	\$		\$	
		/ /	/2015	/	/	\$		\$	
		/ /	/2015	/	/	\$		\$	
State Income Not required if providing	1099-Gs and/or 109	9-G for u	inemployme			t Con	pens	ation	
State Refunds Received in	` •			Amount	\$	Stat		Amount	_
Additional State Tax paid		State		Amount	\$	Stat		Amount	
Did you itemize last year?			oayer		or N	Spo		Y	or N
·		State		A magazint	\$	Ctar			: \$
State Unemployment Con	-			Amount		Stat		Amount	
State Unemployment Con	-	State	2	Amount	\$	Star		Amount Amount	\$
State Unemployment Con State Unemployment Ben	efits Repaid		2						\$
State Unemployment Con State Unemployment Ben Alimony Reco	efits Repaid				\$		e		\$
State Unemployment Con State Unemployment Ben Alimony Reco Faxpayer Amount	efits Repaid	State \$		Amount	\$ Spor	Statuse Amour	nt	Amount \$	\$
State Unemployment Constate Unemployment Ben Alimony Recorate Alimony Recorate Amount IRA, Pension	efits Repaid eived , 401(k), ar	\$ state	nuitie	Amount es Distri	\$ Spoi	use Amoun	nt Ro	\$ ollovers	\$
State Unemployment Constate Unemployment Ben Alimony Recorate Alimony Recorate Amount IRA, Pension Not required if providing	efits Repaid eived , 401(k), ar	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
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State Unemployment Constate Unemployment Ben Alimony Reco Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 16 Reason for distribution Amount of Rollover Name of receiving institu Type of account (401k, If Social Securit Not required if providing Amounts for Social Secur Amounts for Railroad Be	efits Repaid eived , 401(k), an all 1099-R statemen 099-R box 1 tion RA, Pension, Roth) ty Benefits SSA 1099s and RR	\$ state \$ stat	nuitie tributions ar or S Distrib	Amount es Distri nd rollovers. bution #1 Income	Sportibuti Circle T T or S	ons a	nt nd Re axpayer or ion #2	\$ Spouse. T or S Distr	ibution #3
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AIRCREW TAXES (678)	797-1040 (770) 884-	7565 FA	X (770) 7.	95-9799 WWV	V.AIRCR	EWTAXES.CO	<u>M</u>
Educator Expenses Fo	r Teachers	Only	V				
Un-reimbursed amounts spent on books, su		·	,	om hv leindono	outon to 1	2th amada tagaha	
Taxpayer Amount	ippnes, and materials	s used III (me classic	Spouse Amou		\$	Ι.
	φ			Spouse Amou	111	φ	
Health Savings Accoun	nts (HSA)						
Provide Forms 5498-SA and /or 1099-SA		A questio	ons conce	rn tax year 2013	5.		
Type of high deductible plan?	Self Only or			in high deductil			
Plan in effect for December?	Y or N	1	Total HS	SA contribution	s to your	account	\$
Total Employer HSA contributions	\$		Total HS	SA distributions	}		\$
Total payroll deduction HSA contributions	\$		Total un	reimbursed qua	lified me	dical expenses	\$
• •						•	
Moving Expenses							
Only job related moves are deductible. Me			ge rate for	r 2015 is 23.5 c			
Old Primary Residence	Old Work (BA					rtation Expense	
New Primary Residence	New Work (B	ASE)				Expense	\$
Miles from Old HOME to New BASE	Date Moved			/ /2015	Travel E		\$
Miles from Old HOME to Old BASE	Mileage Drive	n During	Move		Lodging	Expense	\$
Self-Employed Contril	butions to S	SEP.	SIMI	PLE and	Oua	lified Pla	ans
Type of Plan		,,		axpayer Amoun	_	Spouse A	
Money Purchase Plan			\$	axpayer Amoun		\$ Spouse A	mount
Profit Sharing Plan			\$			\$	
Defined Benefit Plan			\$			\$	
SEP Plan			\$			\$	
SIMPLE Plan			\$			\$	
Individual 401(k) Plan			\$			\$	
Roth 401(k) Plan			\$			\$	
			Ψ		,	Ф	
Alimony Paid							
Recipients Name		ents SS#				Amount Paid	\$
Recipients Name	Recipi	ents SS#				Amount Paid	\$
Traditional And Roth	IRA Contr	ibuti	ons				
(Do Not Include 401(k) Contributions)		1000		payer	<u> </u>	Spouse	
Traditional IRA Contribution Amount Mad	de by 4/15/16	\$	Tunj	payer	\$	Spouse	
Roth IRA Contribution Amount Made by 4	•	\$			\$		
Non-Deductible IRA Contributions	., 10, 10	\$			\$		
	4						
Education Savings Aco	counts						
List contributions made on or before 12/31	/15			St	udent Na	me	Amount
Excess Contributions to Coverdell Educati	on Plan (amounts in	excess of	\$2,000)				\$
Contributions to State Prepaid Tuition Prog	gram State Plan N	lame					\$
Contributions to State College Savings 529	Plan State Plan N	lame					\$
Student Loan Interest	and Fduca	tions	l Doc	luction a	and (radite	
							1°-4 - C
Provide all 1098-Es for student loan intere education expenses please request the Educ					ina tees.	For a complete	list of
You may claim qualified expenses and fee					ron oc Tu	ition and Face I	Daduction or
the American Opportunity Credit or the La							
Credit you may be taking as little as one co							
Provide All 1098-Ts and 10			Stude			Student	
Name of Student							
Name of School and City and State where	located						
Tuition Paid in 2015		\$			\$		
Year in College and was student at least ha	ılftime?	1 st 2 nd 3	rd 4 th Grac	l, Yes or No	1 st 2 ⁿ	d 3 rd 4 th Grad, Y	es or No
Amount of 529 Plan Withdrawals							
Student Loan Interest Paid in 2015		\$			\$		

Medical Expenses	,		,							
(<u>Do Not</u> Include Medical Expenses Paid By In	surance	Or By I	lexible S	pending Account	<u>s</u>)					
Prescriptions Medications		\$	Eye	glasses and Contac	cts		\$			
Health Insurance Premiums – After Tax		\$	Med	lical Equipment ar	nd Supplies	3	\$			
Taxpayer's portion on Form 1095-A premiums		\$	Med	lical Travel – Nun	nber of Mi	les	#			
Spouse's portion on Form 1095-A premiums		\$	Med	lical Transportatio	n Ambular	nce fees	\$			
Long Term Care Insurance premiums for taxpay	er	\$	Med	lical Lodging (up	to \$50 per	night)	\$			
Long Term Care Insurance premiums for spouse	;	\$	Lasi	k and Radial Kero	otonomy		\$			
Long Term Care Costs dependent child under 27	1	\$	Oth	er – Including CC	BRA or Sp	pecify:	\$			
Fees for Physician/Dentist/Chiropractor		\$	Oth	er			\$			
Fees for Hospital and Clinics		\$	Oth	er			\$			
Lab and X-ray		\$	Oth	er			\$			
Long Term Care Costs		\$	Oth	er			\$			
Taxes Paid (Do Not Include Real Estate Taxes For A Ren	tal Prop	_			(C. T.		Φ.			
Real Estate taxes on Principal Residence		\$				or Advalorem Fee)	\$			
Real Estate taxes on Second Home or Land		\$		sonal Property Tax	*	<u> </u>	\$			
Real Estate taxes on Vacation Home		\$		es Tax on Motor V			\$			
Personal Property Tax (Car Tag or Advalorem F	ee)	\$	Sale	s Tax on Motor V	ehicle or B	oat or Aircraft	\$			
Homeowner Mortgage In (Do Not Include Mortgage Interest For A Ren Not required if providing all 1098 Mortgage Interest statement. You may have multiple 1098 Mortgage	<mark>ital Prop</mark> erest State	<mark>erty</mark> Inp ement. I	out On Re	ental Worksheet) chased, sold or refi	nanced a h		the closing			
Primary mortgage interest Lender		\$	Qu	alified Mortgage l	Insurance F	Premiums	\$			
Primary mortgage interest Lender		\$	Die	d you sell your ho	me in 2015	?	Y or N			
Equity line loan Lender		\$	Nu	mber of years live	d in home	before selling?				
Second mortgage Lender		\$	Die	d you purchase yo	ur home in	2015?	Y or N			
Vacation Home mortgage Lender		\$	Die	d you refinance yo	ur home in	2015?	Y or N			
Origination or Discount Points		\$	Nu	mber of years you	refinance	1?				
Casualty/Theft & Loss			-				-			
Description of Casualty Event Da	ite	Prope	rty	Purchase Date	Cost	Value after Loss	Insurance			
					\$	\$	\$			
Miscellaneous Expenses										
Tax Prep Fees Paid in 2015	\$			or Investment Inter			\$			
Tax Fees Paid in an Audit	\$			Attorney and Acco	ounting Fee	es	\$			
	, c					\$				
Tax Prep Software/Books/Publications.										
Tax Prep Software/Books/Publications. Tax Prep Mailing/Fed Ex Fees Paid in 2015 Investment Expense										

Charitable Contributions	· , , ,	nations Only	0.112
You need to have an acknowledgement if any si	ngle cash contribu	tion is over \$250.	
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
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Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$

Charitable Contributions Vehicle Donations Only Vehicle Donation over \$500 send 1098C						
Vehicle Donated to:		Date of Vehicle Donation				
FMV under \$500	\$	Make & Year of Vehicle				
Purchase Date		Original Purchase Price	\$			
Vehicle Donated to:		Date of Vehicle Donation				
FMV under \$500	\$	Make & Year of Vehicle				
Purchase Date		Original Purchase Price	\$			

	mibutions Non Cost		
	ributions Non Cash	•	
	l goods, please estimate the value a	nd include the name and address	of the charitable organization.
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			-
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity	Immeritepareement Equal suite		
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired	2013	2015	2015
1	Donahasa Cift Casatad Dagasat	Donahasa Cife Constant Demost	Donahasa Cift Casatad Dansast
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost Value of Donations	\$ \$	\$	\$ \$
		'	<u> </u>
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale
Name of Charity			
Address of Charity			
City, State, Zip			
Donation Description			
Date of Donation	2015	2015	2015
Date Acquired			
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$
How Valued (Circle One)	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale

Pilot Professional Deductions

Receipts are not required for travel expenses under \$75 if entered into your logbook, including item, date & cost. Always purchase items with credit cards, debit cards or by check so that you will have a record of the purchase if you lose the reciept. Do not send receipts; keep them for your records. (Aircrew Taxes Will Complete TOTAL BLOCKS)

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 BASE DOMICILED Union Dues Luggage Computer Paper Union Initiation Fee \$ Luggage Wheels \$ Trip Trading 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 \$ \$ Mobile Internet Access Fees \$ Airline Luggage Tags \$ TOTAL SUBSCRIPTIONS \$ Jet Bridge/Jet Way Keys Internet Long Distance Fees \$ \$ Uniform Payroll Deduction Cockpit Keys Computer Usage Fees (PC FOS) \$ Uniform Pants \$ Personal Organizer \$ Company Mailing Expense \$ **Uniform Shirt** \$ Flashlight \$ Company Copy/Fax Expense \$ Uniform Alterations \$ \$ Other Bidding/Communication Cost \$ Batteries \$ \$ Uniform Belt Logbook TOTAL COMMUNICATION \$ \$ Uniform Epaulets Electronic Logbook FAA Medical Expenses Company Loss of License Insurance Uniform Tie \$ Portable Alarm Clock \$ \$ Uniform Hat \$ Portable Curling Iron \$ ALPA Loss of License Insurance \$ \$ \$ TOTAL FAA MEDICAL Uniform Jacket Portable Hair Dryer \$ \$ Uniform Winter Jacket Portable Iron CFI Renewal \$ Uniform Leather Jacket \$ Portable Security Device \$ Personal Flight Training \$ Uniform Sweater \$ Portable Smoke Detector \$ Upgrade Training Expenses \$ Uniform Scarf \$ Int'l Voltage Converter \$ Type Rating Expenses \$ Uniform Wings \$ Company Business Cards \$ Written Exam Expenses \$ Uniform Dry Cleaning \$ Ear Piece / Headset \$ Other Training Costs: \$ \$ \$ Uniform Travel Laundering Dual Time Zone Watch TOTAL FLIGHT TRAINING \$ Uniform Home Laundering \$ Cockpit Supplies - Maps etc. Manual Replacement \$ **Uniform Shoes** \$ Sunglasses \$ **ID** Replacement \$ Uniform Shoe Shine \$ Other Travel Item: \$ **Drug Testing Expenses** \$ TOTAL TRAVEL ITEMS \$ Uniform Shoe Repair \$ Foreign Language Expenses \$ \$ Uniform Other: Passport Fee Reserve Emergency Cab Fares TOTAL UNIFORM Passport Photo \$ Other Job Expense: \$ Job Search Sim Prep \$ Passport Expedite Fees \$ Other Job Expense: \$ \$ Job Search Interview Prep \$ Foreign Visa TOTAL MISCELLANEOUS Job Search Publications \$ TOTAL PASSPORT Transportation on Layovers Job Search Hotels \$ Cell Phone Purchase this year \$ \$ Subway and Bus Fees on Layovers Job Search Transportation Interview \$ Cell Phone Service for Work \$ \$ 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 Pilot Pro	fessio	onal Dedu	ctions				
Co-Terminal Multi-Airpoi	rt Base	es Transporta	ation				
If you fly out of more than one airport,				tible			
Three Letter Airport Code		umber of Round Trips			ost Per Round Trip		\$
Three Letter Airport Code Three Letter Airport Code		umber of Round Trips			ost Per Round Trip		\$
Intial, Recurrent, Type Ra					•	ad Where	
Training Is Held You Are Not Allow					(II Tou Are Dass	eu vynere	Tour
Number of Days in Training	20 10 14.	Ke A Fei Diem De		tter Code of Train	ning City	\top	
Hotel/Housing Expense During Training	\$			pense During Tra		\$	
Transportation Expense During Training	\$			ing Expenses	ıllınıg	\$	
Upgrade Training Expenses	\$			aining Costs		\$	
FFDO Expenses						1	
Number of Days in Training			Equipmen	nt Costs		\$	
Three Letter Code of Training City			Gun Perm			\$	
Hotel/Housing Expense During Training	\$		Range Fee			\$	
Transportation Expense During Training	\$		Ammuniti			\$	
Phone Expense During Training Phone Expense During Training	\$		Other FFI			Ψ	
1 0		- LEwnong		70 000			
Union and Company Busin				C			
Commuting expenses to your base for trips		leductible. However.					e deductible
Hotel Expense		\$ Meals and Entertainment Expense \$					
Transportation Expense	\$		Other Cos	sts:		\$	
Temporary Duty Expenses	S						
Number of Days during the tax year on TD	Y		Three Letter	r City Code for L	ocation of TDY		
Hotel/Housing Expense for TDY	\$		Amount of p	per diem paid dur		\$	
Transportation Expense during TDY	\$			se during TDY		\$	
Commuter Pad Moving Ex	xpense	S					
If you had a base change commuter page			ctible				
Old Primary Residence		Old Work (BASE)			Transportation Ex	xpense	\$
New Primary Residence		New Work (BASE)		_	Storage Expense		\$
Miles from Old HOME to New BASE	D	Date Moved		/ /2015	Travel Expense		\$
Miles from Old HOME to Old BASE	M	Mileage Driven During	g Move	I	Lodging Expense	;	\$
National Guard / Military							
If your reserve military base is not in the			airlina hace	all unraimbut	al avpançae in tr	ling to	/from and
		•		, all unremiour	sed expenses in ua	avening to	Trom and
While on duty at the military base durin	g reserve	drill are deduction		- City Code for I	- action of Post	T	
Number of nights spent at Post Hotel/Housing Expense not reimbursed		\$		r City Code for Lone total per diem p		\$	
Transportation Expense not reimbursed		\$	1		paid?	\$	
Phone Expense while on duty		\$	Meal Expens Other Expen			\$	
Utility Expense not reimbursed		\$		miles driven to /	/ from / at nost	\$	
• •		3	Communia	miles driven to ,	IfOIII / at post	Ф	
Entertainment Expense							
If you discuss company business or union n							
activities associated with this discussion are							
present. Qualifying items may include Mus					bona fide discussion	n of compar	ny or union
husiness Enter your yearly Entertainm							

business. Enter your yearly Entertainment Expense while discussing company business:

Per	Diem	Dedu	ction	Infor	mation
	DICIII	Deuu			шаичи

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 NOT 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 be able to increase the deduction if you complete the boxes below.

Method 1—2015 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—2015 Total Days Flown Method

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

Total domestic days flown 2015 Total international days flown 2015

Method 3—2015 Trip Length Method

	- 0 == 0 0-		
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—2015 Layover Schedule

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

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

One day in 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			
	_					

Odlara I.I. E	/XX/ A	NT	A •	l' T	1	- D - I 4'		
Other Job Expenses	S/W-2	Non-A	Air	line Emp	loye	ee Deductions		
If you have another job with a W-2 or	r your spou	se has a jol	b with	a W-2 enter non	-reimbı	irsed employee related business	exper	ises
below. This deduction sheet only be	used if you	have a W-	2 for	another job.				
(Do Not Include Pilot Or Flight Att	endant De	ductions)		, and the second				
Union Dues and Professional Dues	\$	Meals and Entertainment Expense			\$	Other		\$
Professional Subscriptions	\$	Office Supplies			\$	Other		\$
Uniform and Protective Clothing	\$	Office Equipment		\$	Other		\$	
Job Search Costs	\$	Licenses	Licenses		\$	Other		\$
Local Parking Fees and Transportation	\$	Telephone	Felephone 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 2015 is	56.5 cents	per i	mile.	_	-		_
Year & Make and Model Vehicle	Do you have evidence to support the deduction?			t the deduction?	Yes or No			
Date First Used for Business	Is this evidence written?					Yes	or No	
Type of Vehicle: Car, Van, Truck	Is another vehicle available for personal use?				Yes	or No		
Total Mileage			Was the vehicle available for personal use during off duty hours?					or No
Business Mileage		Was the vehicle leased?				Yes	or No	
Commuting Mileage				Was the vehicle used for hire?			Yes	or No
Personal Mileage			Actual Expenses: Gas, Oil, Repairs, Insurance, ect.				\$	
Home Office – To be deductible	as an empl	lovee must	t have	been required b	ov emp	lover if an employee.		
Area Used for Business - Square Footage			_					
Total Area - Square Footage of Home	Sq/ft		Real Estate Taxes			\$		
Number of Days in Year Office was in H	1		Insurance – Homeowners/Renters			\$		
Date of Using Room as Home Office	\$		Repair and Maintenance			\$		
Fair Market Value of Home with Home C	\$		Utilities Except Water 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:						\$		

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

Other Specify:

Building Value on Property Tax Statement

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

	WTAX	ES (678) 797	/-1040 (77)	0) 884-7565 FAX (7	70) 795-9	9/99 WWW.AIK	CREWIA	XES.COM	<u>I</u>	
Tax Credits										
Child and De	pene	dent Ca	are Ex	kpenses Cr	edit					
Qualifying expense for ca	are that a	allows you to	work or le	ook for work. Dedu	ction only	allowed for chil	dren under	age 13.		
NOTE: Social Security N	Number	or ID Numbe	er is requir	ed to receive credit!						
Care Provider's Name	are Provider's Name Provider's Address and Phone Number Provider's SS# or EIN Child's Name						s Name	Paid		
									\$	
									\$	
									\$	
									\$	
Other Tax C	redit	S								
Do you have a Qualified	Mortgag	ge Interest Cr	edit Certif	icate issued by feder	al or state	e government?			Y or N	
Did you adopt a child this									Y or N Y or N	
	Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2014?									
Were you a first home bu						forward?			Y or N	
Did you have Alternative	Motor `	Vehicle or Q	ualified Plu	ig-In Electric Drive	!				Y or N	
Residential E	nerg	gy Cred	lits							
Did you claim residential				rough 2013 tax retui	rns?				Y or N	
Did you install insulation	, energy	efficient wir	ndows, doo	ors, skylights, heating	g and AC					
stoves, metal or asphalt re									Y or N	
Did you install alternative					, geother	mal heat pump or	r wind turbi	ne? You		
must provide a copy of	manufa	ctures certif	icate and	sales receipt.					Y or N	
First Time H	ome	Buyers	s Cre	dit Recaptu	ıre					
Did you take the First Tir									Y or N	
Additional Ta	ax P	avmen	ts Ma	de to Feder	ral or	• State				
Quarterly Tax Payment		Date Payment Made		Federal Amount				Local A	Amount	
First Quarter due 4/15/15		Dute I uj ment iviace		\$		\$ \$			200m ramouni	
Second Quarter due 6/15	/15			\$		\$ \$				
Third Quarter due 9/15/1	5			\$		\$		\$		
Fourth Quarter due 1/15/	16			\$			\$			
Taxes Paid w	ith I	Extensi	ons to	Federal o	r Sta	te	-			
Federal Amount	\$	Sta	ate of	amount	\$	State of		_ amount	\$	
State Tax Re	ntor	c Crodi	it							
				-tht		4:41	1 . 4 . 4	h - C-11		
If you paid rent in CA, IN Minnesota residents prov					with a ren	ners credit piease	e complete t	ne ionow	ing section,	
Landlords Name	rac a co	py or your Co	crimeate 0	r Relit I ald (CRI')						
Landlords Address										
Apartment Address										
Monthly Rent \$		Total Rent	Paid	\$ Dates F	Rented					
State K-12 E	duca	tion C	redits	for AZ, II	, IA.	& MN				
) ,					
Name of Student	Grade	Expenses	Na	me of School	Address State			State	Zip Code	
		\$								
		\$								