2015 AIRCREW TAXES FLIGHT ATTENDANT TAX RETURN ORGANIZER

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

I have retained Aircrew Taxes to prepare my 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 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 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 Insurnace Marketplace Statement, 1095-B Health Coverage, or 1095-C Empoyer Provided Health
Office (770) 884-7565, Cell (678) 332-6905, Fax (770) 795-9799

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

www.aircrewtaxes.com

		(/	(-,	,	- /				
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 Some	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				
	Sta	te	Still Resident	Date Moved In	Date Moved Out	County	School District
			Y or N				
			Y or N				
			Y or N				
Imr	ort	ant Ou	estions				
YES	NO			Please Ans	wer All Questions.		Amount
ILO	110	Identity Pr	rotection PIN	Ticase Alls	wei Aii Questions.		Amount
				n Identity Protection	PIN enter it here		
				Identity Protection PI			
		Health Ins		Identity 1 Totection 1 1	iv, enter it here		
				overed by health insu	ranca all waar		
			of Someone Else	· · · · · · · · · · · · · · · · · · ·	rance an year		
		_			. 0		
				endent of someone els			
			•	dependent on another	•		
				as a dependent of som			
		•	• •	•	another persons return?		
			al Election Camp	0	ation assumation from 10		
				the presidential elect	ction campaign fund?		
			•	ment Saving Contrib			
			full time student?	ment Saving Contrib	utions		
		•	use a full time stu	dent?			
			Elderly or Disab				
			•	d permanent disabilit	y?		
		Is spouse re	etired on total and	permanent disability?)		
		Partners in	n a Registered Do	mestic Partnership	or Civil Union		
		Taxpayer is	s in a Registered D	Oomestic Partnership o	or Civil Union		
		0	ther Info	rmation Yo	u Believe We	May Need	l
						• • • • • • • • • • • • • • • • • • •	

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# Bank/Institution		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.	
State Unemployment Constate Unemployment Ben Alimony Reco Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie	Amount es Distri	Sportibuti	use Amoun	nt nd Ro	\$ ollovers	
State Unemployment Constate Unemployment Bench Alimony Recordance Faxpayer Amount IRA, Pension Not required if providing Faxpayer or Spouse Name of payer institution	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
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	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
State Unemployment Constate Unemployment Bench Alimony Recordance Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 16 Reason for distribution	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
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	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
State Unemployment Constate Unemployment Bench Alimony Recordance Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 10 Reason for distribution Amount of Rollover Name of receiving institution	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
State Unemployment Constate Unemployment Bench Alimony Recordance Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 10 Reason for distribution Amount of Rollover Name of receiving institution	efits Repaid eived , 401(k), at all 1099-R statemer	\$ state	nuitie tributions ar	Amount es Distri	Sportibuti	ons a	nt nd Ro	\$ Sollovers spouse.	
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 institut Type of account (401k, III	efits Repaid eived , 401(k), at all 1099-R statemer 099-R box 1 tion RA, Pension, Roth)	\$ state	nuitie tributions ar	Amount es Distrind rollovers. bution #1	Sportibuti Circle T T or S	ons a	nt nd Ro	\$ Sollovers spouse.	
State Unemployment Constate Unemployment Bench Alimony Reconstance Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 10 Reason for distribution Amount of Rollover Name of receiving institution Type of account (401k, IF Social Securit	efits Repaid eived , 401(k), an all 1099-R statemer 099-R box 1 tion RA, Pension, Roth) ty Benefits	\$ 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 Ro	\$ Sollovers spouse.	
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 institut Type of account (401k, IF Social Securit	efits Repaid eived , 401(k), an all 1099-R statemer 099-R box 1 tion RA, Pension, Roth) ty Benefits	\$ 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 Ro	\$ Spouse. T or S Distr	
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 institut Type of account (401k, If Social Securit Not required if providing	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 Ro axpayer or ion #2 Taxpa \$	\$ Spouse. T or S Distr	ibution #3
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
State Unemployment Constate Unemployment Bench Alimony Recordance Taxpayer Amount IRA, Pension Not required if providing Taxpayer or Spouse Name of payer institution Gross distribution from 10 Reason for distribution Amount of Rollover Name of receiving institution are of receiving institution from 10 Reason for distribution from 10 Reason for dis	efits Repaid eived , 401(k), ar all 1099-R statemer 099-R box 1 tion RA, Pension, Roth) ty Benefits SSA 1099s and RR rity Benefits nefits	\$ 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 Ro axpayer or ion #2 Taxpa \$	\$ Spouse. T or S Distr	ibution #3

AIRCREW TAXES (678)) 797-1040 (770) 884-	7565 FA	X(770) 75	95-9799 WWV	V.AIRCRI	EWTAXES.CO	<u>M</u>	
Educator Expenses Fo		·	,					
Un-reimbursed amounts spent on books, s	supplies, and materials	used in	the classro				r.	
Taxpayer Amount	\$			Spouse Amou	nt	\$		
Health Savings Accou					-			
Provide Forms 5498-SA and /or 1099-SA Type of high deductible plan?							1	
Plan in effect for December?	Self Only or	•		in high deducti			Φ.	
Total Employer HSA contributions	Y or N	<u> </u>		SA contribution SA distributions		account	\$	
Total payroll deduction HSA contributions				reimbursed qua		dical avnancas	\$	
* *	1S \$		Total uli	remoursed qua	illied life	ilicai expenses	Ф	
Moving Expenses Only job related moves are deductible. M	leals are not deductibl	e (Milea	ge rate for	· 2015 is 23.5 c	ente)			
Old Primary Residence	Old Work (BA		ge rate 101	. 2013 IS 23.3 C		rtation Expense	\$	
New Primary Residence	New Work (B				Storage 1		\$	
Miles from Old HOME to New BASE	Date Moved	(ISE)		/ /2015	Travel E		\$	
Miles from Old HOME to Old BASE	Mileage Drive	n During	Move			Expense	\$	
Self-Employed Contri	hutions to	ED	CIMI	DI E and	Ωπο	lified Dl	onc	
A V		, 111						
Type of Plan	n			axpayer Amoun		Spouse A	mount	
Money Purchase Plan Profit Sharing Plan			\$		9			
Defined Benefit Plan			\$		4			
SEP Plan			\$		9			
SIMPLE Plan			\$		9			
Individual 401(k) Plan			\$		9			
Roth 401(k) Plan			\$		9			
Alimony Paid			·					
Recipients Name	Recipi	ents SS#				Amount Paid	\$	
Recipients Name		ents SS#				Amount Paid	\$	
Traditional And Roth	IRA Contr	ibuti	ons		Ė	-		
(<u>Do Not</u> Include 401(k) Contributions)			Tax	oayer		Spouse		
Traditional IRA Contribution Amount Ma	ade by 4/15/16	\$			\$	\$		
Roth IRA Contribution Amount Made by	4/15/16	\$			\$	\$		
Non-Deductible IRA Contributions		\$			\$			
Education Savings Ac	counts							
List contributions made on or before 12/3				St	udent Na	me	Amount	
Excess Contributions to Coverdell Educat			\$2,000)				\$	
Contributions to State Prepaid tuition Pro-	•						\$	
Contributions to State College Savings 52	29 Plan State Plan N	lame					\$	
Student Loan Interest								
Provide all 1098-Es for student loan interd					and fees.	For a complete	list of	
education expenses please request the Edu					иот o Т	ition and East	Doduation :	
You may claim qualified expenses and fe the American Opportunity Credit or the I								
Credit you may be taking as little as one c								
Provide All 1098-Ts and 10		. بر در	Stude			Student		
Name of Student								
Name of School and City and State where	located							
Tuition Paid in 2015		\$	-1 4		\$	4 -4 4		
Year in College and was student at least h	alftime?	1 st 2 nd 3	rd 4 th Grad	l, Yes or No	1 st 2 nd	d 3 rd 4 th Grad, Y	es or No	
Amount of 529 Plan Withdrawals		¢.			Φ.			
Student Loan Interest Paid in 2015		\$			\$			

Medical Expenses	10 (770)	004-73	03 1 7121 (110/175-7177 11	WWIIIC	TE WITHES.COM		
		. D. E		7° 4	_			
(Do Not Include Medical Expenses Paid By Inst	urance (Ι φ	
Prescriptions Medications		\$		Eyeglasses and Contacts \$				
Health Insurance Premiums – After Tax						\$		
Taxpayer's portion on Form 1095-A premiums		\$					#	
Spouse's portion on Form 1095-A premiums		\$		lical Transportatio			\$	
Long Term Care Insurance premiums for taxpayer	ſ	\$		lical Lodging (up		night)	\$	
Long Term Care Insurance premiums for spouse		\$		k and Radial Kero		• • • • • • • • • • • • • • • • • • • •	\$	
Long Term Care Costs dependent child under 27		\$		er – Including CC	BRA or Sp	pecify:	\$	
Fees for Physician/Dentist/Chiropractor		\$	Othe				\$	
Fees for Hospital and Clinics		\$	Othe				\$	
Lab and X-ray		\$	Othe				\$	
Long Term Care Costs		\$	Othe	er			\$	
Taxes Paid (Do Not Include Real Estate Taxes For A Renta	al Prope	<u>rty</u> Imp	out On Re	ental Worksheet)				
Real Estate taxes on Principal Residence		\$	Pers	onal Property Tax	(Car Tag	or Advalorem Fee)	\$	
Real Estate taxes on Second Home or Land		\$	Pers	onal Property Tax	(boat or ai	rplane)	\$	
Real Estate taxes on Vacation Home		\$	Sale	s Tax on Motor V	ehicle or B	oat or Aircraft	\$	
Personal Property Tax (Car Tag or Advalorem Fee	e)	\$	Sale	s Tax on Motor V	ehicle or B	oat or Aircraft	\$	
Homeowner Mortgage Interest For A Rents Not required if providing all 1098 Mortgage Interest statement. You may have multiple 1098 Mortgage	<mark>al Prope</mark> est Statei	e <mark>rty</mark> <mark>Imj</mark> ment. It	put On R of you purc	ental Worksheet) hased, sold or refi	nanced a h		the closing	
Primary mortgage interest Lender		\$		alified Mortgage l		remiums	\$	
Primary mortgage interest Lender		\$	_	d you sell your ho			Y or N	
Equity line loan Lender		\$		mber of years live				
Second mortgage Lender		\$		d you purchase yo			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	refinanced	1?		
Casualty/Theft & Loss			-					
Description of Casualty Event)	Proper	rty	Purchase Date	Cost	Value after Loss	Insurance	
Description of Casualty Event Event Date					\$	\$		
Description of Casualty Event Event Date					Ψ	'	\$	
Miscellaneous Expenses					Ψ	,	\$	
Miscellaneous Expenses Tax Prep Fees Paid in 2015	\$		Margin o	or Investment Inte			\$	
Miscellaneous Expenses	\$			or Investment Inter Attorney and Acco	rest Paid		\$	
Miscellaneous Expenses Tax Prep Fees Paid in 2015			Certain A		rest Paid		\$ \$ \$	
Miscellaneous Expenses Tax Prep Fees Paid in 2015 Tax Fees Paid in an Audit	\$		Certain A	Attorney and Acco	rest Paid		\$	

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:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	Donee Name:	\$
Donee Name:	\$	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	I and the processor and a square some	
Address of Charity			
·			
City, State, Zip Donation Description			
	2015	2015	2015
Date of Donation	2015	2015	2015
Date Acquired	D 1 C'C C 1 D	D 1 C'C C 1 D	D 1 City C 1 D
How Acquired(Circle One)	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
Total Original Cost	\$	\$	\$ \$
Value of Donations	\$ TILIC D. 1. 1.	<u>'</u>	<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	2013	2013	2013
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

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 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 Computer Paper Luggage Union Initiation Fee \$ Luggage Wheels \$ Software \$ Union Assessments \$ Luggage Repairs \$ Bid Service Fees \$ TOTAL UNION DUES Garment Bag \$ Bid Mailing Fees \$ \$ **Professional Subscriptions** \$ Flight Bag Mobile Flica Fees \$ Trade Publications \$ Lunch Bag \$ Internet Access Fees \$ Organizational Dues \$ Airline Luggage Tags \$ Mobile Internet Access Fees \$ TOTAL SUBSCRIPTIONS Jet Bridge/Jet Way Keys \$ Internet Long Distance Fees \$ Uniform Payroll Deduction \$ Cockpit Keys \$ Computer Usage Fees (PC FOS) \$ Uniform Alterations \$ Personal Organizer \$ Company Mailing Expense \$ Uniform Dress/Skirt \$ Flashlight Company Copy/Fax Expense \$ Uniform Maternity Dress/Shirt \$ \$ Other Bidding/Communication Cost \$ Batteries **Uniform Pants** \$ \$ Other Comm Item: Logbook \$ **Uniform Shirt** \$ Portable Alarm Clock \$ Other Comm Item: \$ Uniform Sweater/Shirt \$ Portable Curling Iron \$ TOTAL COMMUNICATION \$ \$ Uniform Jacket Portable Hair Dryer Written Exam Expenses \$ Uniform Winter Jacket \$ \$ Private Pilot License \$ Portable Iron \$ \$ \$ **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 \$ Other Training Costs: Uniform Belt \$ \$ Corkscrew \$ Uniform Hat \$ Galley Supplies \$ Other Training Costs: \$ Uniform Tie \$ Liquor Shortages \$ Other Training Costs: \$ Uniform Epaulets \$ Int'l Voltage Converter \$ \$ Other Training Costs: \$ \$ Uniform Wings \$ Other Travel Item: Other Training Costs: Uniform Dry Cleaning \$ Other Travel Item: \$ TOTAL TRAINING \$ \$ Uniform Travel Laundering Other Travel Item: Manual Replacement \$ \$ \$ \$ Uniform Home Laundering Other Travel Item: **ID** Replacement Uniform In-flight Shoes \$ Other Travel Item: \$ **Drug Testing Expenses** \$ \$ Uniform Shoes/Boots \$ Foreign Language Expenses \$ Other Travel Item: Uniform Shoe Shine \$ TOTAL TRAVEL ITEMS Airport Parking Expense \$ \$ \$ Uniform Shoe Repair Passport Fee \$ Reserve Emergency Cab Fares TOTAL UNIFORM Passport Photo \$ Other Job Expense: \$ \$ \$ Job Search Sim Prep \$ Passport Expedite Fees Other Job Expense: Job Search Interview Prep \$ Foreign Visa \$ TOTAL MISCELLANEOUS Job Search Publications \$ TOTAL PASSPORT Transportation on Layovers Job Search Hotels \$ Cell Phone Purchase this year \$ Subway and Bus Fees on Layovers \$ Job Search Transportation Interview \$ Cell Phone Service \$ \$ Train Fees on Layovers Job Search Resume \$ Second Telephone Line \$ Rental Cars on Layovers \$ Job Search Copying and Mailing \$ Calling Card Calls \$ Layover Meal Transportation \$ Job Search Telephone \$ Collect/Hotel Calls \$ ATM Fees on Layovers \$ Job Search Application Fees \$ VoIP or Skype \$ Check Cashing Fees on Layovers \$ Job Search Other: \$ Company Phone Expense \$ Overnight Other: \$ TOTAL JOB SEARCH Printer Toner/Ink Cartridges \$ TOTAL OVERNIGHT TRAVEL

Situational Flight Att	endant	Profession	al Deducti	ions		
Co-Terminal Multi-Airport		_				
If you fly out of more than one airport						
Three Letter Airport Code		of Round Trips		ost Per Round Trip		\$
Three Letter Airport Code	Number of	of Round Trips	Co	ost Per Round Trip		\$
Training Expenses (Expenses in	ncurred for to	raining must not be o	ut your base.)			
Number of Days in Training			e Letter Code of Train	ning City		
Hotel/Housing Expense During Training	\$		e Expense During Tr	<u> </u>	\$	
Transportation Expense During Training	\$		Permit, Range Fees a		\$	
Upgrade Training Expenses	\$	Туре	Rating Expenses		\$	
Union and Company Busine	ess Trave	Expenses				
Commuting expenses to your base for trips ar			vernight expenses fo	r company or union	meetings a	are deductibl
Hotel Expense	\$		s and Entertainment		\$	iic deddeiisi
Transportation Expense	\$		r Costs:		\$	
Temporary Duty Expenses		<u>'</u>				
Number of Days during the tax year on TDY	$\overline{}$	Three I	etter City Code for L	ocation of TDY		
Hotel/Housing Expense for TDY	\$		t of per diem paid du		\$	
Transportation Expense during TDY	\$		xpense during TDY	Illig your 12.	\$	
			pense zzzz g		T	
Commuter Pad Moving Exp	_					
If you had a base change commuter pad i				T		Тф
Old Primary Residence		rk (BASE)		Transportation E	•	\$
New Primary Residence		ork (BASE)	/ /2014	Storage Expense		\$
Miles from Old HOME to New BASE	Date Mo		/ /2014	Travel Expense		\$
Miles from Old HOME to Old BASE		Driven During Move		Lodging Expense	9	\$
National Guard / Military F						
If your reserve military base is not in the			oase, all unreimbur	rsed expenses in the	raveling to	o/from and
while on duty at the military base during	reserve drill a					
Number of nights spent at Post			etter City Code for L		<u> </u>	
Hotel/Housing Expense not reimbursed	\$		as the total per diem	paid?	\$	
Transportation Expense not reimbursed	\$	Meal Ex	kpense		\$	
Phone Expense while on duty	\$		xpense:		\$	
Utility Expense not reimbursed	\$	Commu	ting miles driven to	/ from / at post	\$	
Entertainment Expense						
	1 '1 1	. 1 . 4:	1 . 1	1 1 (11 77)		
If you discuss company business or union new activities associated with this discussion are d						
activities associated with this discussion are G	'aductible incli-	ding meals You must.	have a receint with to	ime date slibiect of	t diecileeint	and nerso.

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

Don	Diam	Dod	notion	Inform	mation
rer	Dielli	Deu	ucuon		шаион

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

Per Diem Paid:

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

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

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

Per Diem Deduction Method Selection

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

Method 1—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 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			
	_					

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

If you have another job with a W-2 or your spouse has a job with a W-2 enter non-reimbursed employee related business expenses below. This deduction sheet only be used if you have a W-2 for another job.

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	\$ Other	\$
Local Parking Fees and Transportation	\$ Telephone Calls	\$ Other	\$
Travel Expense Lodging	\$ Cell Phone	\$ Other	\$
Travel Expense Airfare	\$ Pager	\$ Other	\$
Travel Expense Car Rental	\$ Internet	\$ Other	\$
Business Gifts	\$ Postage	\$ Other	\$
Education Expense Job Related	\$ Other	\$ Other	\$

Vehicle Expense - Mileage rate for 2015 is 56.5 cents per mile.

Year & Make and Model Vehicle	Do you have evidence to support 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?	Yes 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 employee must have been required by employer if an employee.

±	•		
Area Used for Business - Square Footage/Room	Sq/ft	Mortgage Interest	\$
Total Area - Square Footage of Home	Sq/ft	Real Estate Taxes	\$
Number of Days in Year Office was in Home		Insurance – Homeowners/Renters	\$
Date of Using Room as Home Office	\$	Repair and Maintenance	\$
Fair Market Value of Home with Home Office	\$	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:	\$
Building Value on Property Tax Statement	\$	Other Specify:	\$

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

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

	***************************************	25 (070) 771	7 1070 (770	0) 884-7565 FAX (110)175	7777 11 11 11 11 11 11 11		25,001		
Tax Credits										
Child and De	nend	lent C	are Es	nenses Ci	redit					
Qualifying expense for ca	_			_		v allowed for chil	dren under	age 13		
NOTE: Social Security I						y anowed for emi	dicii dildei	age 13.		
Care Provider's Name		hone Number	-	er's SS# or EIN	Child's	Name	Paid			
		TO VIGOT BITTE	idress und 1	none i vamoei	110114	or book of Ent	Cilia	, i tuille	\$	
									\$	
									\$	
									\$	
Other Tax C	redit	S								
Do you have a Qualified	Mortgag	ge Interest Ci	redit Certifi	cate issued by fede	ral or state	e government?			Y or N	
Did you adopt a child thi				•					Y or N	
Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2014?									Y or N	
Were you a first home buyer in the District of Columbia before 2012 and have a carryforward?								Y or N		
Did you have Alternative Motor Vehicle or Qualified Plug-In Electric Drive?								Y or N		
Residential E	nerg	gy Cree	dits							
Did you claim residential energy credits on your 2006 through 2013 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 r									Y or N	
Did you install alternative					er, geother	mal heat pump or	wind turbi	ne? You	** **	
must provide a copy of	manufa	ctures certif	ficate and s	ales receipt.					Y or N	
First Time H	ome	Buyer	s Cred	lit Recapt	ure					
Did you take the First Tir	ne Home	ebuyers Cre	dit in 2008?	1					Y or N	
Additional Ta	ax Pa	aymen	ts Ma	de to Fede	ral or	r State			-	
Quarterly Tax Payments Date Payment Made				Federal Amount		State Amou	State Amount Local A		mount	
First Quarter due 4/15/15				\$		\$	\$			
Second Quarter due 6/15/15				\$		\$ \$				
Third Quarter due 9/15/15				\$		\$	\$			
Fourth Quarter due 1/15/16				\$		\$	\$			
Taxes Paid w	ith E	Extensi	ions to	Federal o	r Sta	te				
Federal Amount	\$	St	ate of	amour	t \$	State of		_ amount	\$	
State Tax Re	nter'	s Cred	lit							
If you paid rent in CA, If	N, MA, N	MI, MN, NJ,	WI or any	other state in 2014	with a rer	nters credit please	complete the	ne followi	ng section,	
Minnesota residents prov							1		,	
Landlords' Name										
Landlords' Address										
	Apartment Address									
Apartment Address		Total Rent	Paid	\$ Dates	Rented					
		Total Rent		T						
Apartment Address	duca					& MN				
Apartment Address Monthly Rent \$ State K-12 E		tion C	redits	for AZ, I				State	7in Code	
Apartment Address Monthly Rent \$	duca		redits			& MN Address		State	Zip Code	