

Dupree Tax Service

2016 TAX RETURN ORGANIZER

Please provide only information pertaining to the tax year in which we are filing your tax return. If you are a new client we must have a copy of the previous year's tax return, both federal and state to complete your current tax return. If you have any questions about how to complete this Organizer, don't hesitate to contact us!

All Clients MUST Sign Below

I verify that the information provided in this Organizer is accurate and complete. I understand it is my responsibility to include all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. (If filing a joint return, both you and your spouse must sign.) If I am billed for an amount due, I will be responsible for any resulting collection fees due to nonpayment.

Taxpayer Signature _____ Spouse Signature _____ Date _____

Send Completed Organizer and the Following

Please use the checklist below to ensure you have included all required items to complete an accurate tax return.

- _____ Copy of Last Year's Federal and State Tax Return New Clients Only
- _____ Copy of all W-2s from all Employers
- _____ Copy of Interest and Dividend 1099s
- _____ Copy of Broker Statements for Stock Sales with dates and amount of purchases and sales
- _____ Copy of 1099G from State Income Tax Refund
- _____ Copy of K-1 Statements form Rental Real Estate, Royalties, Partnerships, S-Corps
- _____ Copy of 1099's form Unemployment Compensation
- _____ Copy of 1098 Mortgage Interest Statement with Real Estate Taxes
- _____ Copy of Closing Statement if Purchased or Refinanced a Home
- _____ Copy of December 31 Pay Stub to Complete Non-taxable Per Diem Deductions
- _____ Calculation of days flown for the year excluding day lines (days flown requiring hotel stay)
- _____ PAYMENT
- _____ COMPLETED ORGANIZER

Remember that for every \$1,000 you miss in deductions equates to approximately a \$300 loss in your refund. To process your return, you must completely fill out this Organizer and return all requested material. If you have any questions, please call!

OFFICE

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Suite 204
Gretna, Louisiana 70053

Office Phone: 504-884-1244

Cell: 504-669-1559

Fax: 877-574-3054

Website: www.dupree1040.com

Email: berny@1040.com

Personal Information (Please Print Clearly)

| | Taxpayer | Spouse |
|----------------------------|----------|--------|
| Last Name (Per SScard) | | |
| First Name | | |
| Middle Initial | | |
| Social Security Number | | |
| Occupation | | |
| Date of Birth(mm/day/year) | | |
| Date of Death(mm/day/year) | | |
| Legally Blind | | |
| E-Mail Address | | |
| Work Phone | | |
| Cell Phone | | |
| Home Phone | | |

Tax Address: This is your current state residency where you pay tax for this tax year and the address on your federal tax return.

| | | | |
|---------|--|--------|--|
| Address | | Apt. # | |
| City | | State | |
| | | ZIP | |

Federal Filing Status (Check Box of Filing Status)

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | 1 Single |
| <input type="checkbox"/> | 2 Married Filing Jointly |
| <input type="checkbox"/> | 3 Married Filing |

If **MFS**, Did you live apart from your spouse during the last 6 months of 2016? (Y or N) Did your spouse itemize deductions? (Y or N)

4 Head of Household: If someone else is using the exemption for your custodial child please fill out below if claiming status.

| | |
|--|-------------------------------|
| Name: | Social Security#: |
| Relationship: | Number months lived with you: |
| <input type="checkbox"/> 5 Qualifying Widow | Spouse's Date of Death _____ |

Dependent Information (Name must appear as on the social security card)

If your dependent is between 19 and 23, they must be a full-time student for at least 5 months during the year to qualify for the Earned Income Credit. If your dependent children did not live with you, you must provide form 8832, Release of Claim or a copy of your divorce decree.

| First Name | Last Name | MI | SSN | Relationship | Date of Birth | # Mon at Home | Care Expenses | Student |
|------------|-----------|----|-----|--------------|---------------|---------------|---------------|---------|
| | | | | | / / | | | Y or N |
| | | | | | / / | | | Y or N |
| | | | | | / / | | | Y or N |
| | | | | | / / | | | Y or N |
| | | | | | / / | | | Y or N |

Electronic Filing and Direct Deposit/Electronic Funds Withdrawal Information

| | | | |
|---|--------------------|--|--------|
| File federal return electronically? | Y or N | File state return electronically? | Y or N |
| Use direct deposit for tax refund? | Y or N | Use electronic funds withdrawal for balance due? | Y or N |
| Account Type? Circle One | Checking or Saving | Name of Bank? | |
| Routing Number? | | Account Number? | |
| Would you like to pay your tax preparation fees out of the refund? There is a small bank charge for this service. | | | Y or N |
| Taxpayer's Driver's License# | | Spouse's Driver's License# | |
| Taxpayer Issue Date | | Spouse Issue Date | |
| Taxpayer Expiration Date | | Spouse Expiration Date | |

State Tax Information

This section must be completed, even if you only lived in one state or lived in a state with no income tax. 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 | Date Moved In | Date Moved Out | Must Provide County |
|-------|---------------|----------------|---------------------|
| | / / | / / 2016 | |
| | / / | / / 2016 | |
| | / / | / / 2016 | |

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 person's return? | |
| | | Can your spouse be claimed as a dependent of someone else? | |
| | | If yes, was your spouse claimed as a dependent on another person's return? | |
| Health Care Questionnaire | | | |
| | | Had health insurance the whole year? | |
| | | Bought it on the ACA marketplace/exchange – if so, we need form 1095-A | |
| | | Did not have health insurance | |
| Presidential Election Campaign Fund | | | |
| | | Do you want \$3 to go to the Presidential Election Campaign Fund? | |
| | | Does your 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 the Elderly or Disabled | | | |
| | | Are you retired on total and permanent disability? | |
| | | Is your spouse retired on total and permanent disability? | |
| Taxable Refund or Credits | | | |
| | | Did you receive a state and/or local tax refund last year? (Send 1099G) | |
| | | Did itemize last year and if yes what were your total itemized deductions? <i>NEW CLIENTS ONLY</i> | |
| | | Did you pay additional tax when you filed your state tax return last year and if so what was the amount? | |
| Alimony Received Taxpayer or Spouse | | | |
| | | Did you receive any alimony during the tax year? If so how much and taxpayer or spouse? | |
| Business Income | | | |
| | | Do you have business income or 1099 income? | |
| | | If so let us know and we will provide you with small business organizer. | |
| IRA Distributions | | | |
| | | Did you receive any distributions or rollovers from an IRA? If so how much and what box? (Send 1099R) | |
| Pension and Annuity Distributions | | | |
| | | Did you receive any distributions or rollovers from Pension? If so how much and what box? (Send 1099R) | |
| Rental Real Estate, Royalties, Partnerships, S Corporations and Trusts | | | |
| | | Did you receive a K-1 from an Estate, Trust, Partnership or S-Corporation? (Send K-1) | |
| | | Do you have rental property? <i>If so request a rental income and expense organizer.</i> | |
| Unemployment Compensation or Social Security Benefits | | | |
| | | Did you receive any unemployment or social security during the tax year? (Send 1099) | |
| Alimony Paid | | | |
| | | Did you pay any alimony during the tax year? To: SSN: | |
| Student Loan Interest Deduction | | | |
| | | Did you pay any student loan interest during the tax year? (Send 1098E) | |
| Other Information You Believe We May Need | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Additional Tax Payments Made to Federal or State | | | |
| Quarterly Federal Tax Payments | | Quarterly State Tax Payments | |
| Amount \$ | Date Payment Made | Amount \$ | Date Payment Made |
| Amount \$ | | Amount \$ | |
| Amount \$ | | Amount \$ | |
| Amount \$ | | Amount \$ | |

Interest Income

Provide all 1099 interest statements. Fill in information below from 1099.

| Owner SS# | Bank/Institution | Box Numbers and Amounts in each Box from each separate 1099-INT |
|-----------|------------------|---|
| | | |
| | | |
| | | |

Dividend Income

Provide all 1099 dividend statements and state information that accompany the 1099. Fill in information below from 1099.

| Owner SS# | Institution | Box Numbers and Amounts in each Box from each separate 1099-DIV |
|-----------|-------------|---|
| | | |
| | | |
| | | |

Stocks & Bonds Sold

Enclose all 1099 information statements and year-end broker statements.

| Description and Quantity | Date Acquired | Date Sold | Sales Price Less Commissions | Cost/Purchase Price Plus Commissions |
|--------------------------|---------------|-----------|------------------------------|--------------------------------------|
| | / / | / /2016 | \$ | \$ |
| | / / | / /2016 | \$ | \$ |
| | / / | / /2016 | \$ | \$ |
| | / / | / /2016 | \$ | \$ |

Moving Expenses

Only job related moves are deductible. Meals are NOT deductible.

| | | | | | |
|---------------------------------|--|----------------------------|---------|------------------------|----|
| Old Primary Residence | | Old Work (BASE) | | Transportation Expense | \$ |
| New Primary Residence | | New Work (BASE) | | Storage Expense | \$ |
| Miles from Old Home to New Base | | Date Moved | / /2016 | Travel Expense | \$ |
| Miles from Old Home to Old Base | | Mileage Driven During Move | | Lodging Expense | \$ |

Educational Deduction and Credit Information

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

| Provide 1098T | Student 1 | Student 2 |
|---|---|---|
| Name of Student | | |
| Name of School and City and State where located | | |
| Amount of Qualified Expenses? 529 Plan Amount Withdrawn | \$ | \$ |
| Year in College and was student at least half time? | 1 st 2 nd 3 rd 4 th Grad, Yes or No | 1 st 2 nd 3 rd 4 th Grad, Yes or No |
| Was hope Credit Claimed in 2015 or 2016 | 2015 Yes or No 2016 Yes or No | 2015 Yes or No 2016 Yes or No |

Education Savings Accounts

| List contributions made on or before 12/31/16 | Student Name | Amount |
|---|-----------------|--------|
| Contributions to Coverdell Education Plan | | \$ |
| Contributions to State Prepaid Tuition Program | State Plan Name | \$ |
| Contributions to State College Savings 529 Plan | State Plan Name | \$ |

Traditional and Roth IRA Contributions

| | Taxpayer | Spouse |
|--|----------|--------|
| Traditional IRA Contribution Amount Made this tax year | \$ | \$ |
| Roth IRA Contribution Amount Made this tax year | \$ | \$ |

Medical Expenses

Do not include amounts paid by insurance or from Flexible Spending Accounts.

| | | | |
|--------------------------------------|----|-------------------------------------|-------|
| Prescriptions | \$ | Eyeglasses and Contacts | \$ |
| Health Insurance Premiums – AfterTax | \$ | Medical Equipment and Supplies | \$ |
| Physician/Dentist/Chiropractor | \$ | Medical Travel - Number of Miles | miles |
| Hospital and Clinics | \$ | Medical Lodging | \$ |
| Lab and X-ray | \$ | Lasik and Radial Keratotomy | \$ |
| Long Term Care Insurance | \$ | Other – Including COBRA or Specify: | \$ |

Taxes Paid

| | | | |
|--|----|--|----|
| Real estate taxes on Principal Residence | \$ | Vehicle Excise or Ad Valorem Tax | \$ |
| Real estate taxes on 2 nd home, vacation home or Land | \$ | Personal Property Tax (boat or airplane) | \$ |

Homeowner Mortgage Interest and Points Information

Provide 1098 statement from mortgage company. If you purchased, sold or refinanced, send a copy of the closing statement.

| | | | |
|--|----|---|--------|
| Primary mortgage interest Lender | \$ | Did you sell your home in 2015? | Y or N |
| Primary mortgage interest Lender | \$ | Number of years lived in home before selling? | |
| Equity loan or 2 nd mortgage Lender | \$ | Did you purchase your home in 2016? | Y or N |
| Equity loan or 2 nd mortgage Lender | \$ | Did you refinance your home in 2016? | Y or N |
| Vacation or 2 nd mortgage Lender | \$ | Number of years you refinanced? | |

Charitable Contributions

You need to have an acknowledgement if any single cash contribution is over \$250. If you donated any household goods, please estimate the value and include the name and address of the charitable organization. Vehicle Donation over \$500 send 1098C

| | | | | |
|------|-------------|----|--------------------------------|-------|
| Cash | Donee Name: | \$ | Donee Name: | \$ |
| | Donee Name: | \$ | Travel for Charitable Purposes | Miles |

| | | | | |
|---------|---------------------|----|--------------------------|----|
| Vehicle | Vehicle Donated to: | | Date of Vehicle Donation | |
| | FMV <\$500 | \$ | Make & Year of Vehicle | |
| | Purchase Date | | Original Purchase Price | \$ |

| | | | | |
|---------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Non-Cash Items | Name of Charity | | | |
| | Address of Charity | | | |
| | City, State, Zip | | | |
| | Donation Description | | | |
| | Date of Donation | 2016 | 2015 | 2015 |
| | Date Acquired | | | |
| | How Acquired (Circle) | Purchase Gift Created Bequest | Purchase Gift Created Bequest | Purchase Gift Created Bequest |
| | Original Cost of Items | \$ | \$ | \$ |
| | Fair Market Value | \$ | \$ | \$ |
| How Valued (Circle) | Thrift Replacement Equalsale | Thrift Replacement Equalsale | Thrift Replacement Equalsale | |

Casualty/Theft & Loss

Only net amounts over 10% of your income are deductible.

| Description of Casualty Event | Date of Event | Description of Property | Date Acquired | Value Before Event | Value After Event | Insurance Reimbursement |
|-------------------------------|---------------|-------------------------|---------------|--------------------|-------------------|-------------------------|
| | | | | \$ | \$ | \$ |

Miscellaneous Expenses

| | | | |
|--|----|--------------------------------------|----|
| Tax Prep Fees Paid in 2016 | \$ | Margin or Investment Interest Paid | \$ |
| Tax Prep Software/Books/Publications. | \$ | Certain Attorney and Accounting Fees | \$ |
| Tax Prep Mailing/Fed Ex Fees Paid in 2016. | \$ | Safe Deposit Box Rental. | \$ |
| Investment Expense. | \$ | IRA Management Fees. | \$ |

Child Care Expenses

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!

| Care Provider's Name | Provider's Address | Provider's No. | Child's Name | Amount |
|----------------------|--------------------|----------------|--------------|--------|
| | | | | \$ |
| | | | | \$ |

Non-Airline Employee Business Deductions

If you have another job or your spouse has a job with non-reimbursed employee related business expenses enter below.

| | | | | | |
|---------------------------------------|----|---------------------------------|----|-------|----|
| 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

| | | | |
|----------------------------------|--|---|-----------|
| 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, etc. | \$ |

Home Office – To be deductible must have been required by employer.

| | | | |
|--|-------|----------------------------------|----|
| 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 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 an 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

Co-Terminal Multi-Airport Bases Transportation

If you fly out of more than one airport, transportation to the between airports is deductible.

| | | | | | |
|---------------------------|--|-----------------------|--|---------------------|----|
| Three Letter Airport Code | | Number of Round Trips | | Cost Per Round Trip | \$ |
| Three Letter Airport Code | | Number of Round Trips | | Cost Per Round Trip | \$ |

Training Expenses (Expenses incurred for training must not be at your base.)

| | | | |
|--|----|---------------------------------------|----|
| Number of Days in Training | | Three Letter Code of Training City | |
| Hotel/Housing Expense During Training | \$ | Phone Expense During Training | \$ |
| Transportation Expense During Training | \$ | Gun Permit, Range Fees and Ammunition | \$ |
| Upgrade Training Expenses | \$ | Type Rating Expenses | \$ |

Union and Company Business Travel Expenses

Commuting expenses to your base for trips are NOT deductible. However, travel/overnight expenses for company or union meetings are deductible

| | | | |
|------------------------|----|---------------------------------|----|
| Hotel Expense | \$ | Meals and Entertainment Expense | \$ |
| Transportation Expense | \$ | Other Costs: | \$ |

Temporary Duty Expenses

| | | | |
|---|----|--|----|
| Number of Days during the tax year on TDY | | Three Letter City Code for Location of TDY | |
| Hotel/Housing Expense for TDY | \$ | Amount of per diem paid during your TDY | \$ |
| Transportation Expense during TDY | \$ | Meal Expense during TDY | \$ |

Commuter Pad Moving Expenses

If you had a base change commuter pad moving expenses are deductible

| | | | | | |
|--------------------------------|--|----------------------------|---------|------------------------|----|
| Old Primary Residence | | Old Work (BASE) | | Transportation Expense | \$ |
| New Primary Residence | | New Work (BASE) | | Storage Expense | \$ |
| Miles from Old HOME to NewBASE | | Date Moved | / /2016 | Travel Expense | \$ |
| Miles from Old HOME to OldBASE | | Mileage Driven During Move | | Lodging Expense | \$ |

Entertainment Expense

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

Per Diem Deduction Information

There are two ways to calculate your meals expense. The first method requires you to provide us with the number of days flown during the year excluding day lines. The second method requires you to document your actual meal expenses for the year while traveling on your trips. If using the second method, you may document the amount spent each day in your logbook. If each amount does not exceed \$75 a receipt will not be required for proof of the expense.

How many days did you fly during the tax year requiring a hotel stay? This is **NOT** the number of nights in a hotel! You must calculate the total days flown minus day lines.

Of the days flown how many were International?

| | | |
|-----------------------|---|----|
| Per Diem Paid: | Nontaxable Per Diem Paid, check last your 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! | \$ |
|-----------------------|---|----|

FLIGHT ATTENDANT DEDUCTIONS WORKSHEET

DO NOT SEND ANY PAPER RECEIPTS! LIST ALL BUSINESS-RELATED ITEMS YOU PURCHASED ON THIS FORM. KEEP RECEIPTS FOR YOUR RECORDS.

| UNIFORM PURCHASES | |
|---|--|
| Uniform Shirt/Sweater | |
| Uniform Pants | |
| Uniform Skirts | |
| Uniform Dresses | |
| Uniform Jackets/Coats | |
| Uniform Accessories | |
| Uniform Purse/Bags | |
| Total | |
| UNIFORM MAINTENANCE | |
| Alterations & Drycleaning | |
| | |
| FLIGHT SCHEDULE FOR PERDIEMS | |
| <p>United: send summary page of per diems (City Allowances). It has each month down the left side and totals at the bottom. Email us to see a sample.</p> <p>Pro-Diem (or other online calculators) users: forward report.</p> <p>Southwest: Print "Payroll Report" (1 for each month). Fill in Flight Calendar. If you don't have the whole year we can estimate from your reimbursement or you can do the "Per Diem Estimate" below with your best guesses.</p> <p>Spirit: Do one of the estimates below and include the last pay stub of the tax year.</p> <p>American or other airline: Print your schedule for the year or do one of the estimates below.</p> <p><u>Per Diem Estimate:</u> Easy way: How many trips did you take this year? 2 day trips: __, 3 day: __, 4 day: _____ -----</p> | |

| MISCELLANEOUS FLIGHT EXPENSES | |
|---|---|
| Union Dues | |
| Luggage/Bags/Tags/Wheels | |
| Wings | |
| SIDA or I.D. Badge | |
| SUPPLIES | |
| Cockpit & Jet Bridge Keys | |
| Logbook/Organizer | |
| Flashlight/Batteries/Corkscrews | |
| Travel Security Devices | |
| Portable Travel Accessories | |
| International Voltage Converters | |
| Replacement Manuals | |
| SUPPLIES TOTAL: | |
| Total Cell Phone bill for the year | |
| Percent of cell use that is business related? | % |
| Total Internet bill for the year | |
| Percent of internet use that is business related? | % |
| New Computer | |
| Percent of computer use that is business related? | % |
| Training days: ____, Reimbursement: | |
| Other training Expenses | |
| Bid Service/Trip Trade/Crew Buddy App | |
| Language Classes/Tapes | |
| Driver's Tips | |
| Passport & Photos | |
| Pilot – FAA Medical Exam | |
| Pilot – Supplies/Maps/Charts | |
| Pilot – Sunglasses | |
| Other: | |
| Other: | |

* If you do not see an item listed; it is because it has been disallowed in tax court on multiple occasions. We have researched several flight crew cases and decisions relating to manicures, shoes, makeup, commuting costs, parking, etc. We want to get you the refund you deserve and keep you off the IRS radar.

Enter the airport code where you spent each night while on duty

| | Base | Base | Base | Base | Base | Base | Base | Base | Base | Base | Base | Base |
|----|---------|----------|-------|-------|------|------|------|--------|-----------|---------|----------|----------|
| | January | February | March | April | May | June | July | August | September | October | November | December |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |
| 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |
| 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 |
| 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 |
| 30 | | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| 31 | | | 31 | | 31 | | 31 | 31 | | 31 | | 31 |

Price Structure

| | |
|--|---------------|
| Federal Schedule A (Itemized Deductions) | 60.00 |
| Federal Schedule C (Profit/Loss Business) | 90.00 |
| Federal Schedule D (Capital Gains/Losses) | 60.00 |
| Federal Schedule E (Rental Income/Losses) | 80.00 |
| Form 2106 Employee Business Expense | 60.00 |
| Depreciation Schedules... | 70.00 |
| 1040 | 110.00 |
| State Returns | 50.00 |
| Amended US Individual Income Tax Return | 125.00 |
| | |
| Regular Mail | 8.50 |
| Priority Mail | 10.50 |
| Audit Protection | 50.00 |

Airline Crew Package

| | |
|---|---------------|
| Airline Flight Crew Package Price | 210.00 |
| Includes: Form 1040, Schedule A, Form 2106, and One State Return. | |
| Additional charges may apply depending on the additional forms used in the tax return. | |

IMPORTANT:

- **Tax returns will not be mailed to client or electronically filed until payment is rendered.**
- Check or Credit card information MUST be included with your organizer.**

| | |
|---------------------------------------|----------------|
| Name (as it appears on card | |
| Card# Master Card or Visa only | |
| Expiration D a t e | CC Code |
| Billing Zip Code | |