

Welcome to the Flightax Organizer for the 2014 tax year. Please make sure this Organizer is complete and all requested material is provided. Provide original W-2s and 1099 statements and copies of all other documents.



PERSONAL DATA (Please Print)											
First Name	M.I.		Name (as on			Social Se	curity l	Number	Date	of Birth	Sex
Taxpayer:											□м □ғ
Spouse:											□м □ғ
Street Add	ress			Apt.#		C	ity		St	ate	Zip Code
Current Tax Address:											
Mailing Address:	ess:										
Tax Address: The current state to which you pa Mailing Address: The address where we mail y					e: Must	be able to rec	eive mail	•			
Occupation	Ai	rline	Base	Emp	oloyee	#	Date	of Hire	Pref	erred Nam	e/Nickname
Taxpayer:											
Spouse:											
Email: Home Phone Number: Cell Phone Number:											
Spouse's Email: Spouse's Home Number: Spouse's Cell Number:											
Best way to contact you: May we notify you via text messages to your cell phone when your return is complete? Yes If yes, tell us which carrier to use (e.g. Verizon, Sprint, etc.)											Yes 🗆 No
			FILING ST	ATUS (Che	eck On	———— e)					
☐ Single ☐ I	Married Fil	ing Joint		☐ Qua	alifyin	g Widow(e	r) Spo	use's dat	e of death		
	Spouse Na	me:						Spouse	Soc. Sec. #	# :	
Married Filing Separate If you file MFS and itemize your deductions, your	Did you liv	e with yo	ur spouse any	/ time durii	ng 201	4?				□Yes	□No
spouse must itemize their deductions as well.	If yes, did y	ou live w	ith your spou	se any time	e after	June 30?				□Yes	□No
☐ Head of Household	Name:							Soc. Sec	c. #:		
If you are the custodial parent & someone else is taking the exemption for your child, complete this	Relationshi	p:	Date of Bi	rth:				# of mo	nths lived	with you:	
section. Otherwise, list all dependents in the following section.	Who is clai	ming this	person on th	eir tax retu	ırn?						
If you are in a Same-Sex Marriage, C	ivil Union,	or Dome	stic Partners	<i>hip,</i> pleas	e dow	nload the	Same-S	Sex Coup	les Organ	izer from o	our website.
			DEPENDEN	IT INFORM	MATIC	N					
Dependent's income must be under \$3,950 un											Dep. Tax
with you, YOU MUST PROVIDE CURRENT FO		ete of Bir		SSN		<i>RANT THE E</i> lationship		ome		Full Time Student?	Return Filed?
	,						\$			□Yes	☐Yes ☐No
							\$			□Yes	□Yes □No
							\$			□Yes	□Yes □No
							\$			□Yes	☐Yes ☐No
							\$			□Yes	☐Yes ☐No
Divorced/Separated Parents: Do you alt	ernate clair	ming child	d(ren) in even	odd years/	?	Yes 🗆 No	o If yes,	please pro	vide details.		

IMP	ORT/	ANT QUESTIONS							
Yes	No	Please Answer All Questions	Amount				NEW CLIENTS ONLY		
		Did you make any out of state purchases without pay		Yes	No	New Clients	s Please Answer All Que	stions	Amount
		sales tax that you need to claim on your state return?				Did Flightax pre	pare your 2013 tax return?		
		Do you have any children under age 24 with inves over \$2000? If yes, please provide 1099 statement				Did you receive If yes, amount?	a federal refund last year?		\$
		Did you adopt a child during 2014? If yes, contact us for					a state and/or local tax		\$
닏		Do you owe any back taxes to the IRS or your state				Did you pay add	ditional tax when you filed you file	our state	\$
片		Do you have any delinquent student loans or owe	e back child support?				your deductions for 2013?		
H		Did the IRS garnish your refund last year? Did you have any debts cancelled or forgiven? If you	es provide explanation				listribution from a retiremen Roth) during 2012 or 2013?	t plan	
Ľ		in Comments on pg. 10. Provide Form 1099-A and	d/or 1099-C.			, , , ,	(or are you being) audited fo	r 2012 or 20	013?
		Do you agree to allow Flightax to discuss this return the IRS should questions arise?	rn with			Did you claim a	Net Operating Loss (NOL) or	carry over	loss in 2013?
Wha	t is yo	ur maiden name or previous married name?		Who	refer	red you to Flighta	ax?		
				_					
		ACCOUNTS							
Yes		Please Answer All Questi: At any time during 2014, did you have a financial is signature authority over a financial account locate (Foreign Bank, Securities or other financial account Did the combined value of these accounts exceed during 2014? If yes, provide the Country(ies) as the on your tax return. Additionally, you are required to submit an FB 114 electronically via the BSA E-Filing System (2015. A link is available on our website.	nterest in, or a ed in a foreign country? ht) d \$10,000 at any time ese must be reported BAR-FinCEN Report	for bal recount the year	Single lance of quired 5. have count(e last of ar. If yo	e/MFS or \$100,000 exceeds \$100,000 d to file form 893 e higher threshold (s) balance exceed day of the year OR	the balance of your foreign at 0 for Joint filers on the last di 0/\$150,000 at any point durin 88 with your tax return. Tax is and are only required to fil dis \$200,000 for Single/MFS of a exceeds \$300,000/\$600,000 of lie form 8938, please visit of classes.	ay of the year, go the year, payers living the the form of \$400,000 of at any po	ear OR the you are ng outside of the if the foreign for Joint filers on int during the
CTA	ee De								
		SIDENCY INFORMATION FOR 2014 complete this section, even if you only lived in one state	or lived in a state with no	incom	o tav				
		taxes to more than one state, you may receive a separ				LL of these W-2's.			
	Sta	te Own Rent Other Date Mo	oved In Date Move	d Ou		till a Resident?	County	Sch	ool District
						Yes No			
						Yes No			
						Yes No			
If yo (Ren	u are i nemb	required to file a state return and <i>DO NOT</i> want Flig er, you <i>should not</i> file your state return before you t	htax to prepare your stat file your federal return.)	e retu	rn for	you, initial here.	DO NOT File my State	Initial Here	
A 110	COL	AT COURSES							
	No	IE SOURCES Please Answer All Questions	Amount	Voc	No	Ploas	e Answer All Questions		Amount
		Did you receive any alimony during 2014?	\$				any type of additional incom	ne during	Taxpayer
盲		Did you pay any alimony in 2014?	\$	Ι"	_	2014? (jury duty	y pay, training stipends, duty	free	\$
Ι_	_	То:					exable prizes, trustee fees, etc income and provide amount		Spouse
		SSN: Did you receive any unemployment during 2014?	\$	_		1099-MISC if ap	plicable.		\$
		If yes, please provide Form 1099 G. Did you receive a K-1 from any entities—Corporation	on, \$	not	deduc	tible. You need to I	e used to offset winnings. Loss have documentation of your g	ambling lo	sses.
		Estate, Trust, Partnership, etc.? If yes, enclose. Did you receive any Social Security during 2014?	\$	Not	e: Pro	1	Freporting state where win ny gambling winnings in 201		\$ paia.
1099) Misc.	(Enclose SSA - 1099) income should be reported in Small Business/Seli	f Employment Section.			Did you have ar	ny gambling losses in 2014?		\$
B. F(DRM.	W-2: WAGE & TAX STATEMENT							
		he 2014 employers for you and your spouse, indicate v	whether the employer is the	г Тахр	ayer's	or Spouse's, and p	rovide the original Forms W	/-2.	
Em	ploye	er Taxpayer or Spouse? En	nployer		Тах	payer or Spouse?	Employer	T	axpayer or Spouse?
		□T/P □S				□T/P □S			□T/P □S
		□ T/P □ S				□T/P □S			□T/P □S
		ATED TAX PAYMENTS	angumanta ara uzuzili. f	taver	colf	mnloumant/:	tment income		
_	•	erly payments made to the IRS and/or your state. These ral Amount Date of Payment	State Amount			mployment/invest of Payment	Local Amount	Date	of Payment
\$	Luci	\$	Jule / Illiodile			ayınıcını	\$	Jule	. J. i. ayınıcını
\$		\$					\$		
\$		\$					\$		
\$		\$					\$		

D. FORM 1099-IN	IT: INTEREST INCOI	ME																
	ns for which 2014 interest inc		ed for you,	your spot	use, and a	ıny deper	ndents i	under the	age of 24.	. If you	r child file	s their ov	vn tax retui	rn and i	their inter	est and o	divide	ends
	be reported on your return o				eturn. Ple													
Institution	Taxpayer, Spouse or	•	Institu	ition		Тахра	iyer, Sp		Dependei —		Institu	tion		Тахра	yer, Spoi		•	
	□ T/I	P 🗆 S 🗆 D						□T/P]D					[JT/P	□S	
	□ T/I	P 🗆 S 🗆 D						□T/P	□s □]D					[∃T/P	□S	
F. FORM 1099-DI	V: DIVIDENDS AND) DISTRIRI	ITIONS															
Please list the institut	ions for which 2014 divid	ends and cap	ital gains															
	heir interest and dividend e ar-end summary state		000, it mus	st be repo	orted on	your ret	turn or	be taxea	l at your t	tax ra	te on the	ir returi	n. Please p	provid	le the o	iginal	Forn	ns
Institution	Taxpayer, Spouse or		Institu	ition		Тахра	ıyer, Sp	ouse or L	Depender	nt?	Institu	tion		Тахра	yer, Spoi	ise or D	eper	ndent?
	□ T/I	P 🗆 S 🗆 D						□Т/Р]D					[∃T/P	S	. □ D
	□ T/I	P 🗆 S 🗆 D						□Т/Р		lD					[□Т/Р	□s	5 □ D
E 500M 4000 D																		
	STOCKS AND BON ow MUST be provided. Pr		omploto	voar on	detator	nont in	cludin	a Form	1000 P.4	from	vour br	okor Di	ırchaca nr	ica (ca	ct bacic)	must be	nro	widad
	Description and Qu		ompiete		Purcha				Date	iroin,		rocee		ice (co.	Purc	hase I	Pric	
	Description and Que	antity			uiciia	se Dat		Jaie	Date			1000	us	_	Co	st Ba	sis	
										\$				\$				
										\$				\$				
										\$	>			\$				
G. FORM 1099-R:	DISTRIBUTIONS FR	ROM PENSI	ONS, AI	ITIUNI	ES, RE	ΓIREM	ENT,	PROFI'	T SHAR	RING	PLANS	, IRAs	, ETC.*					
Please list the institut	ions and provide the follo	owing inform						ceived fo	or you and	d you	ır spouse	Please	e provide	the o				
	Institution			payer o		Date Distrib		1	ı	Reas	son for	Distri	bution		4	lmou over		
			 	Р [ls										Ş			_
			□T/	РГ]s										5			
]s										\$			
				г	13													
H. IRA & SELF EM	IPLOYED RETIREMI	ENT CONT	RIBUTIO	ONS*														
Traditional IRA											lax	payer			S	ouse		
Do you want us to	calculate the maxim	num amoun	t you ma	y contr	ribute fo	or 2014	1?				□Yes		No	П	□Yes		No	
	eturn is filed after 4/15/15. Take this contribution			ما مانده د دا	2 (0	16	4	C\	-		□Yes							
	de non-deductible co							-	tha						□ Yes]No	
	actible contributions mad		o to uniy	iraditio	i idi ii i	· (II yes,	WE IIIC	ist nave t	are .		□Yes		No		□Yes		No	1
	already made, if any.	. (May qualify	for tax cre	edit.)						\$				\$				
Roth IRA	calculate the maxim	um amoun	tvoum	w contr	ibuto f	or 201 <i>4</i>	12											
	eturn is filed after 4/15/15.			ay COITU	ibute it	01 2014	+:				☐ Yes		No		☐Yes		No	,
	ution already made, i	if any. <i>(May q</i>	ualify for	tax credi	it.)					\$				\$				
	t Retirement Plan					204.45			16)								1	
	calculate the maxim already made, if any.				bute fo	r 2014:	! (\$10 d	additiona		\$	□Yes		No	, ,	□Yes		No	1
2014 Contribution	already made, il any.	. (iviay qualify	ior tax cre	eart.)						۶ —				\$				
I. EDUCATIONAL	DEDUCTION* & ST	UDENT LO	AN INT	EREST														
Did you pay any s	tudent loan interest i	n 2014? <i>If sc</i>	, provid	le Form	1098E						T/P	∃s	□D	\$				
	Fees Deduction or the If, your spouse, and/or																	
qualified expenses	as tuition and fees, bo	ooks and oth	er requii	ed mat	erials ar	n indivi	idual i	s <mark>requi</mark> i	red to po	ay in	order to	o be en	rolled in	an eli	gible in	titutic	n. F	or the
	Credit, the student must orm 1098-T from sch																	pply!
-	de Form 1098T		udent#		auring .	-	udent		macion	may		ent #3	Judeni	.5 011		dent #		
Name of Student																		
Name of Institution	on																	
Year in College		1 ST 2 ND	3 RD 4 TH	Grad	1 1 ST	2 ND	3 RD	4™ Gı	rad 1	1 ST 2	2 ND 3 ^{RE}	⊿ ™	Grad	1 ST	2 ND 3	RD 4	TH 4	Grad
	an halfs: 2								iau I					<u> </u>				
Was student at lea		Ye	es 🗆	NO	-	□Ye	25	□No			□Yes		10		□Yes		No	•
Amount of Tuition		\$			\$				\$					\$				
Amount of 529 Pla		\$			\$				\$					\$				
Amount of 529 Pla used for Room & B		\$			\$				\$					\$				

J. MOVING EXPENSES*										
Only report job related relocations	of primary residence belo	w. See Professional De	eductions fo	or relo	cation of commu	ter pad.			,	
Moved Primary Residence Fro	om:		Old Bas	ise:		N	umber of Vehicles dri	iven:	#	
Moved Primary Residence To	:		New Ba	ase:		N	liles driven for move:		#	
Distance (Miles from old home	to new workplace):	mi.	. Lodgin	ng Exp	ense (only wh	ile in tr	ansit):		\$	
Distance (Miles from old home	to old workplace):	mi.	. Moving	g Expe	ense (material,	rental,	movers, & storage):		\$	
Date Moved:			Was th	is mo	ve for change o	of job fo	or spouse?		□Yes	□No
K. CHILD CARE EXPENSES*										
Qualifying expense for care which NOTE: Provider Social Security I through your employer.								pendei	nt care bene	fits
Provider Name	Provider Ad	dress	Provider	r I.D.#	or SS#		Child's Name		Amoui	nt
								\$		
								\$		
L. SALES TAX										
For the Sales Tax Deduction —you have the option of taking the standard deduction plus major purchases (auto, boat, RV, aircraft) or providing a total amount of sales tax paid for all purchases during the year. The IRS requires you keep all receipts used for this deduction—provide total amount below. (Do not send receipts except for major purchases listed below.)										
Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2014. (Enclose copy of receipts.)										
Sales tax paid on all items purchased during 2014—IRS requires documentation for all items purchased. \$										
M ELEVIRI E SPENDING APPANGEMENTS (ESA)										
M. FLEXIBLE SPENDING ARRANGEMENTS (FSA) A Flexible Spending Arrangement (FSA) is the "use it or lose it" account that allows you to contribute pre-tax dollars through payroll deduction to an account used for reimbursement of medical expenses incurred in 2014. These reimbursed expenses cannot subsequently be used as medical expenses for the purpose of a deduction on your tax return.										
Did you contribute to an FSA	in 2014?	□Yes □N	No An	noun	t contributed?				\$	
N. HEALTH SAVINGS ACCO	UNTS (HSA)									
If you or your spouse has a Health S	Savings Account, please pr	ovide the following in	nformation.	. Please	provide Forms 5	498-SA	and/or 1099-SA, as applic	cable.		
What type of high deductible health plan do you have?	Self Only ☐ Family	Number of mon high deductible in 2014			m	nonths	Was high deductible health plan in effect f month of December:	or the	□Yes	□No
Total HSA contributions for 20)14 made through	\$	To	otal HS	A distributions	for 20			\$	
payroll deduction Total HSA contributions for 20			Ho	ow mu	uch of this distr	ibutior	n was used for medica	al		
check to your account (Do no deductions).	t include payroll	\$		pense	_				\$	
O. MEDICAL EXPENSES										
Do not include amounts paid by deduction. Therefore, please compinsurance.										
Prescriptions		\$	Ph	nysicia	n/Dentist/Chir	opract	or		\$	
Long-Term Care Insurance Premiums Paid	Taxpayer \$	Spouse \$			erm Care Exper red by insurance)		Taxpayer \$		Spouse \$	
Insurance Premiums— <i>Not</i> <i>Pre-Tax</i>	\$	Contacts/Glasse	es		\$		Lab Fees		\$	
COBRA Premiums	\$	Psychotherapy/	'Counselir	ng	\$		Laser Eye Surgery/La	asik	\$	
Co-Pays	\$	Hospital			\$		Miles Driven for Med	dical		mi.
Health Care Tax Credit—send	l us Form 8885 or Form 10	99-H. You should rece	eive either o	of these	forms if you are e	ligible.				
P. AFFORDABLE CARE ACT										
Was your entire family covere	•						□No			
If no, please download and	•						nıs organizer and other to	ax infori	mation.	
If yes, how was your coverage provided?										

Q. CHARITABI	LE CONTRIBUTIONS*										
IRS Requirements for Cash Contributions: You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a cancelled check, a bank copy of a cancelled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.											
Cash	Church	\$		Official Chari	ties	\$	Airline Charity		\$		
Casii	School/Education Cor	ntributions		\$		Charitable Miles Dr	iven			mi.	
	ts for Vehicle Contribution on over \$500. If your donatio						ble organization be atto	ached t	o the return if y	ou are	
	Name of Charitable O	rganization:									
Vehicle	Date of Donation					Make and Model of \	/ehicle				
Temene	Fair Market Value und	er \$500		\$		Original Purchase Dat	e & Price	\$			
	Method to determine	value:				How acquired?					
	ts for Non-Cash Contribut ress are required for any o	donation over \$	500. Pleas	e make sure your					eceipts.		
	Charitable Organization		onated g	oods:							
	Address of this organi										
	Do you have an itemiz	zed list and the	corresp	onding receipt	? □	Yes No					
Non-Cash	Date of Donation					Resale Value of Furni		\$			
	Original Purchase Dat		• • • • •			Resale Value of Cloth		\$			
	How acquired? (purch		ce, girt):			Resale Value of Appl		\$			
	Original Purchase Pric			\$		Resale Value of Hous	enola items	\$			
	Charitable Organization		onated g	oods:							
	Address of this organi			1	, _□	v					
Non Cash	Do you have an itemiz	zea list and the	corresp	onaing receipt	: Ц	Yes □No Resale Value of Furni	turo	\$			
Non-Cash	Non-Cash Date of Donation Original Purchase Date:					Resale Value of Cloth		\$			
	How acquired? (purch		re. aift):			Resale Value of Appl		\$			
	Original Purchase Pric		20, 9 0,	\$		Resale Value of Hous		\$			
D HOMEOWN				·	41 11-0						
	ER INFORMATION (Page 1971) A Principal Residence or 2						tion.	_	_	_	
	rental property expen					-		nd a co _l	oy of the closing	statement.	
Mortgage Inte	rest on Principal Reside	nce	\$		Real Es	tate Taxes on Principa	l Residence		\$		
Home Equity II on your Princip	nterest or 2nd Mortgag oal Residence	e	\$		All other	er Real Estate taxes pa nces, including vacant	id on personal land		\$		
Mortgage Inte	rest on 2nd Home		\$		Real Es	tate Taxes on 2nd Hor	me		\$		
Mortgage Inte	rest on Vacant Land		\$		Is this a	Construction Loan or	n Vacant Land?		□Yes	□No	
At any time in 2	2014, did the mortgage	balances on y	our princ	ipal and/or sec	ond ho	mes exceed \$1,100,000)?		□Yes	□No	
Interest paid on a	boat/RV may qualify as a c	deduction if it has	a lavatory	y and a range. H	ЮА—Но	meowner Association I	ees are not deductibl	e for p	rimary reside	nce.	
Did you refina	nce your home in 2014?	1	□Yes	□No	If yes, p	lease provide numbe	· ·			ement.	
	the proceeds from the her than home improv		□Yes	□No		nter the amount or each	Home Impr \$	oveme	other \$		
Did you sell yo	ur home in 2014?		□Yes	□No	If yes, p	provide purchase & sal	e closing statement	5.			
If yes, who	at was the sale price?		\$		Sale Da	nte:					
What was	the original purchase p	orice?	\$		Origina	al Purchase Date:					
	rty you sold your prima of the past 5 years?	ary	□Yes	□No	Numbe	er of years in home be	fore sale:				
Was an of	fice in home deduction	ever taken?	□Yes	□No	If yes, p	olease provide tax retu	ırn from each year ta	ken (n	ew clients).		
Was this h	nome ever used as a rer	ntal property?	□Yes	□No	If yes, p	olease provide tax retu	ırn from each year re	nted (new clients).		
Did you purch	ase your home in 2014?		□Yes	□No	If yes, a	copy of your closing s	tatement is required	1.			
S. FIRST-TIME	HOMEBUYER (FTHB)	CREDIT REC	APTURE	*							
Did you take th	ne FTHB credit of up to	\$7,500 for a ne	w home	purchased in 2	008 that	must be paid back or	n a yearly basis?		□Yes	□No	
If Flightax did not	t prepare your 2008 return, y	you must provide	a full copy	of the 2008 retur	n.						

T. RESIDENTIAL ENERGY CREDITS*													
If you made qualifying er			home, yo	ou may b	e eligibl	e for an enei	rgy credit.						
Did you install alterna	ative energy	y equipment	, such as	s solar h	not wat	er heaters	, geotherr	nal heat pur	mps, or v	vind turbines?		□Yes	□No
If yes, you must pro	vide a copy	y of the mar	nufactui	rer's ce	rtifica	te and a c	opy of yo	ur sales rec	eipt.			<u> </u>	
U. FOREIGN RESIDE													
Provide information belo	,		d/or prope		s you pa	id in a count	Ĺ				۱.		
Mortgage interest on	principal r	esidence		\$			Real Esta	ate taxes on	principa	l residence	\$		
Mortgage interest on				\$				ate taxes on	2nd hon		\$		
Name of Le	nder			Lend	lers' St	reet Addr	ess			City	Stat	e	Zip
V. CASUALTY THEFT													
Only net amounts over 1		come are dedu on for		•			<u> </u>		Before	Value After		Insur	ance
Type of Property		nage	Date	of Eve	nt	Date A	cquired		Damage		e R		rsement
								\$		\$	\$		
W. MISCELLANEOU:	S EXPENSI	ES											
Tax Prep Fees Paid in	2014 (Mailiı	ng Fees not a	allowed)	\$			Investme	ent Expense			\$		
Tax Prep Books/Softw	/are			\$			IRA Fees	(not paid out	of IRA acc	count)	\$		
Safe Deposit Box Ren	tal			\$			Personal	Property Ta	ıx		\$		
Margin or Investment	Interest Pa	nid		\$			Vehicle E	Excise/Ad Va	lorem Ta	ЭХ	\$		
X. NON AIRLINE EM	PLOYEE B	USINESS DE	EDUCTI	ONS—	-W-2 II	NCOME O	NLY*						
If you have a 2nd job, or y professional worksheet d								se list them be	low. If you	u are a Policeman or Firen	nan, we h	ave a det	ailed
Name of Employer:	yy					Provide list)	\$		Tra	avel		\$	
Name of Employee:			ι	Jniform	n Items		\$		Co	mpany Business Card	s	\$	
Union Dues/Initiation	r Fee	\$	ι	Jniform	n Maint	/Alteratio	ns \$		Ce	ell Phone (if required for j	iob)	\$	
Professional Publicati	ons	\$		Compar	ny Rela	ted Phone	Calls \$		Jok	b Related Education Ex	pense	\$	
Office Supplies		\$	L	_icenses	S		\$		Me	eals/Entertainment		\$	
Were you reimbursed	d or paid fo	r any of the a	bove ex	penses	? [∃Yes [□No		lfy	ves, what was the amo	ount?	\$	
Vehicle Expense Plea	ase answer Al	L questions be	low! The I	IRS requii	ires writt	en evidence	of business	miles to quali	fy for the d	deduction!			
Type & Year of Vehicle	2:						Miles Dri	ven for Busi	ness Jan	. 1–June 30			mi.
Date First Used for Bu	ısiness				/	/	Miles Dri	ven for Busi	ness July	y 1–Dec. 31			mi.
Do you have another	car for per	sonal use?			Yes	□No	Miles Dri	iven for Com	nmuting	Jan. 1–June 30			mi.
Do you have evidenc	e to suppo	rt the deduc	tion?		∃Yes	□No				July 1–Dec. 31			mi.
Is this evidence writte	en?			C	Yes	□No		u reimburse ehicle expe		d for any		□Yes	□No
Miles Driven for Perso	onal Jan. 1–	Dec. 31				mi.	If yes, wh	nat was the a	amount?	•		\$	
Home Office Must be		mployer!											
Square Footage of Ho	ome					sq./ft	Cost of L	Jtilities durin	ıg 2014 (e	excluding water)		\$	
Square Footage of Sp	oace/Room	Used	7			sq./ft	Amount	of Rent Paic	l per Mo	nth		\$	
Lesser of Purchase Pr	ice of Home	e or Fair Marl	ket Value	e \$			Insuranc	e—Homeo	wners/Re	enters		\$	
Months Office was in	Home duri	ng 2014					Other —	Specify				\$	
Educator Expenses	Classroom ex	penses for K th	nru 12 edu	cators m	nay qual	ify for a spec	ial above tl	ne line deducti	on up to \$	5250.			
Total Classroom Expe	enses (keep r	eceipts)		\$;		Grade le	vel taught					

	Y. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. INCOME* Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.										
Name of Business:	ena last year stetamin	you naa un	e ousiness and we	ala not pre	pure	Type of Busin					
Taxpayer Name:						Taxpayer SSI		EIN			
Note: If you are incorporated, please of	download the Corporate	e Organize	r or submit your K-	1.		Tuxpuyer 551	•	Liiv	•		
1099 Income (provide any 1099's)	· -		l Income not repo		099	\$	İ	Total Gross Income	\$		
Expenses											
Advertising	\$	Rent (out	tside of home)		\$		Dues & f	Publications	\$		
Business Insurance (not health)	\$	Repairs 8	& Maintenance		\$		Postage	& Shipping	\$		
Contract Labor	\$	Supplies	;		\$		Telepho	ne/Internet Services	\$		
Taxpayer Responsibility:	xpayer Responsibility: Taxes (Not Estimated Payments) \$ Bank Charges unust file a 1099-Misc, for each Contract Laborer								\$		
paid more than \$600. Travel \$ Self Employed Health Insurance								\$			
Interest: Mortgage \$ Entertainment \$ Other (specify)								\$			
Other Interest	\$	Meals			\$		Equipme	ent Purchases (complete i	nformatior	n below)	
Legal & Professional Fees	\$	Utilities ((outside of home)		\$		Date you	ı started your business			
List Ed	quipment Purchase	ed in 201	14			Date Purc	hased	Placed in Service	Co	ost	
									\$		
									\$		
									\$		
									\$		
									\$		
Inventory If you purchase goods to same as ending inventory for the prev the product which you sell. All other r	vious tax year. Please inc	cludé, in the	e cost of inventory	purchased	durir'	ng the year, only	the cost of	materials and supplies whic			
Inventory at beginning of year. I	If different from last	year's clo	sing inventory,	attach ex	plan	ation. <i>Provide</i>	e <u>Cost</u> , not	Retail Amount.	\$		
Inventory purchased during the	year—less the cost	of items	withdrawn for p	ersonal ι	ıse.				\$		
Inventory at the end of the year	•								\$		
Vehicle Expense Please answer A	LL questions below! The	: IRS requir	es written evidenc	e of busine:	ss mil	es to qualify for	the deduct	ion!			
Type & Year of Vehicle:				Miles D	river	n for Business	Jan. 1–Ju	ne 30		mi.	
Date First Used for Business				Miles D	river	n for Business	July 1–De	ec. 31		mi.	
Do you have another car for per	rsonal use?]Yes □No	Miles D	river	n for Commut	ing Jan. 1	–June 30		mi.	
Do you have evidence to suppo	ort the deduction?]Yes □No			n for Commut				mi.	
Is this evidence written?			Yes □No			eimbursed or icle expenses		ny	□Yes	□No	
Miles Driven for Personal Jan. 1-	-Dec. 31		mi.			was the amo			\$		
Home Office Must be used exclusiv	vely and regularly for bu	ısiness.									
Square Footage of Home			sq./ft	Cost of	Utilit	ties during 20	14 (exclud	ding water)	\$		
Square Footage of Space/Room	Used		sq./ft	Amoun	t of I	Rent Paid per	Month		\$		
Lesser of Purchase Price of Hom	e or Fair Market Valu	ıe \$		Insuran	ice—	-Homeowner	rs/Renters	.	\$		
Months Office was in Home dur	ing 2014			Other -	–Spe	ecify			\$		
Small Business Comments an	d Other Expenses										
Estimated Tax Payments should be	e included in Section (с.									

Z. RENTAL INCOME AND EXPENSE*										
If you have more than three properties, download additi	onal form from www.	flightax.com. Use ye	arly totals below! Sen	d last year's tax retur	n with this organizer i	f Flightax did not				
prepare your return. If you own only a portion of the prop					D					
Date First Used as a Rental	Prope	erty 1	Prop	erty 2	Prop	erty 3				
Lesser of Purchase Price of Home or Fair Market Value	\$		\$		\$					
Ownership %	%		%		%					
Type of Property	70		70		70					
Street Address of Property										
City, State										
Total Rent Received in 2014	\$		\$		\$					
Annual Expenses	Property 1		Property 2		Property 3					
Advertising	\$		\$		\$					
Travel / Hotel Expense	\$		\$		\$					
Cleaning / Maintenance	\$		\$		\$					
Commissions	\$		\$		\$					
Insurance	\$		\$		\$					
Legal / Professional Fees	\$		\$		\$					
Management Fees	\$		\$		\$					
Mortgage Interest	\$		\$		\$					
Real Estate Tax	\$		\$		\$					
Supplies	\$		\$		\$					
Repairs If total exceeds \$1,000-please provide itemized list	\$		\$		\$					
Utilities	\$		\$		\$					
Telephone	\$		\$		\$					
Condo / HOA Fees	\$		\$		\$					
Lawn Care	\$		\$		\$					
Bank Fees	\$		\$		\$					
Personal Auto Miles Driven for Rental Activity	mi.		mi.		mi.					
Other—Specify:	\$		\$		\$					
List Furniture & Equipment Purchased and N										
Description of Purchase/Major	Prope		Prop	erty 2	Prop	erty 3				
Improvement	Cost	Purchase/ Improvement	Cost	Purchase/ Improvement	Cost	Purchase/ Improvement				
Do not include routine maintenance or minor repair items.		Date		Date		Date				
	\$		\$		\$					
	\$		\$		\$					
Impostant Oxections	\$		\$	Dropouty 1	\$ Dramarty 2	Dropouty 2				
Important Questions				Property 1	Property 2	Property 3				
Enter the number of months that this property we Enter the number of months that this property we	•									
List the number of days each property was used		it this year.								
If you do not have full ownership, do these amou	•	aro of income and	ovpopcos?	□Yes □No	□Yes □No	□Yes □No				
Did you pay anyone a fee to manage this proper			ехрепзез:	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No				
Do you actively participate in the management of		·		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No				
If yes, did you maintain a log of the number of ho		nally worked on th	nis property							
during this year?	ars that you perso	rially Worked on a	iis property	□Yes □No	□Yes □No	□Yes □No				
Is the average rental period/lease for the proper	y 7 days or less?			☐Yes ☐No	☐ Yes ☐ No	☐Yes ☐No				
Sale of Rental Property New clients should send pr	ior year tax returns whe	ere the property was cl	aimed as a rental.							
		nt)								
Date of Original Purchase (Must provide copy of settl	ement/closing stateme									
Date of Original Purchase (Must provide copy of settlement/closing st		,								
Date of Sale (Must provide copy of settlement/closing st	atement)			☐Yes ☐No	☐Yes ☐No	□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes	atement) , you must provide cop	y of the 1099-C)	ualify for this deduction		□Yes □No	□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and have	atement) , you must provide cop	y of the 1099-C)		า.	□Yes □No	□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and hav Type and Year of Vehicle:	atement) , you must provide cop	y of the 1099-C) equired by the IRS to qu	Date First Used fo	n. or Rental Activity						
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and hav Type and Year of Vehicle: Total Miles Driven for Personal	atement) , you must provide cop ,e written evidence as re	y of the 1099-C) equired by the IRS to qu mi.	Date First Used for Do you have evice	n. or Rental Activity dence to support tl		□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and hav Type and Year of Vehicle: Total Miles Driven for Personal Total Miles Driven for Rental Activity—All Proper	atement) , you must provide cop, e written evidence as re ties	y of the 1099-C) equired by the IRS to qu mi. mi.	Date First Used for Do you have evice Is the evidence w	n. or Rental Activity dence to support tl		□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and hav Type and Year of Vehicle: Total Miles Driven for Personal Total Miles Driven for Rental Activity—All Proper Rental Car Expenses (rental fee & gas), please total	atement) , you must provide cop, e written evidence as re ties	y of the 1099-C) equired by the IRS to qu mi. mi.	Date First Used for Do you have evice Is the evidence w	n. or Rental Activity dence to support tl		□Yes □No				
Date of Sale (Must provide copy of settlement/closing st Did you receive a 1099-C for this property? (If yes Vehicle Expense Must answer ALL questions and hav Type and Year of Vehicle: Total Miles Driven for Personal Total Miles Driven for Rental Activity—All Proper	atement) , you must provide cop, e written evidence as re ties	y of the 1099-C) equired by the IRS to qu mi. mi.	Date First Used for Do you have evice Is the evidence w	n. or Rental Activity dence to support tl		□Yes □No				

LOCAL ISSUES—Residents of OH only

ATTENTION OHIO RESIDENTS: We will prepare your Ohio state and school district return, where appropriate; however, **we will not prepare** any local or municipality returns (RITA, CCA, COL, CIN, etc.).

LOCAL ISSUES—Residents of DE, MI, MO and PA only ATTENTION RESIDENTS OF DE, MI, MO, and PA: Clients with local returns must be received by March 15th to guarantee the return. If you want Flightax to prepare your city return, please complete the section below and provide the proper form or earnings statement required by the taxing location. Local tax paid with the filing of your return last year should be entered under Important Questions on page 2. Please send Instructions with forms to be completed. (No additional forms for NYC are required.) Do you want Flightax to prepare your local earnings or income tax return? (If yes, provide tax form.) ☐ Yes □No Name of Locality: \$ Did you pay any estimated tax to your locality during 2014? (Do not include amounts withheld on your W-2.) STATE SPECIFIC ISSUES—Residence State Only If you are eligible for a state credit or deduction not listed, please let us know. Did you, your spouse, or dependent receive an AK Permanent Fund Dividend? (If yes, please send statements) ☐ Yes □No \$ CA Carryover of prior year Solar Energy Equipment Credit. \$ Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax. (Maximum total credit is \$300) CT **Property Date Paid Amount Paid Property Date Paid Amount Paid Property Date Paid Amount Paid** \$ \$ Home Auto 1 Auto 2 Clothing or other expenses incurred for the active volunteer firefighter. \$ DE \$ Amount spent on home care services for person(s) over 62 years old. GA Cost of child restraint seat purchased during 2014. HI \$ ID Cost of insulation installed in primary residence during 2014. (Home must have been built or started prior to 1/1/02.) Property owners provide PIN #. (PIN=Property Index Number on Property Tax Statement) IL Insulation Installed (include store where purchased, Where Purchased Purchase Date **Install Date Amount Paid** Age of House IN date of purchase and installation, and cost) \$ vears Provide copy of homeowner's or property's insurance declaration page showing \$ the separate line item charges for LA Citizens assessments not already claimed. \$ MA Please provide qualified commuter expenses (public transportation only). Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty. \$ MI Provide the property tax statement showing 2014 taxable value of your home. Send statement of property taxes "payable in 2015". You should receive this statement in March of 2015. MN \$ MT Contributions to First Time Homebuyers Savings Account □No If you have interest/dividends in excess of \$2400, do you want Flightax to prepare your state return? ☐ Yes NH ОН Amount of job training expenses incurred during 12 months after employment layoff. If you have interest/dividends in excess of \$1250 (single) or \$2500 (MFJ), do you want Flightax to prepare your state return? ☐ Yes □No TN

RENTER'S CREDIT										
	If you paid rent at your TAX ADDRESS during year 2014, and it is in IN, MA, MI, MN, NJ, WI, or CA or a state with a renter's credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).									
Landlord's Name: Landlord's Phone Number:										
Landlord's Address:										
Total Monthly Rent	\$	# of Months Rented:		Your Portion of Monthly Rent	\$					
Apartment Address:										
NJ Residents—Do you have a roomma	ate? If yes, roommate's	name:		Roommate's SSN:						
NJ Roommate's Number of Months Rented mos. NJ Roommate's Monthly Rent \$										
Note: For NJ residents to qualify for the credit, all roommate information must be provided.										

K-12 EDUCA	K-12 EDUCATION CREDITS												
K–12 Educa	tion Credits fo	r AZ, II	L, IN, IA, LA & MN	See state specific qualified expenses b	elow. Keep all related receipts!								
Name o	of Student	Grade	Qualified Expenses	Name of School	Address	State	Zip						
			\$										
			\$										
			\$										
			\$										
			\$										
Arizona				r school located in Arizona, for ex mum credit may be carried forw	ctracurricular activities or character e	ducation	programs						
Illinois	Fees, book renta	l, band	or lab equipment re	ental, or tuition paid directly to pu	ublic, private or religious schools qua	lify (must l	be over \$250).						
Indiana	List children enro	olled in	non-public private,	parochial or home school for grad	des K–12.								
Iowa			books to an Iowa ac ticipate in school sp	•	ome extracurricular expenses qualify,	such as a	activity/club						
Louisiana	Expenses for req	uired so	chool uniforms, tuiti	on, fees, textbooks, curricula, ins	tructional materials and educational	supplies.	•						
Minnesota	Tuition and fees and educational			nools. Other education supplies i	ncluding up to \$400 for the purchase	of a hon	ne computer						

EDUCATION SAVINGS ACCOUNTS										
You must provide the end of the year statement for all plans.										
Education Savings Plans Only list contribution	ns made on or before 12/31/14	Account Number	Beneficiary/Student	Amount						
Contributions to Coverdell Education Savings Plan				\$						
Contributions to Coverdell Education Savings Plan				\$						
Contributions to State College Savings 529 Plan	St. Plan Name:			\$						
Contributions to State Prepaid Tuition Program	St. Plan Name:			\$						
Some states may allow carryover of credits for Education Savings Plans. If you are a new client, please provide prior year state return.										

ADDITIONAL COMMENTS

PROFESSIONAL DEDUCTIONS

Uniform Items Purchased

Enter the total amount of payroll deducted uniform items. For most airlines, this amount can be found on the last pay check stub of the year.

\$

Enter additional "out of pocket" uniform expenses below. Do not include items provided by the company through replacement programs. You need a receipt for each item purchased, regardless of the amount. The \$75 rule does not apply as this is not a travel related deduction. Uniform items must have a company insignia or logo; no type of "street" clothes qualify for this deduction.

Tho type of street clothes quality for this deal		
Uniform Items		Amount
Uniform Belt		\$
Uniform Dress		\$
Uniform Epaulets		\$
Uniform Jacket	\$	
Uniform Hat	\$	
Uniform Maternity Dress	\$	
Uniform Pants	\$	
Uniform Purse	\$	
Uniform Scarf		\$
Uniform Serving Garment/Apron		\$
Uniform Shirt	\$	
Uniform Skirt		\$
Uniform Sweater		\$
Uniform Tie		\$
Uniform Winter Coat, Gloves, Cap		\$
Uniform Shoes (must be purchased from a	Uniform Store)	Amount
Uniform Shoes		\$
Shoe Repair		\$
Shoe Shine		\$
Support Hose (medical deduction)		Amount
Number of Pair used per Month		
Amount Per Pair		\$
Uniform Maintenance		Amount
Uniform Alterations	yearly amount	\$
Home Laundering	monthly amount	\$
Laundering	monthly amount	\$
Dry Cleaning	monthly amount	\$
Airline Reimbursement Amount		\$

If you were reimbursed for any of your uniform maintenance expenses such as alterations or dry cleaning, do not include these amounts. We cannot take a deduction for any expense for which you were reimbursed. IRS regulations go even a little further. We cannot take a deduction for any expense for which you COULD have been reimbursed. For example: if your airline will reimburse you for your uniform alteration expenses but you just did not get around to submitting your receipts for reimbursement. The IRS will not allow this expense as a deduction because you 'could' have been reimbursed. Thus, do not include any expenses for which you were reimbursed, or any expenses for which you could have been reimbursed, but were not.



Check out our website for video explanations of the most commonly questioned areas of the organizer.

Keep checking back during the season.

We hope to post more videos throughout the year.



The Play Button indicates sections with video explanations currently available on our website.

www.flightax.com

Transportation Expenses

Layover Transportation

Transportation between places of lodging and places where meals are taken, are included in the "Incidental Expenses" portion of your per diem; therefore, no separate deduction is allowed. See IRS Pub. 463

Satellite/Co-Terminal Transportation	Amount
Three Letter Airport Code	
Number of Round Trips Per Year	
Cost Per Round Trip or Mileage Driven	
Three Letter Airport Code	
Number of Round Trips Per Year	
Cost Per Round Trip or Mileage Driven	
	,

If you cover more than one airport, transportation between your base (company mailbox) and another airport is deductible. Do not include expenses for transportation to your base (company mailbox) or home.

Other Related Expenses	Amount
Airport Parking Expense	\$
Reserve Emergency Cab Fares	\$

Computer & Related Expenses

Computers are not deductible. The IRS has issued a Letter Ruling (#8615024 & Bryant, U.S. Ct. App. 3rd cir. 74 AFTR2d 94-5440) disallowing a deduction for home computers. The ruling states..."Despite legitimate business use, employees generally may not write off the cost of their computer. By law, a computer must be used for the convenience of the employer and required as a condition of employment." In private rulings, the IRS ruled an individual may not claim depreciation when the purchase of a computer is optional and not absolutely required by their employer as a condition of employment. All airlines provide computers for their employees to use. Although they are a huge asset to our jobs, the airline does not require that we have a personal computer or laptop.

Printer/Software Deductions	Amount
Yearly Cost of Paper for Company Usage	\$
Yearly Cost of Toner/Ink Cartridges for Company Usage	\$
Bidding Computer Software	\$
Trip Trading Computer Software	\$
Internet/Online Services	Amount
Internet/Online Services Airline Schedule Service Fees i.e. Flightline, FLICA, etc.	Amount \$
	1 11110 11110

Travel/Required Items

Your profession requires you to have specific items for travel and to perform your job in areas of service and safety. Enter the expense below for the items you have purchased during the applicable tax year. Receipts are required for items priced over \$75 each. If you purchase an item that is under \$75 you need to make a record of that purchase in your log book or on your schedule. You must have documentation, either a receipt or log book/schedule entry, for each item you list below.

Travel Related Expenses	Monthly Amount	Yearly Amount	Safety and Professional Items	Amount
Tips to Hotel Van Drivers	\$	\$	Portable Security Device	\$
ATM Fees (while on layovers)	\$	\$	Portable Smoke Detector	\$
Check Cashing Fees (while on layovers)	\$	\$	International Voltage Converter	\$
Safety and Professional Items		Amount	International Currency Converter	\$
Luggage Items (wheels, repairs, locks, lun	ch bag)	\$	Manual Replacement	\$
Garment Bag		\$	Update and Revision Services	\$
Luggage Tags		\$	ID Replacement	\$
Name Tags (lanyard, badge holder)		Ś	Company Business Cards	\$
Wings		\$	Foreign Visa Expense	\$
			Global Entry Fee	\$
Watch Battery/Repair Expenses		\$	Passport Fee	\$
Airline Access Keys		\$	Passport Photo Expense	\$
Personal Organizer		\$	Professional Publications	\$
Logbook		\$	Bid Service Fees	\$
Galley Supplies (corkscrew, can opener, to	ipe, etc.)	\$	Trading Service Fees	\$
Flashlight		\$	If you pay a service to trade your trips or rearrange your schedu deductible. In order for you to deduct this expense, you must pick u	
Batteries		\$	or end up with a line of higher time or greater paying trips. If you tr international, this would qualify since international pays more per l	ade from domestic to
Portable Alarm Clock		\$	you trade from an aisle position to a galley position at some airlines, this also qualifies si this position has a higher per hour pay.	
Portable Curling Iron \$ If you drop your trips and don't fly a full schedule, your trading fees ge deductible. If you have any questions, please contact us at 317-984-5812.		ees generally are not 5812.		
Portable Hair Dryer		\$	2nd Language Education Expense	\$
Portable Iron		\$	Drug Testing Fees	\$

D

Communications

Your profession requires you to keep in touch with your employer, your fellow flight attendants and crew scheduling. We can take a portion of your cell phone expenses for business related calls. Provide your expenses in the area below.

Cell Phone	Yearly Amount
Cell Phone Purchase (your phone only)	\$
Cell Phone Base Charge per Month (single line)	\$
% Airline Business Usage per Month: Choose One: □40% □50% □60% □ Other	%
	1061 11 11 11

Home phone or basic home phone service is not deductible. The IRS believes that the basic home land line service is an expense that most Americans have regardless of their profession. Cell phones, in time, will probably be included in this category. Many of us don't even have a land line anymore and use our cell phone as our exclusive contact number. Make sure that the amounts you provide to us are for your single phone only. If your plan covers 3 phones, make sure to subtract the added cost of the additional phones.

Because your job requires you to be directly accessible to the company, we have the grounds for a deduction of the expenses which are incurred. If you are on reserve, this is obvious, but you must also be available for contact by or to contact crew scheduling for non-routine situations, cancellations and mechanicals. You are also using your cell phone to call your supervisor, union or fellow crew members.

We have asked you for the amount of your monthly base. Be sure to include taxes and fees. From this base, we will take the deduction based on the percentage of business usage. As a general rule, very few deductions which can also have a personal use pass IRS scrutiny at 100% business. Most of our clients tell us the business use percentage is between 50% and 70%. If you believe you have a percentage of business use other than this, please provide the amount in the space provided. Don't hesitate to call us if you have any questions about this deduction!

Calling Card		Amount
Direct Bill Calling Card	per month	\$
International Prepaid Calling Card	per month	\$

If you fly domestic and don't have a cell phone (yes, it does happen) or are flying international and do not have international service on your cell, the amount you place on a calling card or prepaid calling card is deductible under the same qualifications as your cell phone.

Please provide the monthly or yearly dollar amount on your business/layover usage calls.

Additional Communication Expenses	Amount
Company Fax Expense	\$
Company Copy Expense	\$
Company Mailing Expense	\$
Company Overnight Expense	\$

If you have any expenses related to required communication between you and the company or the union, these expenses are deductible. If you are required to fax a copy of a doctor's note to your supervisor and Kinko's charges you to do this, make sure you save the receipt or put it on a credit card. Enter any expenses for copying, faxing or mailing in these specific entry areas.

▶ Temporary Duty/Special Assignment

If you are on Temporary Duty assigned by the company for any reason, your related expenses may be deductible. The IRS defines Temporary Duty as any assignment that has an expected completion date of less than one year. If your assignment is greater than one year, you do not qualify for this deduction.

You may also qualify for some very substantial deductions if you are on a special assignment away from your base. For example, if you are based in New York and accept a training position in Dallas; your housing, meal and transportation expenses are all deductible (assuming these expenses are not provided by the airline).

Do NOT enter any TDY or SPA days that are on your schedule. If you are providing your schedules to us or using our online per diem calculator, we/you will include these dates and locations in your schedule per diem calculations. Only enter days below that are NOT included on your flight schedule.

Temporary Duty/Special Assignment Expenses		Ent	try
Number of Days on TDY at Location Do not include any days that you had scheduled flying, this deduction will be taken in the per diem section.			
From: To:	Three Letter City Code of TDY Location		
Number of Days on TDY at 2nd	Location		
From: To:	Three Letter City Code of 2nd TDY Location		
Local Transportation Expense (rental car, public transportation, etc.)		\$	
Were you provided housing for your TDY?		□Yes	□No
If no, enter cost of housing during TDY.		\$	
Commuting Expense during TDY		\$	
Utility Expense during TDY		\$	
Local/Long Distance Phone Usage during TDY		\$	
If you drove to the TDY location and used your car while on assignment, enter the total miles driven from departure until your return.			mi.
Purpose of TDY?			

Union Expenses

As a unionized employee, your union dues, initiation fee and any union publications are all deductible. If you actually work for the union as a union rep. or direct employee, you will have additional deductions. Please download our Union Rep. Worksheet at www.fliqhtax.com.

Union Expenses	Amount
Union Dues (amount actually paid during year)	\$
Union Initiation Fees	\$
Union Publications	\$
Travel Expense for Union Meetings/Events	\$



Download it now from your play store!



Remember!

Amounts are annual totals unless otherwise specified.

Training

Your job requires, at a minimum, yearly training per the FAA. You are allowed to take a per diem deduction for each day that you spend in training. For example, if you have training in Atlanta, you are allowed a deduction of \$52 for each day you are in Atlanta for training. We are, however, required to subtract the amount of per diem that your airline paid you for your time in training.

If you are based where your training is held, you are NOT allowed to take a per diem deduction for training. As in the example above, if you are based in Atlanta, you are not eligible for this deduction.

An easy way to determine this deduction, in general, if your airline pays you a per diem for your meal expenses during training, you are able to take the per diem deduction based on the city of training. If you are not paid a per diem (excluding initial training) you generally will not qualify for this deduction.

You may also have additional expenses for your time in training. Transportation expenses, housing, cell phone, etc. We have done our best to break down each type of training below for you to benefit from this deduction.

Initial Training	Entry
Number of Days you were in Initial Training	
Three Letter City Code of Training Location	
Days Spent in Initial Training at a Different Location	
Three Letter City Code of 2nd Training Location	
Date Initial Training Started	
Date Initial Training Ended	
Amount of Per Diem Paid for Training (if not included in yearly amount provided by your airline)	\$
Hotel Expense while in Initial Training	\$
Transportation Expense while in Initial Training	\$
Phone Expense while in Initial Training	\$
Recurrent/Upgrade Training	Entry
Number of Days you were in Training	
Three Letter City Code of Training Location	
Days Spent in Training at a Different Location	
Three Letter City Code of 2nd Training Location	
Hotel Expense if not Provided by Airline	\$
Transportation Expense while at Training	\$

Job Search

Due to the instability of the airline industry, more and more of our clients are having job search related expenses. Your cost of finding a job within the airline industry is deductible. What does this mean? The job search expenses of finding another position within the same industry are deductible, the job search expenses of looking outside of the airline industry are NOT deductible. This is one of those IRS regulations that sometimes does not make sense. If you are a flight attendant and update your resume or fly to an interview, these expenses are deductible. If you do the same for another position outside of the industry, such as a retail position or professional job, these expenses may not be taken as a deduction.

Several of our clients have requested a deduction for the purchase of a new suit or professional attire for the interviewing process. Although this is an additional expense to you, it is not a recognized deduction by the IRS. The only type of clothing that is deductible is that which has a company logo or insignia, such as a uniform.

Qualified Job Search Expense	Amount	Qualified Job Search Expense	Amount
Resume Expenses	\$	Airfare for Interview	\$
Fax/Postage/Overnight Delivery	\$	Airfare for Physical	\$
Airline Job Placement Services	\$	Hotel Expense for Interview	\$
Application Fees	\$	Hotel Expense for Physical	\$
Simulator Prep Time for Interview	\$	If you drove to your interview or physical, list the total miles driven round trip for all.	mi.

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w.	

Foreign Domicile*

This form is for United Airlines Flight Attendants only! If you have other sources of foreign earned income, please refer to the Foreign Income Worksheet at www.flightax.com/download or call us at 317-984-5812 and we can fax/mail you a worksheet.

If you were based at a foreign domicile for any part of 2014, you have a couple of options in filing your income tax return. You can receive a credit for any taxes that you have paid to a foreign country and/or you may qualify to claim a Foreign Income Exclusion for a portion of the income you earned. Chances are you will be able to take advantage of both of these situations to reduce your tax obligation to the US.

Foreign Tax Credit: If you pay income tax to another country, you may take a credit of this tax towards your US obligation. If you were based in the UK we will need three pay check stubs

from you to determine the total amount of tax you have paid. As you may know, the UK tax year is April 6th of one year to April 5th of the next. We will need your April 1st, April 15th and December 15th paystubs.

Foreign Income Exclusion: The IRS allows you to exclude income earned while on or flying over foreign soil. Income earned while flying over international waters or the US is tax as earned in the US. In order to exclude the foreign portion of your earned income, you must qualify as a Bona Fide Resident of a foreign country. To qualify, you must be out of the U.S. for one complete calendar year—January 1 to January 1. For example, if you were not based in LHR until July of 2014, you will not be able to fileyour 2014 Federal Income Tax Return until January 1 of 2016.

January 1, 2015 to January 1, 2016 You will need to file a special extension until this qualification can be met - which we can file for you. You do not have to be based in the same foreign country to meet this qualification, just out of the U.S. In order to claim the income exclusion you must also pay income tax to the foreign country where you claim residency - if that country requires you to do so.

Duty Time Apportionment: If you qualify as a Bona Fide resident of a foreign country, we will have to calculate the amount of income that is taxable to the US by a process called Duty Time Apportionment. We must have a copy of your Year End Audit Report providing the number of trips and each destination.

Our base fee for a Foreign Income return is \$259 (income exclusion only) and \$289 (income exclusion and foreign tax credit).

you were based in the UK we will need three pay check stubs	qualifying pe	eriod to meet	t the Bona Fide Residency Test is	sion only) and	d \$289 (in	ncome exclusion and t	foreign tax credit).
Address			City	Countr	у	Postal Code	Date Established
Foreign Address:							
Prior Foreign							
Address(es):							
Foreign Employer							
Address: Note: Your foreign address will be used on the tax return unless you	ır residency e	ended after .	January 1 of this vear.				
Have you ever filed form 2555 to claim the foreign	□Yes	□No	At any time during 2014,	did you hav	e an int	terest in, or a	
income earned income exclusion? If yes, what year:			signature or other autho				П.,
Date Foreign Residence Began			foreign country, such as a account or other financia		unt, sec	curities	□ Yes □ No
Date Foreign Residence Ended			If yes, Country name req	uired.			
Principal Country of Employment			If yes, did the combined exceed \$10,000 at any tir			unts	□ Yes □ No
Of What Country are you a Citizen/National?			If yes, did this amount ex	ceed \$50,00	00 at the		□Yes
Do you own or rent your foreign abode?	□Own	□Rent	surpass a value of \$75,00 If yes you are required to file F				□No
Type of Visa Issued to you?			If family members lived a	abroad with	you du	ring the tax year,	please list
		□ Yes □ No	relationship (spouse, child, etc.) and duration (all year, 6 mos., etc.) for each.				
Are you required to pay income tax to the country where you		□ Yes □ No					
Total Foreign Tax Paid Jan. 1–Dec. 31 of 2014 (In U.S. Dollars)	\$						
U.S. RESIDENCE INFORMATION (Home maintained in the U.S. while abroad)							
Did you maintain a home in the U.S. while abroad?		□ Yes □ No	Street Address				
Name of Current Occupant	Relationsh	nip	City				
Is the property rented?		□ Yes □ No	State	7	Zip		

ommuter Pad Moving Expense

If you transferred bases but did not move your primary home, these expenses are considered a professional deduction versus a moving deduction. If you had any expenses related to moving your crash pad or airport car from one base to another, list these expenses below. You must have receipts!

If you changed your tax address and had a full blown move, complete the section in the Organizer for moving expenses.

Commuter Pad Moving Expenses	Entry
Old Base	
New Base	
Distance Driven to Transport Belongings/Vehicle	mi.
Date Moved	
Travel Expense	\$
Shipping Expense	\$
Lodging Expense (only while in transit)	\$



than \$75—this will help us in the case of an audit. The IRS will not accept cancelled checks or credit card statements as receipts.

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Military Worksheet General Military Deductions Do not include airline expenses Branch of Military & Rank: **Subscriptions to Military Related Publications** Are you Active Duty? ☐ Reservist? ☐ National Guard? **Professional Dues** Three Letter Code: 1st Post of Duty: Job Related Training 2nd Post of Duty: Three Letter Code: Number of miles from Home to 1st Post: 2nd Post: Personal Organizer Reservist Log Book Travel expenses related to your Reservist Activities are deductible. This deduction includes meals, lodging and transportation expense, and is based on the rates applied to federal Foreign Visa employees. If you travel over 100 miles from your post of duty, you are no longer required to itemize your deductions in order to receive this benefit, as these expenses are now Passport Fee deducted on the front of the tax return. If you travel 100 miles or less, your deduction will be taken as itemized deductions. 2nd Post Passport Photo Number of Nights Spent at Post **Uniform Maintenance:** From: To: Home Laundering Expense Number of round trips driven to/from Post **Professional Laundering Expense** ☐ Yes ☐ No ☐Yes ☐No Did the military provide housing? **Dry Cleaning Expense** Hotel/Housing Expense Paid by You Miles driven while at post in personal car mi. mi. Shoe Shine/Supplies \$ Rental Car Expense Military Business Cards Were you paid a per diem? ☐Yes ☐No ☐Yes ☐No Military Copy/Fax Expense \$ What was the total per diem paid? Military Mailing Expense General Military Deductions Do not include airline expense. Military Phone Expense **Dress Uniform Purchase Dress Uniform Shoes** Office Supplies ς Misc. (specify) **Uniform Accompaniments**



You may see us in your company publication, on the internet or on your pay check stub...but nothing is as effective as you telling your friends about Flightax! To say "thank you" we will give you a referral reward of \$25.00 for each person you refer.

And they don't have to be Flight Attendants, our sister company Pilot-Tax will process your Pilot Referrals.

PER DIEM DEDUCTION INFORMATION

may take a standa	ent allows a deduction for each day that you are away from base. The IRS states that you can either itemize each layover city or you rd rate per day. It is to your advantage to provide your schedules so your per diem allowance can be calculated based on your specific not allow a mix of schedules and days flown! All schedules must include three-letter layover city codes, dates and times of each trip.							
☐ Provi	de all 12 months of Flight Schedules — © R — 🗆 complete the Log Book Grid							
PER DIEM PAID	We must have the non-taxable per diem amount you were paid! This amount may be found on your W-2 next to the letter "L", or on your last pay stub of the year. If you can't locate it, contact your employer for this required amount.							
	Total Months Flown months Did you fly □Domestic □International □Both							
MONTHS	you fly for more than one airline during the year? 🔲 Yes 🔲 No If yes, provide schedules, last pay stub and W-2's for each airline.							
FLOWN	r any month during the year in which you were eligible to fly but did not, please explain. amples: Retired in May, Off work April to August due to reserve activity, Began Maternity Leave in November)							
BASE LOCATION	Base at Start of 2014: Transfer Date: Base at End of 2014:							
	Provide Schedules							
	iths of schedules as indicated below by airline. If your airline is not listed, provide schedules which include the required ee-letter layover city codes, dates and times of each trip. Call our office if you have any questions.							
AMERICAN	We have created our own Flightax App for Droid! Download it now at your Play Store. You can also go directly to our website www.flightax.com under START THE PROCESS go to the GET SCHEDULES link. From either place you will be able to securely sign in to our app which will extract your schedules and send them directly to us. No printing, email or messing with getting your paper schedules any more! You can still send us your paper schedules or email them to us if you wish. See directions at the bottom of the page! Comments:							
US AIRWAYS	Provide "Trip Sheets" for all trips during the year showing the layover city codes. If you prefer, you may complete the "Transfer Schedule from Logbook" grid on the next page. Comments:							
DELTA	Provide "Monthly Activity Pay Statements" for all 12 months. Obtain these from DeltaNet by selecting Employee Info., then Self Service, then My Pay & Tax Info. Select "Monthly Activity Reports After May 2012". You will need to print each individual month. Comments:							
UNITED	Provide "Crew Pay Registers" for all 12 months. Obtain these from CCS by selecting "Other" and then "Flying Together". Then select "My Info/All About Me" from the left column. Then in the Payroll box, click on "show more info." to see the menu list. Select "Crew Pay Registers" and print each month. Comments:							
WORLD AIRWA	Provide Trip Detail Reports for all 12 months—obtain from "eCrew" system. Be sure to print these in "landscape" view to prevent trips from being cut off. Comments:							
COMPASS, FREED FRONTIER, GO JETBLUE, MES REPUBLIC, SHUT AMERICA, SPIR	AIRTRAN, HAUTAUQUA, IPASS, FREEDOM, DNTIER, GO-JET, TBLUE, MESA, UBLIC, SHUTTLE MERICA, SPIRIT, RANS STATES Provide "Schedule Detail Report" for all 12 months. These can be printed from Sabre CrewTrac; be sure to print each month individually to get the correct detail. If you prefer to utilize Flightline Services, you must contact them directly at 800-659-9859 or www.flightline.com to order you expense Report and Flight Log. Submit all pages of both reports with your tax documents. Flightline does not make these reports available to you until mid February at the earliest. Comments:							
Comments:								
	ing: Provide HI-1's (Activity Sheets) for all 12 months. Print these in "landscape" view from <i>Epays within Jetnet</i> . If you would like specific formation, log into Jetnet, go to the Flight Service page and click on Tools & Links from the menu on the left. Under Sabre Help & Links,							

click on "FA Sequence History". Once on this page, select the appropriate tax year—Click on Get Seq. Data first, then enter our email—

schedules@flightax.com where it says email on file, then send the email. Your schedules will come to us and we can start the per diem calculations.

day of each layover. When your trip has ended, write HOME on the day you returned to base. See the example at right. Only complete this sched-ule if you do not have your actual monthly schedules. for you to complete—we only need your layover cities entered on the We have made this schedule easier Base: Airline: Name: **February** March April Mav June July August September October November December **January** Base: January Transfer Schedule from Log Book スのも × ガス ω February ZXX ZXX Airline: ω March DFW SFO WORLD ω とのも April HOME X AIRWAY May FO S ω June MXP AXA AXA Name: A ω ह ZZ. July

—IMPORTANT—

Please Complete each Section Below!

Electronic Filing—No additional fee for this service! **Yes.** Electronically file my federal and state returns. No. I do not want to electronically file my returns. What you need to do: (yes...it's free) What you need to do: (\$20 additional fee) 1. Check the above box. 1. Check the above box. 2. Keep the yellow copy of Form 8879 with you. 2. When you receive your information back from us, 3. We will contact you with the final numbers. sign the federal & state tax returns. 4. Fill in the final numbers on the form. 3. Mail them in the appropriate envelopes (they will be 5. Select any 5 digit PIN and sign the form. included with your returns). See instructions on the back of form. 6. Fax it to us at 800-951-8879. Additional Fee of \$20.00 for all Mail-In Returns **Direct Deposit**—No additional fee for this service! **Yes!** Have my refund deposited! No. Do not deposit my refund into my account! What you need to do: (yes...it's free) What you need to do: 1. Check the above box. 1. Check the above box. 2. The refund will be mailed to your TAX ADDRESS. 2. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it. Allow an extra 2-4 weeks to receive your refund. Payment Method—We require all tax preparation fees to be Paid in Full by credit card, check, or online bill pay before we will Electronically File or Mail a Paper Return. Again, payment is required before filing of return. We no longer offer "Fee From Refund" as a payment option. Check or Money Order Make payable to Flightax. (\$25.00 charge for all returned checks.) **Credit/Debit Card** ■ Visa ☐ MasterCard Discover American Express (Will appear on your receipt as Specialty Tax Services, Inc.) 3 or 4 digit **Card Number** Exp. Date Security Code* Cardholder Signature Billing Zip Code of Cardholder Name **Online Bill Payment via Flightax.com** If you would like to pay by Credit Card online, check the box. Once your return has been completed, we will contact you with instructions and the final invoice amount for you to submit payment. This correct amount must be paid prior to the processing of your return with the IRS. *How to find your security code: Cardholder Signature SECURITY 0000 000000 00000 SECURITY

VISA

The security code is on the back of

MasterCard, VISA and Discover cards.

CODE

12/09 THRU 12/17 CARDHOLDER NAME

The security code is on the front

of American Express cards.

Privacy Policy

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for example, providing information to our employees and those of our affiliates. Pilot-Tax, Specialty Tax Services, Inc. and to our tax return processing center for purposes of preparing and processing your tax return. In all situations we stress the confidential nature of information being shared. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards and the law.

All Clients MUST Sign Below for Return to be Processed!

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal tax return. All returns in house on April 15 will have an extension automatically filed. The forms listed in the Pricing Information section are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. (If filing a joint return, both you and your spouse must sign.)

Signature Signature of Spouse Date

Final Checklist

Originals of all W-2's	Copies of Monthly Flight Schedules— Domestic & International
Copy of Last Pay Stub of 2014	
Originals of Interest Statements 1099 INT	Original Voided Check for Direct Deposit
Original Tuition Statement 1098T	Original Local Tax Forms with Instructions
Original Dividend Statements 1099 DIV	Copy of Last Year's Federal and State Tax Return if you are a New Client
Copies of Sale of Stock/Bonds 1099B	Copy of Any Statement of which you are unsure
Copies of Brokerage Statements for All Sales	Copy of K-1's for Partnership, S-Corp, or Trusts

Payment

Signed Back Page!

Complete Organizer!



www.flightax.com

U.S. Postal Mailing Address: P.O. Box 139 Cicero, IN 46034

Original Retirement Statements 1099R

Copies of Mortgage Statements 1098

Copy of Closing Statement if Bought/Sold Home

Copy of Receipt for Sales Tax on Car or Boat

PHONE 317-984-5812

FAX 800-951-8879 LOCAL FAX 317-984-5841

FedEx / UPS Shipping: 220 West Jackson Street Cicero, IN 46034