

AIRCREW TAXES

TAX RETURN ORGANIZER

All Clients MUST Sign Below

I have retained Aircrew Taxes to prepare my 2009 Income Tax returns. I verify 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 income tax return. I have not overstated my deductions or understated my income. I understand it is my responsibility to review my Income Tax Return after Aircrew Taxes has prepared it. If I am billed for an amount due, I will be responsible for any resulting collection fees due to nonpayment and attorney's fees. The laws of Georgia shall be applicable to all aspects of this agreement. (If filing a joint return, both you and your spouse must sign.)

Taxpayer Signature _____ Spouse Signature _____ Date _____

Client Instructions to Complete Tax Return

Please do not send original tax documents, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there may be additional fees to return the documents to you.

General Instructions:

- 1) Complete the tax organizer filling in only the sections that apply to your tax situation. Send the completed organizer, and **copies only**, of your tax documents to Aircrew Taxes. New clients must include previous year's tax return.
- 2) Make payment with credit card, check, or authorized deduction from your refund.
- 3) Aircrew Taxes will contact you to resolve any questions and discuss possible deductions and tax strategies and then we will e-mail the return to you for review.
- 4) Contact Aircrew Taxes with any changes to your tax return.
- 5) Aircrew Taxes will e-mail completed tax return with E-file authorization form to you.
- 6) Fax signed Form 8879 E-file Authorization to Aircrew Taxes so we may e-file your tax return.

Please Note:

- 1) New Clients may send tax returns from up to three previous tax years for a missed deductions review.
- 2) **Send copy of tax documents as listed in the tax organizer, no originals please. Keep your receipts for your own records.**
- 3) If you have a **small business**, please download and complete the worksheet from the small business tab on the website. Send all business related 1099 income statements designated as income for the business.
- 4) If you have **rental real estate**, please download and complete the worksheet from the rental real estate tab on the website. Send any 1099 income statements and 1098 mortgage interest statements designated as income and mortgage interest for rentals.

Tax Documents Required to Complete Accurate Return

- _____ Copy of all W-2s from all Employers
- _____ Copy of 1099-INT for Interest and 1099-DIV for Dividends
- _____ Copy of 1099-B Proceeds from Broker and Barter Exchange Transactions
- _____ Copy of Tax Reporting Statements from Brokers
- _____ Copy of 1099-G from State Income Tax Refund and 1099-G for State Unemployment
- _____ Copy of 1099-R from IRA, Pensions, and 401(k) distributions and rollovers
- _____ Copy of K-1 Statements form Rental Real Estate, Royalties, Partnerships, S-Corps
- _____ Copy of 1099's form Unemployment Compensation
- _____ Copy of SSA 1099 and RRB 1099 from social security benefits
- _____ Copy of 1099-MISC for other income, may need to fill out business worksheet
- _____ Copy of 1098-E for Student Loan Interest and 1098-T Tuition
- _____ Copy of 1098 Mortgage Interest Statement with Real Estate Taxes
- _____ Copy of 1098-C for Contribution of motor vehicles
- _____ Copy of Closing Statement if Purchased or Refinanced a Home
- _____ Copy of Final Year Pay Stubb or December 31 Pay Stub to Complete Non-taxable Per Diem Deductions

Office (770) 884-7565 Cell (678) 332-6905 Fax (770) 795-9799
 Fax or E-mail Organizer to aircrewtaxes@yahoo.com
www.aircrewtaxes.com

Personal Information (Please Print Clearly)

	Taxpayer	Spouse
Last Name (According to SS card)		
First Name		
Middle Initial		
Social Security Number		
Occupation		
Date of Birth (mm/dd/yyyy)		
E-Mail Address		
Work Phone		
Cell Phone		
Home Phone		
Fax Number		

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 Separate Spouse Name _____ Spouse Soc Sec # _____
If MFS, Did you live apart from your spouse during the last 6 months of 2009?(Y or N) Did your spouse itemize deductions?(Y or N)	
<input type="checkbox"/>	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	# Mos 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/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
Do you owe back taxes to the IRS or state?	Y or N	Do you have delinquent student loans?	Y or N
Do you owe back child support?	Y or N	Did the IRS garnish your refund last year?	Y or N
Taxpayer's Drivers License #		Spouse's Drivers License #	

State Tax Information

Please circle yes or no below if you are a resident of a state at the end of the year. If you paid taxes to more than one state, you may receive a separate W2 for each state and we need all W2's.

State	Still Resident	Date Moved In	Date Moved Out	County	School District
	Y or N				
	Y or N				
	Y or N				

Interest Income

Not required if providing all 1099-INT interest statements.

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

Dividend Income

Not required if providing all 1099-DIV dividend or 1099-B broker statements

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

Stocks & Bonds Sold

Required even if providing 1099-B Proceeds From Broker and Barter Exchange

Transactions and year-end broker statements. Must have purchase date, cost, sales date and sales proceeds for each sales.

Description and Quantity	Date Acquired	Date Sold	Sales Price Less Commissions	Cost/Purchase Price Plus Commissions
	/ /	/ /2009	\$	\$
	/ /	/ /2009	\$	\$
	/ /	/ /2009	\$	\$
	/ /	/ /2009	\$	\$
	/ /	/ /2009	\$	\$
	/ /	/ /2009	\$	\$

State Income Tax Refunds and Unemployment Compensation

Not required if providing 1099-Gs and/or 1099-G for unemployment benefits.

State Refunds Received in 2009 (this tax year)	State	Amount	\$	State	Amount	\$
Additional State Tax paid in 2009 when filed	State	Amount	\$	State	Amount	\$
Did you itemize last year?	Taxpayer	Y or N		Spouse	Y or N	
State Unemployment Compensation Received	State	Amount	\$	State	Amount	\$
State Unemployment Benefits Repaid	State	Amount	\$	State	Amount	\$

Alimony Received

Taxpayer Amount	\$	Spouse Amount	\$
-----------------	----	---------------	----

IRA, Pension, 401(k), and Annuities Distributions and Rollovers

Not required if providing all 1099-R statements for distributions and rollovers. Circle T or S for taxpayer or spouse.

Taxpayer or Spouse	T or S Distribution #1	T or S Distribution #2	T or S Distribution #3
Name of payer institution			
Gross distribution from 1099-R box 1			
Reason for distribution			
Amount of Rollover			
Name of receiving institution			
Type of account (401k, IRA, Pension, Roth)			

Social Security Benefits and Other Income

Not required if providing SSA 1099s and RRB 1099s.

	Taxpayer	Spouse
Amounts for Social Security Benefits	\$	\$
Amounts for Railroad Benefits	\$	\$
Amounts for 1099 MISC not requiring Schedule C for business income	\$	\$
Amounts for 1099 MISC not requiring Schedule C for business income	\$	\$

Educator Expenses

Un-reimbursed amounts spent on books, supplies, and materials used in the classroom by kindergarten to 12th grade teacher.

Taxpayer Amount	\$	Spouse Amount	\$
-----------------	----	---------------	----

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	/ /2009	Travel Expense	\$
Miles from Old HOME to Old BASE		Mileage Driven During Move		Lodging Expense	\$

Self-Employed Contributions to SEP, SIMPLE and Qualified Plans

Type of Plan	Taxpayer Amount	Spouse Amount
Money Purchase Plan	\$	\$
Profit Sharing Plan	\$	\$
Defined Benefit Plan	\$	\$
SEP Plan	\$	\$
SIMPLE Plan	\$	\$
Individual 401(k) Plan	\$	\$
Roth 401(k) Plan	\$	\$

Alimony Paid

Recipients Social Security Number		Amount Paid	\$
Recipients Social Security Number		Amount Paid	\$

Traditional And Roth IRA Contributions

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

Education Savings Accounts

List contributions made on or before 12/31/09	Student Name	Amount
Excess Contributions to Coverdell Education Plan (amounts in excess of \$2,000)		\$
Contributions to State Prepaid tuition Program	State Plan Name	\$
Contributions to State College Savings 529 Plan	State Plan Name	\$

Student Loan Interest Deduction

Not required if providing 1098-E. If additional expense list total below.

	Taxpayer	Spouse
Qualified Student Loan Interest Paid in 2009	\$	\$

Educational Deduction and Credit Information

Please provide 1098-T and complete form below.

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 halftime?	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 2008 or 2007	2008 Y or N 2007 Y or N	2008 Y or N 2007 Y or N

Medical Expenses

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

Prescriptions Medications	\$	Medical Equipment and Supplies	\$
Health Insurance Premiums – After Tax	\$	Medical Travel – Number of Miles	
Long Term Care Insurance	\$	Medical Lodging	\$
Fees for Physician/Dentist/Chiropractor	\$	Lasik and Radial Kerotomy	\$
Fees for Hospital and Clinics	\$	Other – Including COBRA or Specify:	\$
Lab and X-ray	\$	Other	\$
Long Term Care Costs	\$	Other	\$
Eyeglasses and Contacts	\$	Other	\$

Taxes Paid

Real Estate taxes on Principal Residence	\$	Personal Property Tax (Car Tag or Advalorem Fee)	\$
Real Estate taxes on Second Home or Land	\$	Personal Property Tax (boat or airplane)	\$
Real Estate taxes on Vacation Home	\$	Sales Tax on Motor Vehicle or Boat	\$
2009 New Motor Vehicle Tax Deduction	Description of Vehicle		
Date Purchased	Purchase Price	\$	Sales Tax Paid
		\$	\$

Homeowner Mortgage Interest and Points Information

Not required if providing all 1098 Mortgage Interest Statements from mortgage company. If you purchased, sold or refinanced, send a copy of the closing statement. Do not include any rental real estate 1098 mortgage interest below.

Primary mortgage interest Lender _____	\$	Qualified Mortgage Insurance Premiums	\$
Primary mortgage interest Lender _____	\$	Did you sell your home in 2009?	Y or N
Equity line loan Lender _____	\$	Number of years lived in home before selling?	
Second mortgage Lender _____	\$	Did you purchase your home in 2009?	Y or N
Vacation Home mortgage Lender _____	\$	Did you refinance your home in 2009?	Y or N
Origination or Discount Points	\$	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 Donations	Donee Name: _____	\$	Donee Name: _____	\$
	Donee Name: _____	\$	Travel for Charitable Purposes	Miles
Vehicle Donations	Vehicle Donated to: _____		Date of Vehicle Donation	
	FMV under \$500	\$	Make & Year of Vehicle	
	Purchase Date		Original Purchase Price	\$
Non-Cash Donations Must complete all items for Donation Value over \$500	Name of Charity			
	Address of Charity			
	City, State, Zip			
	Donation Description			
	Date of Donation	2009	2009	2009
	Date Acquired			
	How Acquired	Purchase Gift Created Bequest	Purchase Gift Created Bequest	Purchase Gift Created Bequest
	Total Original Cost	\$	\$	\$
Value of Donations	\$	\$	\$	
How Valued	Thrift Replacement Equal sale	Thrift Replacement Equal sale	Thrift Replacement Equal sale	

Casualty/Theft & Loss

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 2009	\$	Margin or Investment Interest Paid	\$
Tax Prep Software/Books/Publications.	\$	Certain Attorney and Accounting Fees	\$
Tax Prep Mailing/Fed Ex Fees Paid in 2009	\$	Safe Deposit Box Rental.	\$
Investment Expense.	\$	IRA Management Fees.	\$

Other Job Expenses/W-2 Non-Airline Employee 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 - Mileage rate for 2009 is 55 cents per mile.

Year & Make and Model Vehicle		Do you have evidence to support the deduction?	Yes or No
Date First Used for Business		Is this evidence written?	Yes or No
Type of Vehicle: Car, Van, Truck		Is another vehicle available for personal use?	Yes or No
Total Mileage		Was the vehicle available for personal use during off duty hours?	Yes or No
Business Mileage		Was the vehicle leased?	Yes or No
Commuting Mileage		Was the vehicle used for hire?	Yes or No
Personal Mileage		Actual Expenses: Gas, Oil, Repairs, Insurance, ect.	\$

Home Office – To be deductible 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 and expense, the supporting evidence must be either direct evidence or documentary evidence. Direct evidence can be written statements, or oral testimony of your guests or other witness setting forth the detail information about the element. Documentary evidence can be receipts, paid bills, or similar evidence.

Pilot Professional Deductions

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

Married Pilots – If both you and your spouse fly, use an additional Professional Deduction sheet. DO NOT combine expenses on this form! AIRLINE EMPLOYEED BY **BASE DOMICILED**

Union Dues	\$	Luggage	\$	Calling Card Calls	\$
Union Initiation Fee	\$	Luggage Wheels	\$	Collect/Hotel Calls	\$
Union Assessments	\$	Luggage Repairs	\$	Bid Service Fees	\$
TOTAL UNION DUES		Garment Bag	\$	Bid Mailing Fees	\$
Professional Subscriptions	\$	Flight Bag	\$	Mobile Flica Fees	\$
Trade Publications	\$	Lunch Bag	\$	Internet Access Fees	\$
Organizational Dues	\$	Airline Luggage Tags	\$	Mobile Internet Access Fees	\$
TOTAL SUBSCRIPTIONS		Jet Bridge/Jet Way Keys	\$	Internet Long Distance Fees	\$
Uniform Payroll Deduction	\$	Cockpit Keys	\$	Computer Usage Fees (PC FOS)	\$
Uniform Pants	\$	Personal Organizer	\$	Company Mailing Expense	\$
Uniform Shirt	\$	Flashlight	\$	Company Copy/Fax Expense	\$
Uniform Alterations	\$	Batteries	\$	Other Bidding/Communication Cost	\$
Uniform Belt	\$	Logbook	\$	TOTAL COMMUNICATION	
Uniform Epaulets	\$	Electronic Logbook	\$	FAA Medical Expenses	\$
Uniform Tie	\$	Portable Alarm Clock	\$	Company Loss of License Insurance	\$
Uniform Hat	\$	Portable Curling Iron	\$	ALPA Loss of License Insurance	\$
Uniform Jacket	\$	Portable Hair Dryer	\$	TOTAL FAA MEDICAL	
Uniform Winter Jacket	\$	Portable Iron	\$	CFI Renewal	\$
Uniform Leather Jacket	\$	Portable Security Device	\$	Personal Flight Training	\$
Uniform Sweater	\$	Portable Smoke Detector	\$	Upgrade Training Expenses	\$
Uniform Scarf	\$	Int'l Voltage Converter	\$	Type Rating Expenses	\$
Uniform Wings	\$	Company Business Cards	\$	Written Exam Expenses	\$
Uniform Dry Cleaning	\$	Ear Piece / Headset	\$	Other Training Costs: _____	\$
Uniform Travel Laundering	\$	Dual Time Zone Watch	\$	TOTAL FLIGHT TRAINING	
Uniform Home Laundering	\$	Cockpit Supplies – Maps etc.	\$	Manual Replacement	\$
Uniform Shoes	\$	Sunglasses	\$	ID Replacement	\$
Uniform Shoe Shine	\$	Other Travel Item: _____	\$	Drug Testing Expenses	\$
Uniform Shoe Repair	\$	TOTAL TRAVEL ITEMS		Foreign Language Expenses	\$
Uniform Other: _____	\$	Passport Fee	\$	Airport Parking Expense	\$
TOTAL UNIFORM		Passport Photo	\$	Reserve Emergency Cab Fares	\$
Job Search Sim Prep	\$	Passport Expedite Fees	\$	Other Job Expense: _____	\$
Job Search Interview Prep	\$	Foreign Visa	\$	TOTAL MISCELLANEOUS	
Job Search Publications	\$	TOTAL PASSPORT		Transportation on Layovers	\$
Job Search Hotels	\$	Cell Phone Purchase this year	\$	Subway and Bus Fees on Layovers	\$
Job Search Transportation Interview	\$	Cell Phone Service for Work	\$	Train Fees on Layovers	\$
Job Search Resume	\$	Second Telephone Line	\$	Rental Cars on Layovers	\$
Job Search Copying and Mailing	\$	Pager Purchase in this tax year	\$	Layover Meal Transportation	\$
Job Search Telephone	\$	Pager Service	\$	ATM Fees on Layovers	\$
Job Search Application Fees	\$	Answering Service\Machine	\$	Check Cashing Fees on Layovers	\$
Job Search Other: _____	\$	Call Waiting/Call Forwarding	\$	Overnight Other: _____	\$
TOTAL JOB SEARCH		Company Phone Expense	\$	TOTAL OVERNIGHT TRAVEL	

Situational Pilot 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	\$

Intial, Recurrent, Type Rating and Upgrade Training Expenses (If you are based where your training is held you are not allowed to take a per diem deduction for training.)

Number of Days in Training		Three Letter Code of Training City	
Hotel/Housing Expense During Training	\$	Phone Expense During Training	\$
Transportation Expense During Training	\$	Type Rating Expenses	\$
Upgrade Training Expenses	\$	Other Training Costs	\$

FFDO Expenses

Number of Days in Training		Equipment Costs	\$
Three Letter Code of Training City		Gun Permit Fees	\$
Hotel/Housing Expense During Training	\$	Range Fees	\$
Transportation Expense During Training	\$	Ammunition Costs	\$
Phone Expense During Training	\$	Other FFDO Costs	

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 New BASE		Date Moved	/ /2009	Travel Expense	\$
Miles from Old HOME to Old BASE		Mileage Driven During Move		Lodging Expense	\$

National Guard / Military Reserve Duty

If your reserve military base is not in the same city as your home or airline base, all unreimbursed expenses in traveling to/from and while on duty at the military base during reserve drill are deductible.

Number of nights spent at Post		Three Letter City Code for Location of Post	
Hotel/Housing Expense not reimbursed	\$	What was the total per diem paid?	\$
Transportation Expense not reimbursed	\$	Meal Expense	\$
Phone Expense while on duty	\$	Other Expense: _____	\$
Utility Expense not reimbursed	\$	Commuting miles driven to / from / at post	\$

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. as long as you had a bona fide discussion of company or union business. Enter your yearly Entertainment Expense while discussing company business: \$ _____

Child Care Expenses Credit

Qualifying expense for care that allows you to work or look for work. Deduction only allowed for children under age 13.

NOTE: Social Security Number or ID Number is required to receive credit!

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

Other Tax Credits

Do you have a Qualified Mortgage Interest Credit Certificate issued by federal or state government?	Y or N
Did you adopt a child this year?	Y or N
Did you purchase solar or fuel cell energy for your home?	Y or N
Did you buy an electric/hybrid motor vehicle?	Y or N
Are you a first home buyer in the District of Columbia?	Y or N
Did you use alcohol or ethanol as fuel in your vehicle	Y or N
Did you purchase your main home in the United States after December 31, 2008, and before December 31, 2009	Y or N

Additional Tax Payments Made to Federal or State

Quarterly Tax Payments	Date Payment Made	Federal Amount	State Amount	Local Amount
First Quarter due 4/15/09		\$	\$	\$
Second Quarter due 6/15/09		\$	\$	\$
Third Quarter due 9/15/09		\$	\$	\$
Fourth Quarter due 1/15/09		\$	\$	\$

Taxes Paid with Extensions to Federal or State

Federal Amount	\$	State of _____ amount	\$	State of _____ amount	\$
----------------	----	-----------------------	----	-----------------------	----

State Tax Renters Credit

If you paid rent in CA, IN, MA, MI, MN, NJ, WI or any other state in 2008 with a renters credit please complete the following section, Minnesota residents provide a copy of your Certificate of Rent Paid (CRP)

Landlords Name					
Landlords Address					
Apartment Address					
Monthly Rent	\$	Total Rent Paid	\$	Dates Rented	