

AIRCREW TAXES, LLC

AMENDED TAX RETURN ORGANIZER

Please provide only information pertaining to the tax year in which we are AMENDING your tax return. Please use a separate organizer for each year you are amending. If you have any questions about how to complete this Organizer, don't hesitate to contact us!

All Clients MUST Sign Below

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

Taxpayer Signature _____ Spouse Signature _____ Date _____

Send Completed Organizer and the Following

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

(Fill In Year Amending) _____ AMENDED TAX YEAR

- _____ We must have a copy of Original Federal and all State Tax Returns
- _____ We must have a copy of any IRS changes to the Original Federal Tax Return
- _____ We must have a copy any state changes to State Tax Return
- _____ We need a copy of all W-2s from all Employers
- _____ We need a calculation of days flown for the year excluding day lines (days flown requiring hotel stay)
- _____ It would be helpful to have a copy of December 31 Pay Stub
- _____ It would be helpful to have a copy of 1099 Interest and Dividend and 1099 Broker Statements
- _____ It would be helpful to have a copy of 1099G, K-1, and 1099 Unemployment Statements
- _____ It would be helpful to have a copy of Closing Statement if Purchased or Refinanced a Home

Steps Required to Complete Amended Return

1. Copy Federal and State Returns and any IRS and State Notifications of changes to original returns
 2. Copy of W-2s, and all applicable tax documents from list above
 3. Fill out this organizer for year amending for missed deductions on original tax return
 4. Include days flown for the tax year amending (see pilot deduction page)
 5. You may want to provide a list of exact cities where you flew because of high per diem rates
 6. At a minimum, fill out Sections for Personal Information (present address) and Pilot Deductions
 7. Fill out the Personal Information Section as it should have been in that year except address
 8. Address should be where you currently live. All other items should be for the year amending.
 9. If you had a deduction include it on the organizer then fax, or mail items to Aircrew Taxes
- Remember that for every \$1,000 you miss in deductions equates to approximately a \$300 loss in your refund.
To process your return you must completely fill out this Organizer and returned all requested material. If you have any questions please call!*

Call at Office (770) 884-7565 or Cell (678) 332-6905

E-mail at psmedlin1@aircrewtaxes.com

Website 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)		
Date of Death (mm/dd/yyyy)		
Legally Blind		
E-Mail Address		
Work Phone		
Cell Phone		
Home Phone		

Tax Address: This is your current address. This is only the address on the original if you have not moved.

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 spouse during the last 6 months of the year?(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

State Tax Information

This section must be completed, even if you only lived in one state or lived in a state with no income tax. If you paid taxes to more than one state, you may receive a separate W2 for each state and we need all W2's.

State	Date Moved In	Date Moved Out	Must Provide County
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Important Questions			
YES	NO	Please Answer All Questions.	Amount
		Dependent of Someone Else	
		Can you be claimed as a dependent of someone else?	
		If yes, were you claimed as a dependent on another persons return?	
		Can your spouse be claimed as a dependent of someone else?	
		If yes, was your spouse claimed as a dependent on another persons return?	
		Presidential Election Campaign Fund	
		Do you want \$3 to go to the Presidential Election Campaign Fund?	
		Does your spouse want \$3 to go to the Presidential Election Campaign Fund?	
		Credit for Qualified Retirement Saving Contributions	
		Are you a full time student?	
		Is your spouse a full time student?	
		Credit for the Elderly or Disabled	
		Are you retired on total and permanent disability?	
		Is your spouse retired on total and permanent disability?	
		Taxable Refund or Credits	
		Did you receive a state and/or local tax refund last year? (Send 1099G)	
		Did itemize last year and if yes what were your total itemized deductions?	
		Did you pay additional tax when you filed your state tax return last year and if so what was the amount?	
		Alimony Received Taxpayer or Spouse	
		Did you receive any alimony during the tax year? If so how much and taxpayer or spouse?	
		Business Income	
		Do you have business income or 1099 income?	
		If so let us know and we will provide you with small business organizer.	
		IRA Distributions	
		Did you receive any distributions or rollovers from an IRA? If so how much and what box? (Send 1099R)	
		Pension and Annuity Distributions	
		Did you receive any distributions or rollovers from Pension? If so how much and what box? (Send 1099R)	
		Rental Real Estate, Royalties, Partnerships, S Corporations and Trusts	
		Did you receive a K-1 from an Estate, Trust, Partnership or S-Corporation? (Send K-1)	
		Do you have rental property? If so request a rental income and expense organizer.	
		Unemployment Compensation or Social Security Benefits	
		Did you receive any unemployment or social security during the tax year? (Send 1099)	
		Alimony Paid	
		Did you pay any alimony during the tax year? To: SSN:	
		Student Loan Interest Deduction	
		Did you pay any student loan interest during the tax year? (Send 1098E)	
Other Information You Believe We May Need			
Additional Tax Payments Made to Federal or State			
Quarterly Federal Tax Payments	Date Payment Made	Quarterly State tax Payments	Date Payment Made
Amount \$		Amount \$	
Amount \$		Amount \$	
Amount \$		Amount \$	
Amount \$		Amount \$	

Interest Income

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

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

Dividend Income

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

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

Stocks & Bonds Sold

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

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

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

Educational Deduction and Credit Information

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

Provide 1098T	Student 1	Student 2
Name of Student		
Name of School and City and State where located		
Amount of Qualified Expenses? 529 Plan Amount Withdrawn	\$	\$
Year in College and was student at least 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 the past two tax years	1 st yr Yes or No 2 nd yr Yes or No	1 st yr Yes or No 2 nd yr Yes or No

Education Savings Accounts

List contributions made on or before the end of the amending tax year	Student Name	Amount
Contributions to Coverdell Education Plan		\$
Contributions to State Prepaid tuition Program	State Plan Name	\$
Contributions to State College Savings 529 Plan	State Plan Name	\$

Traditional And Roth IRA Contributions

	Taxpayer	Spouse
Traditional IRA Contribution Amount Made in the year amending	\$	\$
Roth IRA Contribution Amount Made in the year amending	\$	\$

Medical Expenses

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

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

Taxes Paid

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

Homeowner Mortgage Interest and Points Information

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

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

Charitable Contributions

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

Cash	Donee Name: _____	\$	Donee Name: _____	\$
	Donee Name: _____	\$	Travel for Charitable Purposes	Miles
Vehicle	Vehicle Donated to: _____		Date of Vehicle Donation	
	Fair Market Value < \$500	\$	Make & Year of Vehicle	
	Original Purchase Date		Original Purchase Price	\$
Non-Cash Items	Name of Charity			
	Value of Contribution	\$	\$	\$
	Miles Driven for Donation			
	Description of Donation			
	Address of Charity			
	Date of Donation			
	Date Acquired (mm/yyyy)			
	Original Cost of Items	\$	\$	\$

Casualty/Theft & Loss

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

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

Miscellaneous Expenses

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

Child Care Expenses

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

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

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

Non-Airline Employee Business Deductions

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

Union Dues and Professional Dues	\$	Meals and Entertainment Expense	\$	Other _____	\$
Professional Subscriptions	\$	Office Supplies	\$	Other _____	\$
Uniform and Protective Clothing	\$	Office Equipment	\$	Other _____	\$
Job Search Costs	\$	Licenses	\$	Other _____	\$
Local Parking Fees and Transportation	\$	Telephone Calls	\$	Other _____	\$
Travel Expense Lodging	\$	Cell Phone	\$	Other _____	\$
Travel Expense Airfare	\$	Pager	\$	Other _____	\$
Travel Expense Car Rental	\$	Internet	\$	Other _____	\$
Business Gifts	\$	Postage	\$	Other _____	\$
Education Expense Job Related	\$	Other _____	\$	Other _____	\$

Vehicle Expense

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

AIRCREW TAXES LLC, PILOT TAX SERVICE CALL (770) 884-7565
Aircrew Taxes Amended Tax Return Organizer

Pilot Professional Deductions

Receipts are not required for travel expenses under \$75 if entered into your logbook, including item, date & cost. Do not send receipts; keep them for your records. TOTAL BLOCKS will be completed by Tax Preparer

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

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	\$

Training, Upgrade and FFDO Expenses *(Expenses incurred for training must not be at your base.)*

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

Union and Company Business Travel Expenses

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

Hotel Expense	\$	Meals and Entertainment Expense	\$
Transportation Expense	\$	Other Costs: _____	\$

Temporary Duty Expenses

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

Commuter Pad Moving Expenses

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

Old Primary Residence		Old Work (BASE)		Transportation Expense	\$
New Primary Residence		New Work (BASE)		Storage Expense	\$
Miles from Old HOME to New BASE		Date Moved	/ /	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: \$ _____**

Per Diem Deduction Information

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

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

Of the days flown how many were International?

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