## 2012 AIRCREW TAXES PILOT TAX RETURN ORGANIZER

### **All Clients MUST Sign Below**

I have retained Aircrew Taxes to prepare my 2012 Income Tax returns. I hereby verify that the information provided in this Organizer is <u>accurate and complete</u>. I understand it is my responsibility and my continuing obligation until I have verified my tax return and it is filed, to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax return. I have not overstated my deductions or understated my income, and acknowledge that false information on a tax return could constitute a federal crime. I understand it is my responsibility to review my Income Tax Return after Aircrew Taxes has prepared it, and to verify that it contains accurate information. If I am billed for an amount due by Aircrew Taxes, I will promptly pay the full amount due and I hereby acknowledge that I will be responsible for any resulting collection fees due to nonpayment, and any attorney's fees incurred by Aircrew Taxes pursuant to a collection action. The laws of Georgia shall be applicable to all aspects of this agreement, and I hereby consent to jurisdiction of the Courts of Cobb County, Georgia regardless of where I actually reside. (If filing a joint return, both you and your spouse must sign.)
Taxpayer Signature
Spouse Signature
Date

**Client Instructions to Complete Tax Return** 

Please do not send original tax documents, send copies only. You will need the originals to help resolve possible discrepancies. If you send your original tax documents there 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. Previous years clients send short checklist that we e-mailed to you back to Aircrew Taxes checking off items included.

2) Make payment with credit card, check, or authorized deduction from your refund.

3) Aircrew Taxes will contact you to resolve any questions and discuss possible deductions and tax strategies 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.

### IRS NOW REQUIRES US TO FILE ELECTONICALLY CALL IF YOU WISH TO FILE BY PAPER

## **Tax Documents Required to Complete Accurate Return**

\_\_\_\_ Copy of all W-2s from all Employers

Copy of 1099-INT for Interest and 1099-DIV for Dividends

\_\_\_\_\_ Copy of 1099-B Proceeds from Broker and Barter Exchange Transactions

\_\_\_\_\_ Copy of Tax Reporting Statements from Brokers

Copy of 1099-G from State Income Tax Refund and 1099-G for State Unemployment

\_\_\_\_\_ Copy of 1099-R from IRA, Pensions, and 401(k) distributions and rollovers

Copy of K-1 Statements form Rental Real Estate, Royalties, Partnerships, S-Corps

Copy of 1099's form Unemployment Compensation, SSA 1099 and RRB 1099 from social security benefits

- \_\_\_\_\_ Copy of 1099-MISC for other income, may need to fill out business worksheet
- 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

#### AIRCREW TAXES (770) 884-7565 FAX (770) 795-9799 WWW.AIRCREWTAXES.COM

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| Depen<br>and fo<br>Claim<br>Fir<br>Fir<br>Use dif<br>Accour<br>Routin<br>Routin<br>Routin<br>I<br>1<br>2<br>Card N<br>Name<br>3<br>3<br>Taxpay<br>Date Is  | dent must h<br>r the Earne<br>or a copy of<br>st Name<br>ect Name<br>ect deposit<br>g Number?<br>rect deposit<br>g Number?<br>rect deposit<br>g Number?<br>rect deposit<br>g Number?<br>Credit Card<br>Number<br>on Card<br>Withhold T<br>yer's Drivers  | e under 19 or<br>d Income Cree<br>of your divorce<br>Last Nam<br>posit/Fu<br>for tax refund?<br>rcle One<br>Method<br>nd related fees<br>charge for all<br>d (please circle  | under 2<br>dit. If y<br>e decree<br>e<br>model<br>nds<br>No add<br>Check<br>for<br>for<br>must b<br>return<br>card t<br>card t | 24 and<br>cour de<br>. Dep<br>MI<br>MI<br>Wi<br>itional<br>ing<br>Tay<br>re paid<br>ed che<br>ype)   | a full-ti<br>ependents<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>s  | ime studer<br>t children<br>income n<br>N<br>A<br>awal<br>Y or N<br>Saving<br>Darat<br>Expiration<br>Signatur<br>t fee for th                                   | t for at lea<br>did not live<br>Relationship   | st 5 mor<br>e with your<br>er \$3800<br>Date o<br>/<br>/<br>/<br>/<br>/<br>n<br>n<br>Bank?<br>Number<br>es<br>n.<br>Drivers  | ths duri<br>ou, you r<br>unless a<br>f Birth<br>/<br>/<br>/<br>/<br>/<br>/<br>nds withd<br>?<br>?<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!<br>!   | ng the year<br>nust provide<br>a full time st<br># Mos at Hom<br>lrawal for ba  | e Form 8<br>udent.<br>ae Care<br>and Care  | 832, Rele Expenses ? ? rcard y Code         | Ase of<br>Student<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>  |
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| Depen<br>and fo<br>Claim<br>Fir<br>Tir<br>Duse din<br>Accourt<br>Routin<br>Accourt<br>Routin<br>Pay<br>All pro<br>1 <sup>†</sup><br>2 <sup>†</sup><br>Card N<br>Name<br>3 <sup>†</sup><br>Taxpay<br>Date Is<br>U.S<br>Do you | dent must h<br>r the Earne<br>or a copy of<br>st Name<br>ect De<br>rect deposit :<br>nt Type? Ci<br>g Number?<br>rect deposit :<br>nt Type? Ci<br>g Number?<br>reparation an<br>Check (\$25<br>Credit Caro<br>Jumber<br>on Card<br>Withhold T<br>yer's Drivers<br>ssued  | e under 19 or<br>d Income Cree<br>f your divorce<br>Last Nam<br>posit/Fu<br>for tax refund?<br>rcle One<br>Method<br>nd related fees<br>charge for all<br>d (please circle<br>fax Fees from 1<br>5 License # & st<br>/ /<br>Resident A | under 2<br>dit. If y<br>e decree<br>e<br>mds<br>No add<br>Check<br>for '<br>must b<br>return<br>e card t<br>Date E<br>lien     | 24 and<br>7 our d<br>7 our d<br>7 our d<br>9 Dep<br>MI<br>Wi<br>itional<br>ing<br>Tay<br>be paid<br>ed cho<br>ype)<br>und (\$<br>cxpirec<br>No   | a full-ti<br>ependents<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>as<br>back<br>ss<br>as<br>back<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss<br>ss | ime studer<br>t children<br>income n<br>N<br>N<br>awal<br>Y or N<br>Saving<br>parat<br>completi<br>Expiration<br>Signatur<br>t fee for th<br>/ / /<br>ent Alien | t for at lea<br>did not live<br>aust be unde<br>Relationship   | st 5 mor<br>e with your<br>er \$3800<br>Date o<br>/<br>/<br>/<br>/<br>/<br>n<br>n<br>n<br>Date o<br>/<br>/<br>/<br>n<br>n<br>n<br>Date o<br>/<br>/<br>/<br>n<br>n<br>Date o<br>/<br>/<br>/<br>n<br>Date o<br>/<br>/<br>/<br>n<br>Date o<br>/<br>/<br>/<br>/<br>n<br>Date o<br>/<br>/<br>/<br>/<br>/<br>/<br>n<br>n<br>c<br>fur<br>Bank?<br>Number<br>C<br>Bank?<br>Number<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C<br>C | ths duri<br>ou, you r<br>unless a<br>f Birth<br>/<br>/<br>/<br>/<br>n<br>m<br>m<br>m<br>ticense<br>/   | ng the year<br>nust provide<br>a full time st<br># Mos at Hom<br> <br> | e Form 8<br>udent.<br>E Care<br>a ca | 832, Rele Expenses  rcard y Code Zip Code / | Ase of<br>Student<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>Y or N<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>Antipological<br>A |

## 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         |               |                |        |                 |

## **Important Questions**

| of Someone Else<br>claimed as a dependent of someone else?                                     |   |
|--|---|
| *  |   |
| you alogned as a demondant on another nervous return?  |   |
| you claimed as a dependent on another persons return?  |   |
| ouse be claimed as a dependent of someone else?  |   |
| our spouse claimed as a dependent on another persons return?                                   |   |
| Election Campaign Fund   |   |
| er want \$3 to go to the presidential election campaign fund?                                  |   |
| want \$3 to go to the presidential election campaign fund?                                     |   |
| Jualified Retirement Saving Contributions  |   |
| 11 time student?   |   |
| se a full time student?  |   |
| Iderly or Disabled   |   |
| etired on total and permanent disability?  |   |
| ired on total and permanent disability?  |   |
| timulus Rebate   |   |
| vive an economic stimulus check  |   |
| titled to an economic stimulus check that was used by the IRS to offset past tax or other bill |   |
|  | ouse be claimed as a dependent of someone else?<br>Your spouse claimed as a dependent on another persons return?<br>I Election Campaign Fund<br>rer want \$3 to go to the presidential election campaign fund?<br>e want \$3 to go to the presidential election campaign fund?<br>Qualified Retirement Saving Contributions<br>Ill time student?<br>Ise a full time student?<br>Elderly or Disabled<br>retired on total and permanent disability?<br>tired on total and permanent disability?<br>Stimulus Rebate<br>eive an economic stimulus check that was used by the IRS to offset past tax or other bill |

## **Other Information You Believe We May Need**

| <b>Interest Incom</b>                           | -                     |         |               |              |          |            |           |           |            |           |
|---|-----------------------|---------|---------------|--------------|----------|------------|-----------|-----------|------------|-----------|
| Not required if providing                       |                       |         |               | 1 1          | <u> </u> | · 1 D      | <u> </u>  | 1         | 1.000      |           |
| Owner SS#                                       | Bank/Institutior      | 1       | Box N         | umbers and A | Amounts  | in each B  | ox from e | each sepa | arate 1099 | ∂-INT     |
|   |                       |         |               |              |          |            |           |           |            |           |
|   |                       |         |               |              |          |            |           |           |            |           |
|   |                       |         |               |              |          |            |           |           |            |           |
|   |                       |         |               |              |          |            |           |           |            |           |
| Dividend Inco                                   |                       |         |               |              |          |            |           |           |            |           |
| Not required if providing<br>Owner SS#          |                       | end or  |               |              |          | in an th D | f         |           |            |           |
| Owner 55#                                       | Institution           |         | BOX IN        | umbers and A | Amounts  | in each B  | ox from e | each sepa | trate 1099 | ₹-DIV     |
|   |                       |         |               |              |          |            |           |           |            |           |
|   |                       |         |               |              |          |            |           |           |            |           |
|   |                       |         |               |              |          |            |           |           |            |           |
| Stocks & Bond                                   |                       |         |               |              |          |            |           |           |            |           |
| Transactions and year-en<br>Stock Name or Descr |                       | Date So |               | Date Acq     |          |            | es Price  | oceeus    | Cost Pl    |           |
| Stock Manie of Desci                            | ipuon                 |         | 2012          |              |          | \$         | es Flice  | \$        | COSUPT     | us rees   |
|   |                       |         | 2012          | /            | /        | \$         |           | \$        |            |           |
|   |                       |         | 2012          | /            | /        | ֆ<br>\$    |           | ۵<br>\$   |            |           |
|   |                       |         |               | /            | /        |            |           |           |            |           |
|   |                       | / /2012 |               | /            | /        | \$         |           |           | \$         |           |
|   |                       |         | 2012          | / /          |          | \$         |           |           | \$         |           |
|   |                       | / /     | 2012          | /            | /        | \$         |           | \$        | \$         |           |
| State Income 7                                  |                       |         |               |              |          | t Con      | npen      | satio     | n          |           |
| State Refunds Received in 2                     |                       | State   | 1 1           | Amount       | \$       | Sta        | te        |           | Amount     | \$        |
| Additional State Tax paid in                    |                       | State   |               | Amount       | \$       | Sta        | te        |           | Amount     | \$        |
| Did you itemize last year?                      |                       | Taxp    | ayer          | Y            | or N     | Sp         | ouse      |           | Y          | or N      |
| State Unemployment Comp                         | ensation Received     | State   |               | Amount       | \$       | Sta        |           |           | Amount     | \$        |
| State Unemployment Benef                        |                       | State   |               | Amount       | \$       | Sta        | te        |           | Amount     | \$        |
| <b>Alimony Rece</b>                             | ived                  |         |               |              |          |            |           |           |            |           |
| Taxpayer Amount                                 |                       | \$      |               |              | Spou     | use Amou   | nt        |           | \$         |           |
| IRA, Pension,<br>Not required if providing      |                       | l Ar    |               |              |          |            |           |           |            |           |
| Taxpayer or Spouse                              |                       |         | or S Distrib  |              |          | 5 Distribu |           |           | S Distrib  | oution #3 |
| Name of payer institution                       |                       |         |               |              |          |            |           |           |            |           |
| Gross distribution from 109                     | 99-R box 1            |         |               |              |          |            |           |           |            |           |
| Reason for distribution                         |                       |         |               |              |          |            |           |           |            |           |
| Amount of Rollover                              |                       |         |               |              |          |            |           |           |            |           |
| Name of receiving institution                   | on                    |         |               |              |          |            |           |           |            |           |
| Type of account (401k, IRA                      | A, Pension, Roth)     |         |               |              |          |            |           |           |            |           |
| Social Security                                 | /                     |         |               |              | e        |            |           |           |            |           |
| Not required if providing                       | SSA 1099s and RR      | B 1099  | s and 1099N   | MISCs.       |          |            | T         |           |            |           |
| A   | D                     |         |               |              |          |            |           | payer     |            | pouse     |
| Amounts for Social Securit                      |                       |         |               |              |          |            | \$        |           | \$         |           |
| Amounts for Railroad Bene                       |                       | 0.6.1   | · · · · ·     |              |          |            | \$<br>¢   |           | \$         |           |
| Amounts for 1099 MISC no                        |                       |         |               |              |          |            | \$<br>¢   |           | \$         |           |
| Amounts for 1099 MISC no                        | or requiring Schedule | U for b | ousiness inco | ome          |          |            | \$        |           | \$         |           |

# **Educator Expenses**

| Un-reimbursed an                      | nounts spent on boo     | oks, suppl         | ies, and mate | rials used                        | l in the c                      | lassroom b  | y kinderg   | arten to 12 <sup>th</sup> gra   | de teacher.     |  |
|---------------------------------------|-------------------------|--------------------|---------------|-----------------------------------|---------------------------------|-------------|-------------|---|-----------------|--|
| Taxpay                                | ver Amount              | \$                 |               |                                   |                                 | Spouse A    | mount       | \$  |                 |  |
| <b>Health Sa</b>                      | vings Acco              | unts (             | (HSA)         |                                   |                                 |             |             |   |                 |  |
|                                       | 98-SA and /or 1099      |                    |               | HSA anes                          | stions co                       | ncern tax v | ear 2012.   |   |                 |  |
| Type of high deduc                    |                         | -67 <b>X II ap</b> | Self Only of  |                                   |                                 | in high ded |             | n?  |                 |  |
| Plan in effect for D                  | -                       |                    | Y or          |                                   |                                 | SA contribu | 1           |   | \$              |  |
| Total Employer HS                     |                         |                    | \$            |                                   |                                 | SA distribu |             |   | \$              |  |
| 1 1                                   | ction HSA contributi    | ons                | \$            |                                   |                                 |             |             | medical expenses  |                 |  |
|                                       |                         | 0115               | Ψ             |                                   | 1 otur u                        |             | quannea     | metreur expenses  | φ               |  |
| Moving E                              | <b>—</b>                |                    |               |                                   |                                 |             |             |   |                 |  |
|                                       | noves are deductibl     |                    |               |                                   | Mileage                         | rate for 20 |             |   |                 |  |
| Old Primary Reside                    |                         |                    | Old Work (B.  | ,                                 |                                 |             |             | sportation Expen  |                 |  |
| New Primary Resid                     |                         | 1                  | New Work (E   | BASE)                             |                                 |             |             | ige Expense   | \$              |  |
|                                       | ME to New BASE          |                    | Date Moved    |                                   |                                 | / /20       |             | el Expense  | \$              |  |
| Miles from Old HC                     |                         |                    | Mileage Driv  | Ŭ                                 |                                 |             |             | ging Expense  | \$              |  |
| Self-Empl                             | oyed Cont               | ributi             | ions to S     | SEP,                              | SIM                             | PLE a       | nd O        | ualified <b>F</b>   | lans            |  |
| <b>L</b>                              | Type of P               |                    |               | /                                 |                                 | Taxpayer An |             |   | Amount          |  |
| Money Purchase Pl                     | <b>*</b> 1              |                    |               |                                   | \$                              | 1           |             | \$  |                 |  |
| Profit Sharing Plan                   |                         |                    |               |                                   | \$                              |             |             | \$  |                 |  |
| Defined Benefit Pla                   | an                      |                    |               |                                   | \$                              |             |             | \$  |                 |  |
| SEP Plan                              |                         |                    |               |                                   | \$                              |             |             | \$  |                 |  |
| SIMPLE Plan                           |                         |                    |               |                                   | \$                              |             |             | \$  |                 |  |
| Individual 401(k) F                   | Plan                    |                    |               |                                   | \$                              |             |             | \$  |                 |  |
| Roth 401(k) Plan                      |                         |                    |               |                                   | \$                              |             |             | \$  |                 |  |
|                                       | )-1-1                   |                    |               |                                   | <u> </u>                        |             |             |   |                 |  |
| Alimony I                             |                         |                    |               |                                   | 1                               |             |             |   |                 |  |
| Recipients Name                       |                         |                    | 1             | ients SS#                         |                                 |             |             | Amount Paid   | \$              |  |
| Recipients Name                       |                         |                    | Recip         | ients SS#                         |                                 |             |             | Amount Paid   | \$              |  |
| Tradition                             | al And Rot              | h IR /             | A Conti       | ributi                            | ons                             |             |             |   |                 |  |
| 110000                                |                         |                    |               |                                   |                                 | xpayer      |             | Spou  | se              |  |
| Traditional IRA Co                    | ontribution Amount N    | Made by 4          | /15/13        | \$                                | 1 4/                            | rpuyer      | \$          | Spou  |                 |  |
|                                       | tion Amount Made b      |                    |               | \$                                |                                 |             | \$          |   |                 |  |
| Non-Deductible IR                     |                         | <i>y n 10, 10</i>  |               | \$                                |                                 |             | \$          |   |                 |  |
|                                       |                         |                    |               | 1 -                               |                                 |             | Ŧ           |   |                 |  |
| Education                             | Savings A               | ccoul              | nts           |                                   |                                 |             |             |   |                 |  |
| List contributions r                  | nade on or before 12    | /31/12             |               |                                   |                                 |             | Student     | Name  | Amount          |  |
|                                       | ns to Coverdell Educ    |                    |               |                                   | \$2,000)                        |             |             |   | \$              |  |
|                                       | ate Prepaid tuition P   |                    | State Plan I  |                                   |                                 |             |             |   | \$              |  |
| Contributions to St                   | ate College Savings     | 529 Plan           | State Plan I  | Name                              |                                 |             |             |   | \$              |  |
| Student L                             | oan Intere              | st and             | l Educa       | ntiona                            | l De                            | ductio      | n and       | Credits   |                 |  |
|                                       | Es for student loan i   |                    |               |                                   |                                 |             |             |   | omplete list of |  |
|                                       | s please request the    |                    |               |                                   |                                 |             | currion a   |   | mpiete list of  |  |
| <b>_</b>                              | alified expenses and    |                    |               |                                   |                                 |             | hildren as  | Tuition and Fee   | s Deduction o   |  |
|                                       | ortunity Credit or the  |                    |               |                                   |                                 |             |             |   |                 |  |
| · · ·                                 | taking as little as one |                    | nd can be tak | ing it to in                      | nprove of                       | acquire job | skills rath | ner than obtaining  | a degree.       |  |
|                                       | ide All 1098-Ts and     | 1098-Es            |               |                                   | Stuc                            | lent 1      |             | Studer  | nt 2            |  |
| Name of Student                       |                         |                    |               |                                   |                                 |             |             |   |                 |  |
|                                       | d City and State whe    | re located         |               |                                   |                                 |             |             |   |                 |  |
| Tuition Paid in 201                   |                         |                    |               | \$                                | rd th                           |             | \$          | et and and th   |                 |  |
| · · · · · · · · · · · · · · · · · · · | d was student at leas   | t halftime?        | )             | 1 <sup>st</sup> 2 <sup>nd</sup> 3 | <sup>w</sup> 4 <sup>m</sup> Gra | d, Yes or N | o 1         | $^{\text{st}} 2^{\text{nd}} 3^{\text{rd}} 4^{\text{th}} \text{Grad},$ | Yes or No       |  |
| Amount of 529 Pla                     |                         |                    |               | \$                                |                                 |             | \$          |   |                 |  |
| Student Loan Intere                   |                         |                    |               |                                   |                                 |             |             |   |                 |  |

|  | 1 5  |  |                                    |  |  |  |   |  |  |  |
|--|--|--|------------------------------------|--|--|--|---|--|--|--|
| Medica   | al Expenses  |  |                                    |  |  |  |   |  |  |  |
|  | de amounts paid by ins   | urance or fro  | m Flexi                            |  |  |  |   |  |  |  |
| Prescriptions  |  |  |                                    | \$   |  | lical Equipment a  |   |  | \$<br>#  |  |
|  | ance Premiums – After T  | ax   |                                    | \$   |  | Medical Travel – Number of Miles   |   |  |  |  |
| U  | Care Insurance   |  |                                    | \$   |  | lical Lodging (up  |   | night)                                   | \$   |  |
| Fees for Phys  | sician/Dentist/Chiropracte   | or   | \$ Lasik and Radial Kerotonomy     |  |  |  |   | \$                                       |  |  |
|  | pital and Clinics  |  |                                    | \$   | Othe   | er – Including CC  | BRA or Sp   | ecify:                                   | \$   |  |
| Lab and X-ra   | 2  |  |                                    | \$   | Othe   | er   |   |  | \$   |  |
| Long Term C  | Care Costs   |  |                                    | \$   | Othe   | er   |   |  | \$   |  |
| Eyeglasses ar  | nd Contacts  |  |                                    | \$   | Othe   | er   |   |  | \$   |  |
| Taxes ]  | Paid   |  |                                    |  |  |  |   |  |  |  |
|  | axes on Principal Resider  |  |                                    | \$   | Pers   | onal Property Tax  | (Car Tag o  | or Advalorem Fee                         |  |  |
|  | axes on Second Home or   | Land   |                                    | \$   |  | onal Property Tax  |   | <b>1</b> /                               | \$   |  |
| Real Estate ta   | axes on Vacation Home  |  |                                    | \$   | Sale   | s Tax on Motor V   | ehicle or B   | oat or Aircraft                          | \$   |  |
| Not required closing states  | wner Mortga<br>1 if providing all 1098 M<br>ment. (DO NOT INCLU  | Iortgage Inte  | rest Sta                           | atements .<br><i>GAGE IN</i>   | If you<br>TERES  | ı purchased, sold<br>ST BELOW SEE  | or refinant<br>RENTAL   | ced a house, send<br>WORKSHEET)          |  |  |
| •  | gage interest Lender   |  |                                    | \$   |  | alified Mortgage   |   |  | \$   |  |
| 2  | gage interest Lender   |  |                                    | \$   |  | l you sell your ho   |   |  | Y or   |  |
| Equity line lo   |  |  |                                    | \$   |  | mber of years live   |   |  |  |  |
| Second mortg   |  |  |                                    | \$   |  | l you purchase yo  |   |  | Y or   |  |
|  | me mortgage Lender   |  |                                    | \$   |  | Did you refinance your home in 2012?   |   |  | Y or   |  |
| Origination o  | or Discount Points   |  |                                    | \$   | Nu   | Number of years you refinanced?  |   |  |  |  |
| Charita<br>You need to   | able Contribute<br>have an acknowledgem  | ent if any sin   |                                    |  | tion is  | over \$250. If yo  | ou donated  | any household g                          |  |  |
| Charita<br>You need to   |  | ent if any sin   | ress of 1<br>\$                    |  | tion is<br>able or   | over \$250. If yo  | ou donated  | any household g<br>ion over \$500 se     |  |  |
| Charita<br>You need to<br>estimate the<br>Cash   | have an acknowledgem<br>value and include the n  | ent if any sin   | ress of                            |  | tion is<br>able or<br>Dor  | over \$250. If yo<br>rganization. Vel  | ou donated<br>nicle Donat   | any household g<br>ion over \$500 se     | nd 1098C   |  |
| Charita<br>You need to<br>estimate the<br>Cash   | have an acknowledgem<br>value and include the n<br>Donee Name:   | ent if any sin   | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra   | over \$250. If yo<br>rganization. Vel<br>nee Name:   | ou donated<br>hicle Donat   | any household g<br>ion over \$500 se     | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:  | ent if any sin   | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable   | ou donated<br>nicle Donat<br>Purposes<br>ation  | any household g<br>ion over \$500 se     | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:   | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma  | over \$250. If yo<br>rganization. Vef<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se     | nd 1098C<br>\$   |  |
| Charits<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date   | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity  | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity  | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip  | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity  | ent if any sin<br>ame and add  | ress of 1<br>\$                    |  | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ori   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>nicle Donat<br>e Purposes<br>ation<br>nicle   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation  | ent if any sin<br>ame and add  | ress of 1<br>\$                    | the charit:  | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ori   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | ou donated<br>hicle Donat<br>e Purposes<br>ation<br>hicle<br>ice                                    | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$<br>Mi   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired   | ent if any sin<br>ame and add  | ress of 1<br>\$<br>\$<br>          | the charita  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel  | e Purposes<br>ation<br>nicle<br>ice<br>2012   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired   | ent if any sin<br>name and add   | ress of 1<br>\$<br>\$<br>          | the charita  | tion is<br>able on<br>Tra<br>Dat<br>Ma<br>Ori<br>2<br>2<br>2   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>ivel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr  | e Purposes<br>ation<br>nicle<br>ice<br>2012   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charits<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost  | ent if any sin<br>aame and add<br>\$<br>\$<br>Purchase Gi  | ress of 1<br>\$<br>\$<br>          | the charita  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>ivel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr  | e Purposes<br>ation<br>nicle<br>ice<br>2012   | any household g<br>ion over \$500 se<br> | nd 1098C<br>\$   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation   | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired   | ent if any sin<br>name and add   | ress of t<br>\$<br>\$<br>ft Create | 2012<br>ed Bequest   | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Cri<br>Cri<br>Cri<br>Cri<br>S<br>S<br>S   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>ivel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr  | e Purposes<br>ation<br>hicle<br>ice<br>2012<br>d Bequest  | any household g<br>ion over \$500 se<br> | nd 1098C<br>Mi<br>20<br>Sreated Bequ   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued  | ent if any sin<br>name and add<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla  | ress of t<br>\$<br>\$<br>ft Create | 2012<br>ed Bequest   | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Cri<br>Cri<br>Cri<br>Cri<br>S<br>S<br>S   | over \$250. If yo<br>rganization. Veh<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Veh<br>ginal Purchase Pr   | e Purposes<br>ation<br>hicle<br>ice<br>2012<br>d Bequest  | any household g<br>ion over \$500 se<br> | nd 1098C<br>Mi<br>20<br>Sreated Bequ   |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations  | ent if any sin<br>name and add<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla  | ress of t<br>\$<br>\$<br>ft Create | 2012<br>ed Bequest   | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Cri<br>Cri<br>Cri<br>Cri<br>S<br>S<br>S   | over \$250. If yo<br>rganization. Veh<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Veh<br>ginal Purchase Pr   | e Purposes<br>ation<br>hicle<br>ice<br>2012<br>d Bequest  | any household g<br>ion over \$500 se<br> | nd 1098C  Mi  Mi  Created Bequ  nent Equal sa  |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued<br>ty/Theft & L  | ent if any sin<br>aame and add<br>\$<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>\$<br>Thrift Repla<br>OSS                       | ress of t<br>\$<br>\$<br>ft Create | the charita  | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Cri<br>Cri<br>Cri<br>Cri<br>S<br>S<br>S   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr<br>chase Gift Create  | bu donated<br>hicle Donat<br>e Purposes<br>ation<br>hicle<br>ice<br>2012<br>d Bequest<br>Equal sale | any household g<br>ion over \$500 se<br> | nd 1098C  Mi  Mi  Created Bequ  nent Equal sa  |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500<br>Casual<br>Descriptic  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued<br>ty/Theft & L  | ent if any sin<br>name and add<br>\$<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla<br>OSS<br>Event Date               | ress of t<br>\$<br>\$<br>ft Create | the charita  | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Cri<br>Cri<br>Cri<br>Cri<br>S<br>S<br>S   | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr<br>chase Gift Create  | e Purposes<br>ation<br>hicle<br>ice<br>2012<br>d Bequest<br>Equal sale<br>Cost                      | any household g<br>ion over \$500 se<br> | nd 1098C<br>Mi<br>Mi<br>Created Beque<br>nent Equal sa<br>s Insuran                            |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500<br>Casual<br>Descriptio  | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued<br><b>ty/Theft &amp; L</b><br>on of Casualty Event                     | ent if any sin<br>name and add<br>\$<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla<br>OSS<br>Event Date               | ress of t \$ \$ ft Create          | the charits the charits 2012 ed Bequest Equal sale Property  | tion is<br>able or<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>Pur<br>\$<br>\$<br>\$<br>Thr  | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr<br>chase Gift Create<br>rift Replacement I<br>Purchase Date | e Purposes<br>ation<br>nicle<br>ice<br>2012<br>d Bequest<br>Equal sale<br>Cost<br>\$                | any household g<br>ion over \$500 se<br> | nd 1098C<br>Mi<br>Mi<br>20<br>Created Bequ<br>created Bequ<br>nent Equal sa<br>s Insuran<br>\$ |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500<br>Casual<br>Description<br>Miscell<br>Tax Prep Fee                | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued<br><b>ty/Theft &amp; L</b><br>on of Casualty Event | ent if any sin<br>name and add<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla<br>OSS<br>Event Date<br>NSES             | ress of t<br>\$ \$<br>ft Create    | the charits the charits 2012 2012 Equal sale Property Mi   | tion is<br>able of<br>Dor<br>Tra<br>Dat<br>Ma<br>Ori<br>Cri<br>S<br>S<br>S<br>Thr<br>S<br>s<br>argin o   | over \$250. If yo<br>rganization. Veh<br>nee Name:   | ou donated<br>nicle Donat   | any household g<br>ion over \$500 se<br> | nd 1098C<br>S<br>Mi<br>2(0<br>Created Beque<br>nent Equal sa<br>s Insuran<br>\$<br>\$          |  |
| Charita<br>You need to<br>estimate the<br>Cash<br>Donations<br>Vehicle<br>Donations<br>Non-Cash<br>Donations<br>Must<br>complete<br>all items<br>for<br>Donation<br>Value over<br>\$500<br>Casual<br>Descriptic<br>Miscell<br>Tax Prep Fee<br>Tax Prep Sof | have an acknowledgem<br>value and include the n<br>Donee Name:<br>Donee Name:<br>Vehicle Donated to:<br>FMV under \$500<br>Purchase Date<br>Name of Charity<br>Address of Charity<br>City, State, Zip<br>Donation Description<br>Date of Donation<br>Date Acquired<br>How Acquired<br>Total Original Cost<br>Value of Donations<br>How Valued<br><b>ty/Theft &amp; L</b><br>on of Casualty Event                     | ent if any sin<br>aame and add<br>\$<br>\$<br>\$<br>Purchase Gi<br>\$<br>\$<br>Thrift Repla<br>OSS<br>Event Date<br>NSES<br>S. | ress of t \$ \$ ft Create          | the charits the ch | tion is<br>able on<br>Don<br>Tra<br>Dat<br>Ma<br>Ori<br>2<br>2<br>2<br>4<br>5<br>5<br>5<br>7<br>7<br>7<br>7<br>7<br>8<br>8<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | over \$250. If yo<br>rganization. Vel<br>nee Name:<br>wel for Charitable<br>te of Vehicle Don<br>ke & Year of Vel<br>ginal Purchase Pr<br>chase Gift Create<br>rift Replacement I<br>Purchase Date | ou donated<br>nicle Donat   | any household g<br>ion over \$500 se<br> | nd 1098C<br>Mi<br>Mi<br>20<br>Created Bequ<br>created Bequ<br>nent Equal sa<br>s Insuran<br>\$ |  |

| <b>Other Job Expense</b>                | s/W-              | 2 Non-Aii           | rline Emp   | loye      | e Deductions                  |           |
|---|-------------------|---------------------|---|-----------|-------------------------------|-----------|
| If you have another job or your sp      | ouse has          | a job with non-re   | eimbursed employ  | yee rela  | ted business expenses enter b | elow.     |
| Union Dues and Professional Dues        | \$                |                     | tainment Expense  | \$        | Other                         | \$        |
| Professional Subscriptions              | \$                | Office Supplies     | •   | \$        | Other                         | \$        |
| Uniform and Protective Clothing         | \$ Office Equipme |                     | nt  | \$        | 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 2012          | 2 is 55.5 cents per | mile.   |           |                               |           |
| Year & Make and Model Vehicle           |                   | Do                  | you have evidence to  | o suppoi  | t the deduction?              | Yes or No |
| Date First Used for Business            |                   | Is th               | is evidence written?  |           |                               | Yes or No |
| Type of Vehicle: Car, Van, Truck        |                   | Is a                | nother vehicle available for personal use?                      |           |                               | Yes or No |
| Total Mileage                           |                   | Was                 | s the vehicle available for personal use during off duty hours? |           |                               | Yes or No |
| Business Mileage                        |                   | Was                 | is the vehicle leased?  |           | Yes or No                     |           |
| Commuting Mileage                       |                   | Was                 | the vehicle used for hire?                                      |           | Yes or No                     |           |
| Personal Mileage                        |                   | Act                 | ual Expenses: Gas, (  | Dil, Repa | airs, Insurance, ect.         | \$        |
| Home Office – To be deductible          | must ha           | ve been required    | by employer.  |           |                               |           |
| Area Used for Business - Square Footage |                   |                     | Mortgage Interest   |           | \$                            |           |
| Total Area - Square Footage of Home     |                   | Sq/ft               |   |           |                               | \$        |
| Number of Days in Year Office was in H  | Iome              |                     | Insurance – Homeowners/Renters                                  |           |                               | \$        |
| Date of Using Room as Home Office       |                   | \$                  | Repair and Maint  | enance    |                               | \$        |
| Fair Market Value of Home with Home     | Office            | \$                  | Utilities Except V  | Vater per | Month                         | \$        |
| Cost of Home with Home Office           |                   | \$                  | Rent Paid for Yea   | ur .      |                               | \$        |
| Improvement to Home Office              |                   | \$                  | Other Specify:  |           |                               | \$        |
| Land Value on Property Tax Statement    |                   | \$                  | Other Specify:  |           |                               | \$        |
| Building Value on Property Tax Stateme  | nt                | \$                  | 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 is clear from the surrounding 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 reciept. Do not send receipts; keep them for your records. TOTAL BLOCKS will be completed by Tax Preparer

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

## **Situational Pilot Professional Deductions**

| If you fly out of more than one airport, tr  |                          |                 |                   |                    |            |              |
|--|--------------------------|-----------------|-------------------|--------------------|------------|--------------|
| Three Letter Airport Code  | Number of Round Trip     |                 |                   | st Per Round Trip  |            | \$           |
| Three Letter Airport Code  | Number of Round Trip     |                 | •                 | st Per Round Trip  |            | \$           |
| Intial, Recurrent, Type Ratin  | g and Upgrade            | Training        | g Expenses        | 6 (If you are base | ed where y | our traini   |
| is held you are not allowed to take a per die  | em deduction for traini  | ng.)            |                   |                    |            |              |
| Number of Days in Training   |                          | Three Let       | ter Code of Trair | ing City           |            |              |
| Hotel/Housing Expense During Training  | \$                       | Phone Ex        | pense During Tra  | aining             | \$         |              |
| Transportation Expense During Training   | \$                       |                 | ng Expenses       |                    | \$         |              |
| Upgrade Training Expenses  | \$                       | Other Tra       | ining Costs       |                    | \$         |              |
| FFDO Expenses  |                          |                 |                   |                    |            |              |
| Number of Days in Training   |                          | Equipmer        | nt Costs          |                    | \$         |              |
| Three Letter Code of Training City   |                          | Gun Perm        |                   |                    | \$         |              |
| Hotel/Housing Expense During Training  | \$                       | Range Fe        |                   |                    | \$         |              |
| Transportation Expense During Training   | \$                       | Ammunit         |                   |                    | \$         |              |
| Phone Expense During Training  | \$                       | Other FFI       | DO Costs          |                    |            |              |
| Union and Company Busines  | s Travel Expens          | ses             |                   |                    |            |              |
| Commuting expenses to your base for trips are N  | OT deductible. However   | , travel/overni | ght expenses for  | company or union   | meetings a | re deductibl |
| Hotel Expense  | \$                       | Meals and       | l Entertainment H | Expense            | \$         |              |
| Transportation Expense   | \$                       | Other Costs:    |                   |                    | \$         |              |
| Temporary Duty Expenses  |                          |                 |                   |                    |            |              |
| Number of Days during the tax year on TDY  |                          | Three Letter    | City Code for L   | ocation of TDY     |            |              |
| Hotel/Housing Expense for TDY  | \$                       | Amount of p     | er diem paid dur  | ing your TDY       | \$         |              |
| Transportation Expense during TDY  | \$                       | Meal Expen      | se during TDY     |                    | \$         |              |
| <b>Commuter Pad Moving Expe</b>  | nses                     |                 |                   |                    |            |              |
| If you had a base change commuter pad mov  |                          | tible           |                   |                    |            |              |
| Old Primary Residence  | Old Work (BASE)          |                 |                   | Transportation E   | xpense     | \$           |
| New Primary Residence  | New Work (BASE)          |                 |                   | Storage Expense    | -          | \$           |
| Miles from Old HOME to New BASE  | Date Moved               |                 | / /2012           | Travel Expense     |            | \$           |
| Miles from Old HOME to Old BASE  | Mileage Driven Durin     | g Move          |                   | Lodging Expense    | e          | \$           |
| National Guard / Military Re   | serve Duty               |                 |                   |                    |            |              |
| If your reserve military base is not in the sar  |                          | airline base    | all unreimburs    | ed expenses in tr  | aveling to | from and     |
| while on duty at the military base during res  |                          |                 | un un onnouro     | ea enpenses in a   |            | n oni unu    |
| Number of nights spent at Post   |                          |                 | City Code for L   | ocation of Post    |            |              |
| Hotel/Housing Expense not reimbursed   | \$                       |                 | e total per diem  |                    | \$         |              |
| Transportation Expense not reimbursed  | \$                       | Meal Expen      | · ·               | r                  | \$         |              |
| Phone Expense while on duty  | \$                       | Other Exper     |                   |                    | \$         |              |
| Utility Expense not reimbursed   | \$                       |                 | miles driven to / | from / at post     | \$         |              |
| · *  |                          |                 |                   | · · · · F · · · ·  |            |              |
| Entertainment Expense  |                          |                 |                   |                    |            |              |
| If you discuss company business or union news v  |                          |                 |                   |                    |            |              |
| activities associated with this discussion are dedu<br>present. Qualifying items may include, Museum |                          |                 |                   |                    |            |              |
|  | s. rours, and Droadway S | nows etc. as I  | mg as you had a   | oona nue uiscussio | л от сошра | ary or unior |

### **Per Diem Deduction Information**

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

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

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

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

### **Per Diem Deduction Method Selection**

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

### Method 1—2012 Actual Meal Expenses Method

If using actual expenses, what did you spend on meals for the entire year while traveling? The expense should be documented with receipts or documented in your logbook. According to the IRS you may document each amount in your log book as long as each amount does not exceed \$75.

### Method 2—2012 Total Days Flown Method

| This is the easiest and most common method and only requires you co           | ounting total days. To count days flown whether domestic or            |
|---|--|
| international add the total days flown and subtract day lines (day trips with | out a hotel stay). This is <b>NOT</b> the number of nights in a hotel. |

Total domestic days flown 2012

| Total international days flown 2012 |  |
|-------------------------------------|--|
|-------------------------------------|--|

\$

\$

### Method 3—2012 Trip Length Method

| Trip Length | Number | Trip Length                | Number |
|-------------|--------|----------------------------|--------|
| 2 Day Trips |        | 6 Day Trips                |        |
| 3 Day Trips |        | 7 Day Trips                |        |
| 4 Day Trips |        | 8 Day Trips                |        |
| 5 Day Trips |        | Other Number of Days Trips |        |

### Method 4—2012 Layover Schedule

This grid should contain the total days for each city. One entry for each city with the total days attributed to that city. We must account for the total days flown not just nights. The deduction is based on days worked that requires rest away from your base. In order to make this calculation we must count your last layover city on a trip twice. A four day trip only has three layover nights but it is counted as a four days. If you had a four day trip with three overnights in JFK, then you would account for this trip with four overnights in JFK. This same rule applies to three day trips, two day trips etc.

Example: One 3 day trip first night in ATL second night in JFK. On this sheet give us the TOTAL for each CITY

| One day in Atlanta/Georgia/ATL |  | Two days in New York/New York/JFK |  |  |  |
|--------------------------------|--|-----------------------------------|--|--|--|
| # of Days                      | Location/City Name and Three Letter ID | # of Days                         | Location/City Name and Three Letter ID |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
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|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |
|                                |  |                                   |  |  |  |

# **Child and Dependent 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  |   |                 | -                         | Phone Number   | Provid   | er's SS# or EIN | 's SS# or EIN Child's |          | Paid      |  |  |  |
|   |   |                 |                           |                |          |                 |                       |          | \$        |  |  |  |
|   |   |                 |                           |                |          |                 |                       |          | \$        |  |  |  |
|   |   |                 |                           |                |          |                 |                       |          | \$        |  |  |  |
|   |   |                 |                           |                |          |                 |                       |          | \$        |  |  |  |
| Other Tax Credits   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Do you have a Qualified Mortgage Interest Credit Certificate issued by federal or state government?   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Did you adopt a child this year?  |   |                 |                           |                |          |                 |                       |          | Y or N    |  |  |  |
| Did you buy a new plug-in electric vehicle or plug-in electrical drive conversion kit in 2012?  |   |                 |                           |                |          |                 |                       |          | 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    |  |  |  |
| Residential Energy Credits  |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Did you claim resident  |   |                 |                           | •              |          |                 |                       |          | Y or N    |  |  |  |
| Did you install insulation, energy efficient windows, doors, skylights, heating and AC systems, water heaters, biomass stoves,  |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| metal or asphalt roofs in 2012? You must provide a copy of manufactures certificate and sales receipt.  |   |                 |                           |                |          |                 |                       | Y or N   |           |  |  |  |
| •   | Did you install alternative energy equipment, such as a solar hot water heater, geothermal heat pump or wind turbine? You |                 |                           |                |          |                 |                       |          | V or N    |  |  |  |
| must provide a copy of manufactures certificate and sales receipt.Y or NFirst Time Home Purvers Credit Decenture  |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| First Time Home Buyers Credit Recapture         Did you take the First Time Hombuyers Credit in 2008?       Y or N  |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
|   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Additional Tax Payments Made to Federal or State  |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Quarterly Tax Payments  |   | Date Payme      | nt Made                   | Federal Amount |          |                 |                       | Local A  | al Amount |  |  |  |
| First Quarter due 4/15/12   |   |                 |                           | \$             |          | \$              | \$                    |          |           |  |  |  |
| Second Quarter due 6/15/12  |   |                 |                           | \$             |          | \$ \$           |                       |          |           |  |  |  |
| Third Quarter due 9/15/12   |   |                 |                           | \$             |          | \$              |                       |          |           |  |  |  |
| Fourth Quarter due 1/15/13  |   |                 | \$                        |                |          | \$              |                       | \$       |           |  |  |  |
| Taxes Paid  | with  | Extensi         | ions to                   | Federal o      | r Sta    | te              |                       |          |           |  |  |  |
| Federal Amount  |   | \$ St           | ate of                    | amount         | \$       | State of        |                       | _ amount | \$        |  |  |  |
| State Tax Renters Credit<br>If you paid rent in CA, IN, MA, MI, MN, NJ, WI or any other state in 2012 with a renters credit please complete the following section,<br>Minnesota residents provide a copy of your Certificate of Rent Paid (CRP)<br>Landlords Name |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Landlords Address   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
| Apartment Address   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
|   | \$  | Total Rent      | Rent Paid \$ Dates Rented |                |          |                 |                       |          |           |  |  |  |
| State K-12 Education Credits for AZ, IL, IA, & MN   |   |                 |                           |                |          |                 |                       |          |           |  |  |  |
|   |   |                 |                           |                | _, _, _, |                 |                       |          |           |  |  |  |
| Name of Student   | Grad  | le Expenses     | Nat                       | me of School   |          | Address         |                       | State    | Zip Code  |  |  |  |
| Tunie of Studelit   | Grac  | \$              | 110                       |                |          | 11001055        |                       | State    |           |  |  |  |
|   |   | \$              |                           |                |          |                 |                       |          |           |  |  |  |