

PERSONAL INFORMATION

Filing (marital) status code (1=Single, 2=Married filing joint, 3=Married filing separate, 4=Head of household, 5=Qualifying widow(er)
 Mark if you were married but living apart all year

Taxpayer

Spouse

Social Security Number.....
 First Name.....
 Last Name.....
 Occupation.....
 Do you want \$3.00 to go to presidential campaign fund? (1=yes, 2=no)____
 Mark if dependent on another taxpayer.....
 Date of birth..... / /
 Date of death..... / /
 Work/daytime phone number.....

.....

 / /
 / /

EMAIL

PRESENT MAILING ADDRESS

ADDRESS.....
 Apartment number.....
 City.....
 State Postal Code.....
 Zip Code.....
 Home/evening phone number.....
CELLPHONE NUMBER.....
 In care of addressee.....

DEPENDENT INFORMATION

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Relationship</u>	<u>Months Lived in Your Home</u>	<u>Dep Codes * **</u>	<u>Care Expenses paid for dependent</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child that lived with you but is not a dependent.....
 Social Security Number of qualifying person-

Dependent Codes

- *Basic**
- 1 = Child who lived with you
 - 2 = Child who did not live with you
 - 3 = Other dependent
 - 4 = Claimed under pre-1985 agreement
 - 5 = Qualifying child for Earned Income Credit only
 - 6 = Children who lived with you but do not qualify for Earned Income Credit
 - 7 = Children who lived with you but do not qualify for Child Tax Credit

- **Other**
- 1 = Student (Age 19-23)
 - 2 = Disabled dependent
 - 3 = Dependent who is both a student and disabled

QUESTIONS

Please check the appropriate box and include all necessary details.

You	Your Spouse
YES	NO

Personal Information

- Did your marital status change during the year?
- If yes, explain: _____
- Did your address change from last year?
- Can you be claimed as a dependent by another taxpayer?

Personal Information

- Were there any changes in dependents from the prior year?
- If yes, explain: _____
- Do you have any children under the age of 14 with unearned income in excess of \$1400?

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you acquire a new or additional in a partnership or S corporation during the year?
- Did you sell, exchange or purchase any real estate during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you sell an existing business, rental or other property this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year?
- Did you receive any income from property sold prior to this year?
- Did you receive any lump-sum payment from a person, profit sharing or 401(k) plan?
- Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?
- Did you receive any disability income during the year?
- Did you cash any Series EE or I U.S. savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Do you have evidence to substantiate charitable contributions of \$250 or more?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any educational expenses during the year?
- Did you have any expenses related to seeking a new job during the year?

MISCELLANEOUS INFORMATION

Homeowners in CT, MI, MN & NJ - Information needed for Property Tax Credit

Michigan Residents - provide the 2019 tax table value from your Property Tax Statement: \$ _____
 Minnesota Residents - send Statement of Property Taxes Payable in 2001. This statement should be received by you in March.
 NJ Homeowners - provide Lot, Block & Qualifier number of Primary Residence: LOT: _____ BLOCK: _____ QUALIFIER: _____
 CT Residents - Need District, List Bill#, Date Paid and Amount Paid on Home and Auto

PROPERTY	DISTRICT	LIST or BILL#	DATE PAID	AMOUNT PAID
Home				
Auto 1				
Auto 2				

RENTERS CREDIT

If you rent at your Tax Address during the year 2019 and it is in IN, MA, MI, MN, NJ, WI, CA or a state with a renters credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).

Landlord's Name:	Landlord's Address:
Is Heat Included in Rent? Yes No	Number of Months Rented:
Total Monthly Rent: \$	Your Portion of Monthly Rent: \$
Apartment Address:	

NJ Residents, do you have a roommate? If Yes, name and SS#:

NJ Roommate # of Months Rented: NJ Roommate Monthly Rent: \$

WAGES AND SALARIES

Please enclose all copies of Form W-2

INTEREST INCOME

Please attach copies of all Form 1099-INT or other statements reporting interest income.

SELLER FINANCED MORTGAGE INTEREST INCOME

Please attach copies of all Form 1099-INT or other statements reporting interest income.

DIVIDEND INCOME

Please attach copies of all Form 1099-DIV or other statements reporting interest income.

SALES OF STOCKS, SECURITIES, AND OTHER INVESTMENT PROPERTY

Please enclose all Forms 1099-B and 1099-S.

PENSION, ANNUITY, AND IRA DISTRIBUTIONS

Please attach all Forms 1099-R.

GAMBLING WINNINGS

Please enclose all copies of Form W-2G.

PARTNERSHIPS AND S CORPORATIONS

Please attach Schedule K-1s showing income from partnerships and S-corporations.

ESTATES AND TRUSTS

Please attach copies of Schedule K-1s showing income from estates and trusts.

OTHER INCOME

Please attach all Forms 1099 showing miscellaneous income.

State and local income tax refunds.	+	_____			+	_____
Alimony received.	+	_____			+	_____
Unemployed compensation.	+	_____			+	_____
Social Security benefits.	+	_____			+	_____
Railroad retirement benefits.	+	_____			+	_____
Medicare premiums to be reported on Schedule A.	+	_____			+	_____
Other income, such as: Commissions			Jury pay	Director fees		Taxable scholarships
Self-Employment Income?						
T/S/J 1 = Yes 2 = No						
_____		_____			+	_____
_____		_____			+	_____

FEDERAL ESTIMATED TAX PAYMENTS

2016 overpayment applied to 2017 estimates.....				+	_____
	Date Due	Date Paid If After Due Date		Amount Paid	
1st quarter payment.	4/15/ 20	_____		_____	
2nd quarter payment.	6/15/ 20	_____		_____	
3rd quarter payment.	9/15/ 20	_____		_____	
4th quarter payment.	1/15/ 20	_____		_____	
Additional payment.	*****	_____		_____	

NOTES / QUESTIONS

SCHEDULE C - GENERAL INFORMATION

Taxpayer/Spouse/Joint (T/S/J).....
 Principal business/profession.....

Additional Information

BUSINESS INCOME

Gross receipts or sales.....+
 Returns and allowances.....+
 Other Income:
 _____+
 _____+

Additional Information

COST OF GOODS SOLD

Beginning inventory.....+
 Purchases.....+
 Labor.....+
 Materials.....+
 Other Costs:
 _____+
 _____+
 Ending inventory.....+

Additional Information

SCHEDULE C - EXPENSES

Business principal or profession.....

Advertising.....+
 Bad debts from sales or services.....+
 Car and truck expenses.....+
 Commissions and fees.....+
 Depletion.....+
 Employee benefit programs.....+
 Insurance (other than health).....+
 Interest:
 Mortgage (paid to banks, etc.).....+
 Other.....+
 Legal and professional services.....+
 Office expenses.....+
 Pension and profit sharing.....+
 Rent or lease:
 Vehicles, machinery, and equipment.....+
 Other business property.....+
 Repairs and maintenance.....+
 Supplies.....+
 Taxes and licenses:
 _____+
 _____+
 _____+
 Travel, meals and entertainment:
 Travel.....+
 Meals and entertainment.....+
 Utilities.....+
 Wages (Less employment credit).....+
 Other expenses:
 _____+
 _____+
 _____+
 _____+

Additional Information

HAVE YOU PURCHASED A NEW VEHICLE?

If yes, Date: ___/___/___ Price: _____
 County: _____ State: _____

Additional Information

SCHEDULE A - MEDICAL AND DENTAL EXPENSES

T/S/J	Medical insurance premiums you paid:	_____	+	_____
_____	Miles driven for medical items.....	_____		_____
_____	Prescription medicines and drugs:	_____		_____
_____		_____	+	_____
_____	Other, such as: Doctors, dentists, nurses	_____		_____
_____	Lab fees and X-rays	_____		_____
_____	Hearing aids, guide dogs	_____		_____
_____	Insurance reimbursements received	_____		_____
_____		_____	+	_____
_____		_____	+	_____

Additional Information

SCHEDULE A - TAX EXPENSES

T/S/J	State and local income taxes paid:	_____	+	_____
_____	Real estate taxes paid on:	_____		_____
_____		_____	+	_____
_____		_____	+	_____
_____	Personal property taxes.....	_____		_____
_____	Other taxes, such as: Intangible taxes	_____		_____
_____	State disability taxes	_____		_____
_____		_____	+	_____
_____		_____	+	_____

Additional Information

INTEREST EXPENSES

T/S/J	Home mortgage interest	_____		_____
_____	From Form 1098	_____	+	_____
_____		_____	+	_____
_____	Other, such as: Home mortgage interest paid to individuals	_____		_____
_____	Enter name, address and social security number	_____		_____
_____		_____	+	_____
_____		_____	+	_____
_____		_____	+	_____
_____	Investment interest	_____		_____
_____		_____	+	_____
_____		_____	+	_____
_____	Investment expenses	_____		_____
_____		_____	+	_____
_____		_____	+	_____

Additional Information

CHARITABLE CONTRIBUTIONS

T/S/J	Contributions made by cash or check:	_____	+	_____
_____		_____	+	_____
_____		_____	+	_____
_____		_____	+	_____
_____	Noncash items, such as: Goodwill	_____		_____
_____	Salvation Army	_____		_____
_____		_____	+	_____
_____		_____	+	_____
_____		_____	+	_____
_____		_____	+	_____
_____	Miles driven for medical items.....	_____		_____

Additional Information

MISCELLANEOUS DEDUCTIONS

Unreimbursed expenses, such as:

T/S/J	Uniforms	Professional dues	Business publications	
	Job seeking expenses	Educational expenses	Small tools	
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____
_____				_____ + _____

Additional Information

Other expenses, subject to 2% AGI limitation, such as:

_____	Investment expenses	Legal/accounting fees	IRA custodian fees	_____ + _____
_____				_____ + _____
_____				_____ + _____
_____	Union dues			_____ + _____
_____	Tax preparation fees			_____ + _____
_____	Safe deposit box rental			_____ + _____
_____	Gambling losses: (Enter only if you had gambling income)			_____ + _____
_____				_____ + _____

STATE SALES TAX PAID: _____

EMPLOYEE BUSINESS EXPENSES

Occupation in which expenses are incurred.....
 If the employee expenses were from an occupation listed below, enter the appropriate code...
 1= Qualified performing artist, 2= Handicapped employee, 3 = Fee-basis official

State postal code.....	_____
Parking fees and tolls.....	_____ + _____
Local transportation.....	_____ + _____
Other business expenses	
_____	_____ + _____
_____	_____ + _____
_____	_____ + _____
_____	_____ + _____
_____	_____ + _____

Meals and entertainment.....	_____ + _____
Meals for individuals subject to DOT hours of service limitation.....	_____ + _____
Reimbursements for other expenses not included on Form W-2.....	_____ + _____
Reimbursements for meals and entertainment not included on Form W-2.....	_____ + _____
Reimbursements for meals for DOT service limitation not included on Form W-2.....	_____ + _____

If you used your automobile for work purposes, please answer the following questions:
 Was another vehicle available for personal use? (1= yes, 2 = no).....
 Was the vehicle available for off-duty personal use? (1= yes, 2 = no).....
 Do you have evidence to support your deduction? (1= yes-written, 2 = yes-not written, 3 = no).....

Additional Information

VEHICLE ACTUAL EXPENSES

Vehicle description.....	_____
Total Mileage.....	_____
Business Mileage.....	_____
Average daily round trip commuting mileage.....	_____
Gasoline, oil, repairs, insurance.....	_____ + _____
Vehicle rentals.....	_____ + _____
Inclusion amounts (preparer use only).....	_____ + _____
Value of employer-provided vehicle on Form W-2.....	_____ + _____

Additional Information

RENT AND ROYALTY PROPERTIES - GENERAL INFORMATION

Taxpayer/Spouse/Joint (T/S/J)..... _____
 Type of activity (1= Rental real estate, 2= Substantially non depreciable property, 3= Royalty)..... _____
 Percentage of ownership..... _____
 Dual percentage (Not vacation home percentage)..... _____
 Description: _____

 State Postal Code..... _____

Additional Information

PERSONAL USE INFORMATION

Number of days home was used personally..... _____
 Number of days home was rented..... _____
 Number of days home was owned..... _____
 Carryover of disallowed vacation home expenses.....+ _____

Additional Information

RENT AND ROYALTY INCOME

Gross rents received.....+ _____
 Gross royalties received.....+ _____

RENT AND ROYALTY EXPENSES

Advertising.....+ _____
 Auto and travel.....+ _____
 Cleaning and Maintenance.....+ _____
 Commissions.....+ _____
 Insurance.....+ _____
 Legal and professional fees.....+ _____
 Management fees.....+ _____
 Mortgage interest.....+ _____
 Other interest:
 _____+ _____
 _____+ _____
 Repairs.....+ _____
 Supplies.....+ _____
 Taxes:
 _____+ _____
 _____+ _____
 Utilities.....+ _____
 Depletion.....+ _____
 Other expenses:
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____

Additional Information

LIKE EXCHANGES, IF APPLICABLE (1031)

_____+ _____
 _____+ _____
 _____+ _____
 _____+ _____

STUDENT LOAN INTEREST PAID

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

Qualified student loan interest paid by taxpayer.....+ _____
 Qualified student loan interest paid by spouse.....+ _____
 State postal code.....+ _____

Additional Information

OTHER ADJUSTMENTS

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	Information
_____	_____	_____	+ _____
_____	_____	_____	+ _____

Additional Information

	Information	Spouse
Self-employed health insurance premiums*.....+ _____	_____	+ _____
Self-employed long-term care premiums*.....+ _____	_____	+ _____
*Not entered elsewhere		
Penalty on early withdrawal of savings.....+ _____	_____	+ _____
Repayment of sub-pay.....+ _____	_____	+ _____

Form ID: 2441

CHILD AND DEPENDENT CARE EXPENSES

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID: 1040.

Name of provider..... _____
 Street address of provider..... _____
 City, state, and zip code..... _____
 Social Security number OR Employer identification number..... _____
 Mark if provider is a tax-exempt organization..... _____
 Amount paid to care provider in 2019.....+ _____

Additional Information

Name of provider..... _____
 Street address of provider..... _____
 City, state, and zip code..... _____
 Social Security number OR Employer identification number..... _____
 Mark if provider is a tax-exempt organization..... _____
 Amount paid to care provider in 2019.....+ _____

EDUCATION CREDIT

Complete this form if you paid qualified education expenses for higher education costs. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

TS	Student's first name	Student's last name	Student's SSN	Qualified expenses
_____	_____	_____	_____	+ _____
_____	_____	_____	_____	+ _____

Additional Information

Form ID: Sale

SALE INFORMATION

Description..... _____
 Taxpayer/Spouse/Joint (T/S/J)..... _____
 Date acquired..... ____/____/____
 Date sold..... ____/____/____
 Gross sales price or insurance proceeds received.....+ _____
 Cost or other basis.....+ _____
 Commissions and other expenses of sale.....+ _____
 Depreciation allowed or allowable.....+ _____

Additional Information

Control totals + _____

PROFESSIONAL DEDUCTIONS

Receipts are required for any individual expense of \$75 or more. Any item that is under \$75 must be entered into your logbook, including item, date and cost. Enter amounts below as yearly totals unless otherwise specified. Do not send receipts to Flight tax, keep them for your records. Married flight attendants - If both you and your spouse fly, use an additional Professional Deduction sheet. DO NOT combine expenses on this form!

Total Uniform Payroll Deduction Amount From Your Last Check Stub: \$ Additional Items Purchased: DO NOT list items purchased with points or included in amount from payroll deductions above.		Luggage Items	\$	Cell Phone Purchase	\$	
		Garment Bag	\$	Internet Access Fees	\$	
		Wheels for Luggage	\$	Internet Long Distance Fees	\$	
		Luggage/Name Tags	\$	Computer Usage Fees (PC FOS)	\$	
		Wings	\$	Bid Service Fees	\$	
Uniform Alterations	\$	Watch/Batteries/Repair	\$	Bid Mailing Fees	\$	
Uniform Belt	\$	Cockpit/Jet Bridge Keys	\$	Trading Service Fees	\$	
Uniform Dress	\$	Personal Organizer	\$	Union Dues	\$	
Uniform Epaulets	\$	Logbook	\$	Union Initiation Fee	\$	
Uniform Jacket	\$	Galley Supplies	\$	2nd Language Education Fees	\$	
Uniform Hair Clips	\$	Corkscrew	\$	Tips - Limo Drivers	\$	
Uniform Hat	\$	Flashlight	\$	Tips - Hotel Maid Service	\$	
Uniform Maternity Dress	\$	Batteries	\$	ATM Fees on Layovers	\$	
Uniform Pants	\$	Portable Alarm Clock	\$	Other (Specify)	\$	
Uniform Purse	\$	Portable Curling Iron	\$	Layover Transportation Expense: List the amount you spend per month on taxi, bus subway, rental car, etc.	\$	
Uniform Scarf	\$	Portable Hair Dryer	\$			\$
Uniform Serving Garment	\$	Portable Security Device	\$			\$
Uniform Shirt	\$	Portable Smoke Detector	\$	Reserve Emergency Cab Fares	\$	
Uniform Skirt	\$	Int'l Voltage Converter	\$	Airport Parking Expense	\$	
Uniform Sweater	\$	Int'l Currency Converter	\$	Non Commuting Travel Expense		
Uniform Winter Jacket	\$	Manual Replacement	\$	Travel to Training	\$	
Uniform Tie	\$	ID Replacement	\$	Travel to Company Meetings	\$	
Uniform Shoes: Must be purchased from a uniform shop or ASU.		Company Mail/Phone Expense	\$	Travel to Union Meetings	\$	
		Company Copy/Fax Expense	\$	Training Expense		
Uniform Shoes	\$	Company Business Cards	\$	Number of Days In Training		
In-flight Shoes	\$	Foreign Visa	\$	City of Training Airport Code		
Uniform Shoe Shine	\$	Passport Fee/Photo Expense	\$	Phone Expense in Training	\$	
Uniform Shoe Repair	\$	Call Waiting/Call Forwarding	\$	Hotel for Interview/Physical	\$	
Uniform Cleaning: (Not Reimbursed)		2nd Telephone Line	\$	Travel for Interview/Physical	\$	
	Home Laundering-\$ / week	\$	Pager Service	\$	Temporary/Special Assistant	
	Laundering-\$ per week	\$	Pager Purchase	\$	# Days on Temp/SPA/TDY	
Dry Cleaning-\$ per week	\$	Answering Service/Machine	\$	Purpose of Assignment		
Support Hose: (Medical Deduction)		Professional Publications	\$	Total Expenses:		
	Number of Pair per Month	\$	Drug Testing Expenses	\$	Housing Expense	\$
	Amount Per Pair	\$	Resume/Application Expense	\$	Utilities & Phone	\$
Long Distance Calls: Home on Layovers		Job Hunting Travel Expense	\$	Local Transportation	\$	
	Calling Card Per Month	\$	Other Job Hunting Expenses	\$	Commuting	\$
	Collect/Hotel Per Month	\$				

SATELLITE/CO-TERMINAL TRANSPORTATION

If you cover more than one airport, transportation to an airport other than where your mailbox is located 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: \$

COMMUTING EXPENSES

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

Number of Round Trips:	Cost of Transportation Per Round Trip:	\$
Number of Nights in Hotel:	Cost of Stay Per Night	\$

CELL PHONE USAGE

Reserve Usage- Only enter months you were on reserve.

Number of Months on Reserve:	Usage Cost Per Month for Reserve:	\$	Per Mo.
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Layover Usage - Calls to your home area while you were on a layover and calls for business from home.

Total Number of Months Flown in year:	Usage Cost Per Month Calling Home Area:	\$	Per Mo.
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ENTERTAINMENT EXPENSE

If you have a bona fide and substantial discussion regarding company business or union news, your "Entertainment Expense" while conducting this business is deductible. You conducted business, i.e. discussed it, and the expenses of your activities associated with this discussion are deductible. 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. **(Do not include meals while on layovers.)** Enter your yearly Entertainment Expense while discussing company business: \$ _____

PILOT PROFESSIONAL DEDUCTIONS

Receipts are required for any individual expense of \$75 or more. Any item that is under \$75 must be entered into your logbook, including item, date and cost. Enter amounts below as yearly totals unless otherwise specified. Do not send receipts to Flight tax, keep them for your records. Married flight attendants - If both you and your spouse fly, use an additional Professional Deduction sheet. DO NOT combine expenses on this form!

Total Uniform Payroll Deduction Amount From Your Last Check Stub: \$	Luggage Items		\$	Professional Publications	\$	
	Garment Bag		\$	Dues for Pilot Organizations	\$	
	Flight Bag		\$	Pager Service	\$	
	Airline Luggage Tags		\$	Pager Purchase in 2001	\$	
	Jet Bridge/Jet Way Keys		\$	2nd Telephone Line	\$	
Uniform Alterations		\$	Cockpit Keys	\$	Answering Service/Machine	\$
Uniform Belt		\$	Personal Organizer	\$	Internet Access Fees	\$
Uniform Epaulets		\$	Logbook	\$	Internet Long Distance Fees	\$
Uniform Jacket		\$	Flashlight	\$	Computer Usage Fees (PC FOS)	\$
Uniform Hat		\$	Batteries	\$	Bid Service Fees	\$
Uniform Pants		\$	Portable Alarm Clock	\$	Bid Mailing Fees	\$
Uniform Shirt		\$	Portable Curling Iron	\$	Manual Replacement	\$
Uniform Sweater		\$	Portable Hair Dryer	\$	ID Replacement	\$
Uniform Tie		\$	Portable Iron	\$	Tips - Limo Drivers	\$
Uniform Winter Jacket		\$	Portable Security Device	\$	Tips - Hotel Maid Service	\$
Uniform Scarf		\$	Portable Smoke Detector	\$	ATM Fees on Layovers	\$
Wings		\$	Int'l Voltage Converter	\$	Check Cashing Fees Layovers	\$
Uniform Shoes: Must be purchased from a uniform shop or ASU.		Foreign Visa		\$	Drug Testing Expenses	\$
		Passport Fee		\$	FAA Medical Expenses	\$
Uniform Shoes		\$	Passport Photo	\$	Union Dues	\$
Uniform Shoe Shine		\$	Company Business Cards	\$	Union Initiation Fee	\$
Uniform Shoe Repair		\$	Company Copy/Fax Expense	\$	Loss of License Insurance	\$
Uniform Cleaning: (Not Reimbursed)		Company Mailing Expense		\$	Foreign Language Expenses	\$
Home Laundering-\$ / week		\$	Company Phone Expense	\$	Other:	\$
Laundering-\$ per week		\$	Call Waiting/Call Forwarding	\$	Airport Parking Expense	\$
Dry Cleaning-\$ per week		\$	Dual Time Zone Watch	\$	Reserve Emergency Cab Fares	\$
Long Distance Calls: Home on Layovers		Cockpit Supplies		\$	Layover Transportation Expense: List the amount you spend per month on taxi, bus subway, rental car, etc.	\$
Calling Card Per Month		\$	Earpiece Headset	\$		
Collect/Hotel Per Month		\$	Sunglasses	\$		

SATELLITE/CO-TERMINAL TRANSPORTATION

If you cover more than one airport, transportation to an airport other than where your mailbox is located 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 EXPENSES (Expenses incurred for training at your base are not deductible)

Number of Days in Training:		Three Letter Code of Training City:	
Hotel Housing Expense During Training:	\$	Utilities for Housing During Training	\$
Transportation Expense During Training:	\$	Local LD Phone Usage During Training	\$
Upgrade Training Expense:	\$	Type Rating Expenses	\$

COMMUTING/NON-COMMUTING EXPENSES TRAVEL EXPENSES

Commuting expenses to your base for trips are NOT deductible. However, travel/overnight expenses for company meetings or union events should be included here. Do not include travel expenses in this section that have been included in any other section of the Organizer.

Number of Round Trips:		Cost of Transportation Per Round Trip:	\$
Number of Nights in Hotel:		Cost of Stay Per Night:	\$

ENTERTAINMENT EXPENSE

Number of Days during 2006 on TDY:		Three Letter City Code for Location of TDY:	
Were you provided Housing?	Yes or No	Were you paid per diem during your TDY?	Yes or No
Hotel Housing Expense for TDY:	\$	Utility Expense for TDY:	\$
Local Transportation During TDY:	\$	Local I.D. Phone Usage During TDY	\$
Commuting Expense During TDY:	\$	Purpose of TDY:	

NATIONAL GUARD/MILITARY RESERVE DUTY

If your military base is not in the same city as your airline base, nor in your city of residence, all unreimbursed expenses in traveling to/from and while on duty at the military base are deductible.

Number of nights spent at Post:		Three Letter City Code for Location of Post:	
Did Your Company provide Housing?	Yes or No	Were you paid per diem?	Yes or No
Hotel Housing Expense Paid by You:	\$	What was the Total Per Diem Paid?	\$
Local Transportation During Guard Duty	\$	Utility Expense Paid by You:	\$
Commuting Miles Driven to/from/at Post		Local I.D. Phone Usage While on Duty:	\$

PER DIEM DEDUCTION INFORMATION

Months Flown:	How many months did you fly this tax year?	Months
	Of total months flown, how many were Domestic?	Months
	Of total months flown, how many were International?	Months

Per Diem Paid:	Look in box 13 of your W-2, next to the letter L, if there is no amount, check your last pay stub of the year or call your employer. We must have the amount of Non-Taxable Diem Paid!	\$
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Domestic:	List below the average number of days you fly per month:	
	Average Number of Days per Month You Flew in the Continental US? Do Not Include Turns!	Average Number of Days per Month You Flew in Canada/Mexico/Hawaii or Int'l? Do Not Include Turns!

United Airways	Please provide us with the complete copy of your "Year End Audit Report." This report should be in your operations mailbox by mid January
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World Airways	Complete the grid below using 3 letter city codes. DO NOT send schedules. We must have departure time in AM/PM format, departure date, arrival time in AM/PM format and arrival date and layover city in 3 letter codes.
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International Send a copy of all your monthly schedules. These schedules must have the layover city or three letter airport Codes on them. From these schedules, we will determine the total government per diem you are allowed per city. If you don't have your schedules, please complete the tables below or provide total days flown in the Canada/Mexico column above. Do not include any same day trips (turn arounds) in either section. Do not complete the grid below if you have your monthly schedules - Send them to us!

JANUARY				
Departure Date	AM PM	City Code	Return Date	AM PM

FEBRUARY				
Departure Date	AM PM	City Code	Return Date	AM PM

MARCH				
Departure Date	AM PM	City Code	Return Date	AM PM

APRIL				
Departure Date	AM PM	City Code	Return Date	AM PM

MAY				
Departure Date	AM PM	City Code	Return Date	AM PM

JUNE				
Departure Date	AM PM	City Code	Return Date	AM PM

JULY				
Departure Date	AM PM	City Code	Return Date	AM PM

AUGUST				
Departure Date	AM PM	City Code	Return Date	AM PM

SEPTEMBER				
Departure Date	AM PM	City Code	Return Date	AM PM

OCTOBER				
Departure Date	AM PM	City Code	Return Date	AM PM

NOVEMBER				
Departure Date	AM PM	City Code	Return Date	AM PM

DECEMBER				
Departure Date	AM PM	City Code	Return Date	AM PM

DIRECT DEPOSIT DIRECTIONS

If you would like to have your refund direct deposited into your checking or savings account, please do one of the following:

1. VOID or make an enlarged (150%) copy of one of your checks (OR)
2. Complete the form below by filling in your bank’s name, routing number and account number.

The diagram shows a check with the following details:

- Payee: John Doe, Mary Doe, 1234 Main Street, Anytown, CA 99999
- Amount: 20 (with a line through it) and 1234 (with a line through it)
- Check number: 15 0000/0000
- Pay to the order of: \$ []
- Bank: Anytown Bank, Anytown, CA 99999
- Routing Number: I: 250250025
- Account Number: I: 202020
- Check number: 1234

Callouts indicate: "Routing Number" points to 250250025, "Account Number" points to 202020, and "Do not include the check number" points to 1234.

BANK OR CREDIT UNION NAME

ROUTING NUMBER (9 NUMBERS)

TYPE OF ACCOUNT: CHECKING SAVINGS

ACCOUNT NUMBER

Please print with an easy to read style... Thank you!!!

BRIAN PRZYSTUP & ASSOCIATES, LLC

Tax Consultants

Specializing in Aviation, Real Estate & Corporate

Go to www.BrianPrzystup.com to download newsletter

One Time Credit Card Payment Authorization Form & E-file Authorization

Sign and complete this form to authorize **Brian Przystup & Associates LLC** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Section 1:

Please complete the information below:

I _____ authorize **Brian Przystup & Associates LLC** to charge my credit card /debit card
(full name) account indicated below for \$ _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Section 2:

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Section 3:

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date ____/____/____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

By signing below You are confirming payment and authorizing Brian Przystup & Associates to do accounting services or Efile your tax return(s):

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.