

Tax Organizer

MEDICAL EXPENSES					
Eyeglasses and Contacts	\$	Medical Equipment and Supplies	\$	If you withdrew from your HSA, was it for medical purposes?	Y or N
Health Insurance Premiums – After Tax	\$	Medical Travel - Miles in 2009	miles	Health care Tax Credit- Please send form 1099-H or 8885 if eligible	\$
Hospital and Clinics	\$	Lodging for Medical Purposes	\$	Prescriptions	\$
Lab and X-ray	\$	Lasik and Radial Keratotomy	\$	Physician/Dentist/Chiropractor	\$
Long Term Care Insurance	\$	Other – Including COBRA premiums or Specify:	\$	Co-Pays Programs to quit smoking	\$

TAXES PAID					
If you cannot itemize you may be able to use the new Schedule "L" and still take some of these expenses					
Real estate taxes on Principal Residence	\$	<i>Real estate taxes on rental property (sch E)</i>	\$	Sales Tax on Motor Vehicle, Motorcycle, Boat, or Mobile Home (include copy of receipt)	\$
Real estate taxes on Second Home or Land	\$	Vehicle Excise or Advalorem Tax	\$	Sales Tax paid on all items in 2009 (must have receipts)	\$
Real estate taxes on Vacation Home	\$	Personal Property/Excise Tax (vehicle,boat,airplane) based on it's value	\$	Additional State Taxes paid with your 2008 tax return if you did not receive a refund	\$

HOME MORTGAGE PURCHASE/RENTAL INTEREST INFORMATION					
Is this your first home bought or sold? Yes or No					
Purchase Price of Home	\$	Sale Price of Home	\$	Did you refinance in 2009?	Y or N
Purchase Date of Home		Sale Date of Home		If so, Number of years refinanced	
Improvements to home in 2009	\$	# of years in home before sale		Did you foreclose in 2009?	Y or N
Mortgage Interest Paid	\$	<i>Rental Prop Interest paid(sch E)</i>	\$	If Foreclosure, list amount of debt forgiveness & date / /	\$
Points Paid Primary	\$	<i>Points Paid Rental Property</i>	\$	Qualified Mortgage Ins. Premiums	\$

OTHER MISCELLANEOUS EXPENSES					
IRA Management Fees	\$	Tax Prep fees paid in 2009	\$	Gambling Winnings	\$
Margin or Investment Interest paid	\$	Tax Prep mailing/FedEx 2009	\$	Gambling (Losses)	\$
Professional/legal fees for tax advice	\$	Tax software/books/Pro-Diem	\$	(cannot exceed gambling winnings)	
Safe Deposit Box Rental	\$	Other tax related Expenses	\$	Adoption expenses finalized 2009	\$

EDUCATOR EXPENSES				
Non-Reimbursed amounts spent on books, supplies, and materials used in classroom K-12 by teacher.				
Taxpayer	\$	Spouse	\$	

Moving Expenses (work related only) (AF)		Date Moved: / /		
Old Primary Residence			Miles Driven During Move	
New Primary Residence			Lodging Expense	\$
Miles from Old HOME to New BASE/Job			Storage Expense	\$
Miles from Old HOME to Old BASE/Job			Transportation Expense	\$
			Travel Expense	\$

Student Loan Interest Paid -		Alimony Paid		Alimony Received	
(provide form 1098E)	\$	(provide recipient's SS #)		-	-
Unemployment Received in 2009	\$	Social Security Recd In 2009	\$		

IRA Contributions- Traditional & ROTH		Taxpayer		Spouse	
Non-deductible IRA in 2009	\$		\$		\$
Traditional IRA Contribution in 2009	\$		\$		\$
Roth IRA Contribution in 2009	\$		\$		\$

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IRA or 401K Distributions- (Do NOT include Loans)			
Circle if: ROTH IRA or Traditional IRA	Amount of Withdrawal \$		Distribution Date: / /
If it was a "Rollover" please list:	Name of Institution:	Amount of Rollover \$	Date

EDUCATION DEDUCTIONS--
 Effective for 2009, qualified education expenses include books, supplies, and equipment needed for a course of study, whether or not the materials are purchased from the eligible educational institution as a condition of enrollment or attendance. School activities, insurance, transportation, and living expense are **not** deductible.

Provide form 1098-T			
Name of Student		Was student at least halftime?	Y or N
Name of School, City & State where located		Was Hope Credit claimed in 2007 or 2008?	Y or N
Amount of qualified expenses \$		Which year(s)? 2007 or 2008	
Year in College	1st 2nd 3rd 4th Grad	529 Plan Amount Withdrawn \$	

EDUCATION SAVINGS ACCOUNTS Beginning in 2009, 529 College Savings Plans can be tapped tax-free to pay for a computer or Internet access

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

INTEREST INCOME-- Provide all 1099 INT statements

Name of Institution	Amount	Name of Institution	Amount
	\$		\$
	\$		\$
	\$		\$

DIVIDEND INCOME-- Provide all 1099 DIV statements

Name of Institution	Amount	Name of Institution	Amount
	\$		\$
	\$		\$
	\$		\$

STOCKS & BONDS SOLD (AF)--- Required even if providing 1099-B Proceeds	WE MUST HAVE:	Purchase date, cost, sales date and sales proceeds for each sale.		
Description and Quantity (shares)	Date Acquired	Cost/Purchase Price Plus Commissions	Date Sold	Sales Price Less Commissions
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

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Small Business – Self Employed - 1099 Income-Schedule C (AF)

Did you start this Business in 2009? Y or N

BUSINESS NAME:		BUSINESS TYPE:		
BUSINESS OWNER(S):		BUSINESS ADDRESS:		
Gross Income (provide any 1099's)	\$	Materials and Supplies	\$	
Cost of Inventory at Beginning of Year	\$	Other Costs	\$	
Cost of Inventory Purchased	\$	Cost of Inventory at End of Year	\$	
Cost of Labor	\$	Returns and Refunds	\$	
Advertising	\$	Travel	\$	
Car and Truck	\$	Meals and Entertainment	\$	
Commission and Fees	\$	Utilities – Outside of Home	\$	
Contract Labor	\$	Wages and Salaries Paid to Employees	\$	
Employee Benefit Programs not	\$	Other Expenses: Dues & Publications	\$	
Insurance: List	\$	Other Expenses: Postage & Shipping	\$	
Self Employed Health Insurance	\$	Other Expenses: Telephone	\$	
Mortgage Interest	\$	Other Expenses: Bank Charges	\$	
Other Interest	\$	Other(Specify):	\$	
Legal & Professional Fees	\$	Other(Specify):	\$	
Office Expense	\$	Other(Specify):	\$	
Pension and Profit Sharing Plans	\$	Depreciable Items: Such as Equipment, Furniture, Computer and Land Improvements – Provide list with cost and date purchased.		
Rent or Lease – Outside of Home	\$			
Repairs/Maintenance	\$	Item:	Date:	Cost:
Supplies	\$	Item:	Date:	Cost:
Taxes and Licenses	\$	Item:	Date:	Cost:

VEHICLE EXPENSES

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

HOME OFFICE (AF)

Area Used for Business - Square Footage/Room	Sq/feet	Mortgage Interest	\$
Total Area - Square Footage of Home	Sq/feet	Real Estate Taxes	\$
Number of Days in Year Office was in Home		Insurance – Homeowners/Renters	\$
Date of Using Room as Home Office	\$	Repair and Maintenance	\$
Fair Market Value of Home with Home Office	\$	Utilities (Except Water)	\$
Cost of Home (with Home Office)	\$	Rent Paid for Year	\$
Land Value on Property Tax Statement	\$	Improvement to Home	\$
Building Value on Property Tax Statement	\$	Other Specify:	\$

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RENTAL PROPERTY -Schedule E (AF)				
Property	Date Rentable	Purchase Price	Fair Market Value	Address
1		\$	\$	
2		\$	\$	
3		\$	\$	
4		\$	\$	

Property	1	2	3	4
Rent Received				
Advertising				
Auto Miles				
Travel				
Cleaning				
Commissions				
Insurance				
Legal/Prof Fees				
Management Fees				
Meals & Entertainment				
Mortgage Interest(info from page 2)				
Other Interest				
Repairs				
Supplies				
Real Estate Taxes(info from page 2)				
Other Taxes				
Utilities				
Other:				

ENERGY CREDITS (AF)

Please visit www.energystar.gov to view eligible items.	Please enclose copy of sales receipt(s)
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CLEAN BURNING FUEL CREDIT Make Model Purchase Date-----Purchase Price

Enclose copy of sales receipt:

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CHARITABLE CONTRIBUTIONS CASH GOODS Miles traveled for charitable purposes

List Name of Organization and \$ Amount Donated	

CHARITABLE Non-Cash goods (valued over \$500 must file form 8283) (AF) If a vehicle was donated enclose copy of 1098C

Name & Full Address of Organization	Items Donated	FMV at time of donation	Date Donated	Purchase Price & Date Acquired
			/ /	\$ / /
			/ /	\$ / /
			/ /	\$ / /

CHILD CARE EXPENSES (AF) Amount Paid to caretaker: \$ Amount reimbursed by employer (if any): \$

Name of Caretaker	Address of Caretaker:
SSN or Federal ID# (Must Have)	

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PROFESSIONAL DEDUCTIONS STATEMENT----- please use whole dollar amounts only, no cents.

Receipts are required for any single item over \$75.00. Any single item under \$75.00 must be entered in a logbook and no receipt is required.

All deductible items must be strictly for business use, unreimbursed by employer and purchased in 2009 Tax Year.

For Example: You dry-clean your uniforms twice a month totaling \$40 per month. \$40 x 12 = \$480. Each time is under \$75.

So you put the yearly total of \$480 in the Uniform Dry-cleaning box. If your spouse is also flies, you will need a separate form.

Please DO NOT send us your receipts. Hold for your records.

UNION FEES		COMPANY TRAVEL ITEMS		Cell Phone Service on Reserve	\$
Union Dues	\$	Airline Luggage Tags	\$	Collect/Hotel Calls	\$
Union Initiation Fee	\$	Batteries	\$	Company Copy/Fax Expense	\$
Union Assessments	\$	Cockpit Keys	\$	Company Mailing Expense	\$
		Cockpit Supplies- Maps	\$	Company Phone Expense	\$
SUBSCRIPTIONS		Company Business Cards	\$	Computer Usage Fees (PC FOS)	\$
Professional Subscriptions	\$	Corkscrew	\$	Internet Access Fees	\$
Trade Publications	\$	Dual Time Zone Watch	\$	Internet Long Distance Fees	\$
		Earpieces, Headsets	\$	Mobile Flica Fees	\$
UNIFORM EXPENSES		Flashlight	\$	Mobile Internet Access Fees	\$
Uniform Alterations	\$	Flight Bag	\$	Pager Purchase	\$
Uniform Belt	\$	Galley Supplies	\$	Pager Service	\$
Uniform Dress/Skirt	\$	Garment Bag	\$	Second Telephone Line	\$
Uniform Dry Cleaning	\$	Int'l Voltage Converter	\$	Other Bidding/Communication Cost	\$
Uniform Epaulets	\$	Jet Bridge/Jet Way Keys	\$	Other Comm Item:	\$
Uniform Hat	\$	Liquor Shortages	\$		
Uniform Home Laundering	\$	Logbook	\$	TRAINING EXPENSES	
Uniform In-flight Shoes	\$	Luggage	\$	Foreign Language Expenses	\$
Uniform Jacket	\$	Luggage Repairs	\$	Personal Flight Training	\$
Uniform Maternity Dress/Shirt	\$	Luggage Wheels	\$	Private Pilot License	\$
Uniform Pants	\$	Lunch Bag	\$	Wine Education	\$
Uniform Purse/Hair Clips	\$	Personal Organizer	\$	Written Exam Expenses	\$
Uniform Scarf/Accessories	\$	Portable Alarm Clock	\$		
Uniform Shirt	\$	Portable Curling Iron	\$	OTHER JOB EXPENSES	
Uniform Shoe Repair	\$	Portable Hair Dryer	\$	Airport Parking Expense	\$
Uniform Shoe Shine	\$	Portable Iron	\$	CFI Renewal	\$
Uniform Shoes/Boots	\$	Portable Security Device	\$	Drug Testing Expenses	\$
Uniform Support Pantyhose	\$	Portable Smoke Detector	\$	FAA Medical Expense	\$
Uniform Sweater/Shirt	\$	Sunglasses (Pilots)	\$	Foreign Language Expenses	\$
Uniform Tie	\$	Other Travel:	\$	ID/Manual Replacement	\$
Uniform Wings	\$	<i>please describe</i>		Loss of License Insurance	\$
Uniform Winter Jacket	\$	PASSPORT EXPENSES		Reserve Emergency Cab Fares	\$
		Passport Fee	\$	Union Expenses	\$
JOB SEARCH EXPENSES		Passport Photo	\$		
Job Search Application Fees	\$	Passport Expedite Fees	\$	OVERNIGHT EXPENSES	
Job Search Copying and Mailing	\$	Foreign Visa	\$	ATM Fees on Layovers	\$
Job Search Hotels	\$			Ck Cashing Fees on Layovers	\$
Job Search Interview Prep	\$	Communication Expenses		Layover Meal Transportation	\$
Job Search Publications	\$	Answering Service/Machine	\$	Rental Cars on Layovers	\$
Job Search Resume	\$	Bid Mailing Fees	\$	Subway & Bus-Layovers	\$
Job Search Telephone	\$	Bid Service Fees	\$	Train Fees on Layovers	\$
Job Search Transportation Interview	\$	Call Waiting/Forwarding	\$	Tips- Hotel, Maid Service, Limos	\$
Job Search Other:	\$	Calling Card Calls	\$	Overnight other:	\$
<i>please describe</i>		Cell Phone Purchase	\$	<i>please describe</i>	

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SITUATIONAL PROFESSIONAL EXPENSES

Training Expenses (away from your base only)

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

Co-Terminal Transportation

If you fly out of more than one airport, transportation to the "between" airports is deductible

Three Letter Airport Code		Number of Round Trips		Cost Per Round Trip	\$
Three Letter Airport Code		Number of Round Trips		Cost Per Round Trip	\$

Union and Company Business Travel Expenses

Travel/overnight expenses for company or union meetings ONLY are deductible

Hotel Expense	\$	Meals Expense	\$
Transportation Expense	\$	Other Costs:	\$

National Guard / Military Reserve Duty

Number of nights spent at Post	\$	City for Location of Post	
Hotel/Housing Expense	\$	What was the total per diem	\$
Transportation Expense	\$	Meal Expense	\$
Phone Expense while on duty	\$	Other Expense:	\$
Utility Expense	\$	Miles driven to / from / at post	\$

Temporary Duty Expenses

Number of Days during the tax year on TDY		City for Location of TDY	
Hotel/Housing Expense for TDY	\$	Per diem paid during your TDY	\$
Transportation Expense during TDY	\$	Meal Expense during TDY	\$

Non-Taxable Per Diem Paid---Please enter figure in box 12 of your W2-next to the letter "L" \$ _____

If you do not have a figure in box 12 you must contact your employer & fill in amount paid above or check last paystub for the year.

PER DIEM DEDUCTION- please send us the proper report below to calculate this

Per Diem REPORT Method	
Some airlines that may use the "Flight line" expense report are:	go to: www.Flica.net
AirTran, Atlantic Southeast,	Go Jet, Jet Blue, Mesa
Delta, Freedom, Frontier,	Midwest & Trans State
United Airlines: Please send copy of your per diem audit report	

OR

Total Days Per Diem Method:	
Months Flown Domestic	_____
Months Flown International	_____
Total Months Flown	_____
Average Days per month dom.	_____
Average Days per month Intl.	_____

OR ---ALL Others that do not receive an I.R.S. per diem calculation report please go to:

WWW.pro-diem.com

OR

WWW.ezperdiem.com

for a small fee they do the calculation for you

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State Issues			
CA	Installation and other expenses on Solar Energy Equipment		\$
CT	Home & Personal property taxes paid-		\$
	Need District, List or Bill # Date and amount paid.		\$
DC	If you have a carryover of the first time homebuyers credit from 2008 please list amount		\$
DE	Expenses incurred for active volunteer firefighting (include clothing)		\$
GA	Expense spent on home care services for persons over 62		\$
HI	Cost of child restraint seat purchased in 2009		\$
IN/ID	Date of purchase, installation and cost of Insulation in home		\$
MA	If legally married to a same sex partner, you must file MFJ or MFS		
MI	Provide taxable value of 2009 from property tax form		\$
MN	Provide property taxes payable statement for 2009		\$
MT	Contribution to first time homebuyers savings account		\$
NJ	Homeowners provide Lot, Block & Qualifier # of primary residence:		\$
OH	Job training expenses incurred after employment		\$
PA	Local taxes paid in 2009		\$
VT	Provide 2009 taxable value from property tax statement		\$

If you moved in or out of any state during 2009, please indicate State and Date moved In Date moved Out _____	
If you or your spouse received an economic recovery payment in 2009 please list amount	\$
If you received a State Tax Refund in 2009 please list amount of refund or provide 1099G	\$
If you itemized in 2008 and are a "NEW" client, please list amount from line 40 on your 2008 tax return	\$
Did you or your spouse receive a pension or annuity in 2009 for services performed as an employee of the US Government or any State or local government from work not covered by social security? Does not include any social security or pension info from your W2) Circle if "YES"	YES
If you had to pay additional state tax last year, please list amount (do NOT include figures from W2's)	\$
List amount of Federal estimated tax payments in 2009, if any (do NOT include figures from w2's)?	\$
List amount of State estimated tax payments for 2009, if any (do NOT include figures from w2's)?	\$
Did you provide housing free of charge to any individuals displaced by severe storms in the MidWest in 2008 or 2009? Check box if "yes"	

Renter's Information	
Did you pay rent at the tax address (CA,IN, NJ, MI, MA, MN or WI)?	Y or N
Amount of rent paid	\$
MN must send us certificate of rent paid (CRP)--NJ roommates must list their SSN# - - and # of months _____ rented	
Please list name & address of landlord:	
If you have a room-mate list your portion of the yearly rent you paid	\$

Theft & Casualties (AF)	Y or N	Did you take an early distribution from your retirement plan to cover these expenses?		
State & County of Loss	Date of Loss	Original Cost of each Item	Date Purchased & FMV at time of loss	FMV After Loss
			\$	
			\$	
			\$	

Please indicate reimbursed amount from Insurance Company, if any: \$ _____

Please also send copy of police/insurance report.

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This Letter of Engagement will provide a written verification that your tax returns are prepared based on factual information you have provided and that there are no intentional misstatements.

All information provided to my preparer is correct to the best of my knowledge and/or can be documented.

Nothing has been added which would overstate my deductions or credits.

Nothing has been deleted which would understate my income.

AirCrew Tax Service LLC is using only the information that I have provided to prepare my tax return. Please indicate by signing below:

Taxpayer Signature	Date	Taxpayer's Spouse Signature	Date
(If you are filing a joint return, both you and your spouse must sign.)			

Sometimes there are questions regarding your 2009 tax return. If you would like us to handle these with the I.R.S. and your State, please give us permission to do so by circling **YES**.

***BASIC TAX RETURN- Includes Single Filing Status, Forms 1040, Schedule A, B, Form 2106 Professional Business Expense Statement and (one) State Tax Return = *110.00**

Additional State Tax Returns	\$	30.00	each
All Other Additional Forms not listed	\$	30.00	each
Married Filing Joint	\$	30.00	
Additional Form 2106 or Professional Expense Statement	\$	30.00	
Schedule C (with more than 10 expense items)	\$	50.00	
Schedule D (with more than 5 transactions)	\$	50.00	
All County Tax Returns	\$	50.00	
Schedule K1 - Beneficiary's share of income/deductions	\$	50.00	
FEE COLLECT - Our fees deducted from your refund	\$	20.00	Service Charge
Organizer with payment postmarked after April 3, 2010 add	\$	40.00	

Total payment to send in for your tax return \$ *Please keep all your receipts in a safe place*

Payment must be received prior to completion of tax return **\$30.00 fee** will be charged for all returned checks

Please make all checks payable to: AirCrew Tax Service LLC

If you chose direct deposit we will use the account number on your check used for payment as long as it has taxpayer information.

If you did not chose to pay by check and want direct deposit, please make sure you filled out electronic filing information on page 1.

Payment Method- please indicate below by checking a box

Check	Money Order	echeck	
Pay Pal - Credit Card	Fee Collect- \$20.00 SC		

In order to file your return electronically, you will need to sign, date and fill out form 8879 with a PIN number. When we have completed your tax return we will email you this form and you can fax or mail back to us and we can then efile your return.

Make a copy and mail this completed organizer along with COPIES ONLY of: W2's, 1099's mortgage statements, stock statements, year-end paystub, monthly audit report or prepared Pro-Diem, Flica report and payment for your tax preparation.

Mail to: AirCrew Tax Service LLC
 85 Camp Avenue, Suite 9H
 Stamford, CT 06907

email: virginia@aircrewtax.com
 Fax : 203-621-3295
www.aircrewtax.com

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